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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation PAUL AND BEATRIZ HICKS CHARITABLE FOUNDATION		A Employer identification number 45-4928591	
Number and street (or P O box number if mail is not delivered to street address) ONE GROVE ISLE DRIVE APT 1502		Room/suite	B Telephone number (see instructions) (305) 883-0120
City or town, state or province, country, and ZIP or foreign postal code COCONUT GROVE, FL 33133		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,428,363	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	200,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	328	328		
	4 Dividends and interest from securities	21,831	21,831		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	11,354			
	b Gross sales price for all assets on line 6a _____ 962,844				
	7 Capital gain net income (from Part IV, line 2)		2,703		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	3,144			
	12 Total. Add lines 1 through 11	236,657	24,862		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	650			
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	223			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	80	4,909		
	24 Total operating and administrative expenses. Add lines 13 through 23	953	4,909		0
	25 Contributions, gifts, grants paid	68,000			68,000
	26 Total expenses and disbursements. Add lines 24 and 25	68,953	4,909		68,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	167,704			
	b Net investment income (if negative, enter -0-)		19,953		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	24,339	18,664	18,664
	2 Savings and temporary cash investments	864,557	194,616	194,616
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	52,870	862,816	879,459
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	283,122	316,075	335,624
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,224,888	1,392,171	1,428,363	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,224,888	1,392,171	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	1,224,888	1,392,171	
31 Total liabilities and net assets/fund balances (see instructions) .	1,224,888	1,392,171		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,224,888
2 Enter amount from Part I, line 27a	2	167,704
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	1,392,592
5 Decreases not included in line 2 (itemize) ▶ _____	5	421
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,392,171

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	2,703
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	55,465	1,294,805	0 042837
2014	44,900	1,137,692	0 039466
2013	39,460	662,206	0 059589
2012	16,432	323,356	0 050817
2011	14,791	307,644	0 048078
2 Total of line 1, column (d)			2 0 240787
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 048157
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 1,488,656
5 Multiply line 4 by line 3			5 71,689
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 200
7 Add lines 5 and 6			7 71,889
8 Enter qualifying distributions from Part XII, line 4			8 68,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	399
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	399
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	399
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	399
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► PAUL BEATRIZ HICKS Telephone no ► (305) 858-9086			

Located at ► ONE GROVE ISLE DR 1502 COCONUT GROVE FL ZIP+4 ► 33133

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
	Organizations relying on a current notice regarding disaster assistance check here. ►	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1		
2		
3		
4		

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	726,596
b	Average of monthly cash balances.	1b	590,557
c	Fair market value of all other assets (see instructions).	1c	194,173
d	Total (add lines 1a, b, and c).	1d	1,511,326
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,511,326
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	22,670
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,488,656
6	Minimum investment return. Enter 5% of line 5.	6	74,433

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	74,433
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	399
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	399
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	74,034
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	74,034
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	74,034

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	68,000
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	68,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	68,000

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				74,034
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				400
c From 2013.				6,484
d From 2014.				
e From 2015.				
f Total of lines 3a through e.	6,884			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 68,000				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				68,000
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	6,034			6,034
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	850			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	850			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				850
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	68,000
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

13 Total. Add line 12, columns (b), (d), and (e).	13	36,657
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(See worksheet in line 13 instructions to verify calculations)

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
--	--	------------	-----------

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign
Here**

* * * * *

2017-05-15

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**


Print/Type preparer's name ANA MARIA CRUCET	Preparer's Signature	Date 2017-05-15	Check if self-employed <input type="checkbox"/>	PTIN P01214055
Firm's name ▶ THORSEN AND CRUCET PA				Firm's EIN ▶ 59-1676206
Firm's address ▶ 5787-B NW 151 ST MIAMI LAKES, FL 330142490				Phone no (305) 883-0120

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PAUL F HICKS ONE GROVE ISLE DRIVE 1502 COCONUT GROVE, FL 33133	TRUSTEE 2 00	0	0	0
BEATRIZ HICKS ONE GROVE ISLE DRIVE 1502 COCONUT GROVE, FL 33133				
LILLIANA ALVELO 14890 SW 46 COURT MIRAMAR, FL 33027	TRUSTEE 1 00	0	0	0
GRACIELLA MARIA LORENZO LUACES 16384 SW 46 TERRACE MIAMI, FL 33185				
JORGE RODRIGUEZ 366 NW 164 AVENUE PEMBROKE PINES, FL 33028	TRUSTEE 1 00	0	0	0
ANA MARIA CRUCET 5787B NW 151 STREET MIAMI LAKES, FL 33014				

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACTORS' PLAYHOUSE 280 MIRACLE MILE CORAL GABLES, FL 33134	NONE	PC	MAINSTAGE PLAY PROGRAM	1,500
ADRIENNE ARSHT CENTER 1300 BISCAYNE BLVD MIAMI, FL 33132	NONE	PC	5TH GRADE ROCK ODYSSEY	3,000
CALEB FOUNDATION INC PO BOX 441565 MIAMI, FL 33144	NONE	PC	CHRISTIAN BASED PROJECTS	500
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	NONE	PUBLIC	HUMANITARIAN RELIEF	2,000
CHAPMAN PARTNERSHIP 1550 N MIAMI AVENUE MIAMI, FL 33136	NONE	PUBLIC	HOT MEALS-EMPOWERING FAMILIES	1,000
CHILDREN'S RESOURCES 8571 SW 112 STREET MIAMI, FL 33156	NONE	PUBLIC	DIAMOND LIFE SOCIETY-ON SITE THERAPY	3,000
CHILDRENS VOICES 14401 OLD CUTLER ROAD PALMETTO BAY, FL 33158	NONE	PC	TRANSPORTATION MIGRANT CHILDREN PROG	2,000
CHOPIN FOUNDATION 1440 79TH STREET CAUSEWAY 117 MIAMI, FL 33141	NONE	PC	SCHOLARSHIP FUND	1,000
DISCALCED CARMELITE NUNS INC 4525 W 2ND AVENUE HIALEAH, FL 33012	NONE	PC	GENERAL	6,000
DOCTORS WITHOUTH BORDERS 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	PC	MEDICAL ASSISTANCE	1,000
EMPOWERED YOUTH 1450 BRICKELL BAY DRIVE 1414 MIAMI, FL 33131	NONE	PC	VIBE 305 CULINARY TRAINING	1,000
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PUBLIC	FEEDING THE POOR	1,000
HABITAT FOR HUMANITY 3800 NW 22 AVENUE MIAMI, FL 33142	NONE	PC	HOUSING	2,000
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	NONE	PUBLIC	GENERAL FUND FOR ANIMALS	500
JOSHUA'S HEART FOUNDATION 2040 NE 163RD STREET N MIAMI BEACH, FL 33162	NONE	PUBLIC	FEEDING THE POOR	3,000
Total ▶ 3a				68,000

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LA LIGA CONTRA EL CANCER 2180 SW 12 AVENUE MIAMI, FL 33129	NONE	PUBLIC	FIGHT CANCER	5,000
LA SALLE PO BOX 653836 MIAMI, FL 33265	NONE	PC	EDUCATION, DEVELOPING SKILLS	1,500
MIAMI CITY BALLET 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	NONE	PUBLIC	ARTIST'S CIRCLE	3,000
MIAMI LIGHTHOUSE FOR THE BLIND 601 SW 8TH AVENUE MIAMI, FL 33130	NONE	PC	VISION REHABILITATION	2,000
MIAMI RESCUE MISSION 2159 NW 1ST CT MIAMI, FL 33127	NONE	PUBLIC	HOMELESS	1,000
MISIONEROS DEL CAMINO INC 4354 SW 74 AVENUE MIAMI, FL 33155	NONE	PUBLIC	MEALS EDUCATION MEDICATION CHILDREN	2,000
PEREZ ART MUSEUM 1103 BISCAYNE BLVD MIAMI, FL 33130	NONE	PUBLIC	GENERAL	1,000
RESPECT LIFE MINISTRY 3600 SW 32 BLVD WEST PARK, FL 33023	NONE	PUBLIC	EDUCATION AND PREGNANCY PROGRAM	5,000
SALESIAN MISSION 2 LEFEVRE LANE NEW ROCHELLE, NY 10801	NONE	PC	POOR	1,000
SHERIDAN HOUSE 1700 S FLAMINGO ROAD DAVIE, FL 33325	NONE	PC	RESIDENTIAL SVCS FOR CHILDREN	2,500
SSJ HEALTH FOUNDATION 3661 S MIAMI AVENUE 103 MIAMI, FL 33133	NONE	PC	HEALTHCARE	1,000
ST JUDE CHILDRENS 501 ST JUDE PLACE MEMPHIS, TN 38102	NONE	PC	GENERAL	1,000
ST JUDE'S PARISH - HAITI PO BOX 13070 HT 6120 DELMAS, DELMAS HA	NONE	PC	HURRICANE MATHEW	5,000
ST MATHEW'S HOUSE 2001 AIRPORT ROAD SOUTH NAPLES, FL 34112	NONE	PC	POOR	1,500
ST THOMAS UNIVERSITY 16401 NW 37 AVENUE MIAMI, FL 33054	NONE	PC	NURSING PROGRAM	5,000
Total ▶ 3a				68,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHISPERING MAINE 6105 SW 125 AVENUE MIAMI, FL 33183	NONE	PC	THERAPEUTIC RIDING CENTER	2,000
Total 				68,000
3a				

TY 2016 Accounting Fees Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	650			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Gain/Loss from Sale of Other Assets Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION
EIN: 45-4928591

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ADIENT PLC COM	2016-10	PURCHASE	2016-11		1,661	10			1,651	
ADIENT PLC COM	2016-10	PURCHASE	2016-10		4	5			-1	
AT&T INC	2013-07	PURCHASE	2016-07		12,615	10,621			1,994	
AT&T INC	2014-02	PURCHASE	2016-07		12,829	10,109			2,720	
AT&T INC	2013-07	PURCHASE	2016-07		214	181			33	
AT&T INC	2013-11	PURCHASE	2016-07		159	136			23	
AT&T INC	2014-02	PURCHASE	2016-07		180	141			39	
AT&T INC	2014-05	PURCHASE	2016-07		336	282			54	
AT&T INC	2014-08	PURCHASE	2016-07		335	285			50	
AT&T INC	2014-11	PURCHASE	2016-07		353	289			64	
AT&T INC	2015-02	PURCHASE	2016-07		384	299			85	
AT&T INC	2015-05	PURCHASE	2016-07		370	304			66	
AT&T INC	2016-08	PURCHASE	2016-08		24	24				
AT&T INC	2016-08	PURCHASE	2016-08		301	304			-3	
AT&T INC	2016-05	PURCHASE	2016-07		26	23			3	
AT&T INC	2015-08	PURCHASE	2016-07		160	132			28	
AT&T INC	2015-11	PURCHASE	2016-07		390	309			81	
AT&T INC	2016-02	PURCHASE	2016-07		379	320			59	
AT&T INC	2016-05	PURCHASE	2016-07		331	301			30	
CHICAGO BRIDGE & IRON CO N V	2012-09	PURCHASE	2016-02		8,869	10,079			-1,210	
CHICAGO BRIDGE & IRON CO N V	2013-09	PURCHASE	2016-02		6	11			-5	
CHICAGO BRIDGE & IRON CO N V	2013-12	PURCHASE	2016-02		5	11			-6	
CHICAGO BRIDGE & IRON CO N V	2014-03	PURCHASE	2016-02		6	15			-9	
CHICAGO BRIDGE & IRON CO N V	2014-06	PURCHASE	2016-02		8	15			-7	
CHICAGO BRIDGE & IRON CO N V	2014-09	PURCHASE	2016-02		9	15			-6	
CHICAGO BRIDGE & IRON CO N V	2014-12	PURCHASE	2016-02		12	15			-3	
CHICAGO BRIDGE & IRON CO N V	2015-09	PURCHASE	2016-02		10	11			-1	
CHICAGO BRIDGE & IRON CO N V	2015-12	PURCHASE	2016-02		13	15			-2	
CHICAGO BRIDGE & IRON CO N V	2015-03	PURCHASE	2016-02		11	15			-4	
CHICAGO BRIDGE & IRON CO N V	2015-06	PURCHASE	2016-02		10	15			-5	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CHICAGO BRIDGE & IRON CO N V	2015-09	PURCHASE	2016-02		4	4				
DISCOVER FINCL SVCS	2016-05	PURCHASE	2016-07		30,961	30,764			197	
FLOWERS FOODS INC	2016-11	PURCHASE	2016-11		795	802			-7	
FLOWERS FOODS INC	2016-08	PURCHASE	2016-08		14,272	17,241			-2,969	
JOHNSON CONTROLS INCORPORATED	2016-08	PURCHASE	2016-09		14,242	14,852			-610	
JOHNSON CONTROLS INCORPORATED	2016-08	PURCHASE	2016-09		2,137	2,229			-92	
JOHNSON CTLS INTL PLC	2016-09	PURCHASE	2016-09		34	33			1	
NORDIC AMERICAN TANKERS LTD	2016-02	PURCHASE	2016-08		8,257	8,964			-707	
NORTHWEST BANCSHARES INC	2015-07	PURCHASE	2016-07		23,393	19,933			3,460	
NOVO NORDISK A/S ADR	2016-11	PURCHASE	2016-11		2,462	2,641			-179	
NOVO NORDISK A/S ADR	2016-10	PURCHASE	2016-11		13,461	17,169			-3,708	
OAKTREE CAPITAL GP LLC UT-A	2016-06	PURCHASE	2016-07		23,817	23,101			716	
PHILLIPS 66 COM	2016-08	PURCHASE	2016-11		17,789	17,234			555	
SUNOCO LP COM U REP LP	2016-05	PURCHASE	2016-07		15,259	16,820			-1,561	
T ROWE PRICE GROUP INC	2016-11	PURCHASE	2016-12		19,200	17,144			2,056	
TARGET CORPORATION	2016-08	PURCHASE	2016-12		17,482	17,220			262	
TEKLA HEALTHCARE INVS	2012-02	PURCHASE	2016-07		7,704	4,940			2,764	
TEKLA HEALTHCARE INVS	2014-04	PURCHASE	2016-07		5,052	5,190			-138	
TEKLA HEALTHCARE INVS	2014-06	PURCHASE	2016-07		7,906	7,886			20	
TEKLA HEALTHCARE INVS	2012-03	PURCHASE	2016-07		303	194			109	
TEKLA HEALTHCARE INVS	2012-06	PURCHASE	2016-07		328	215			113	
TEKLA HEALTHCARE INVS	2012-09	PURCHASE	2016-07		303	219			84	
TEKLA HEALTHCARE INVS	2012-12	PURCHASE	2016-07		354	250			104	
TEKLA HEALTHCARE INVS	2013-03	PURCHASE	2016-07		303	234			69	
TEKLA HEALTHCARE INVS	2013-06	PURCHASE	2016-07		328	279			49	
TEKLA HEALTHCARE INVS	2013-09	PURCHASE	2016-07		303	290			13	
TEKLA HEALTHCARE INVS	2013-12	PURCHASE	2016-07		328	341			-13	
TEKLA HEALTHCARE INVS	2014-03	PURCHASE	2016-07		328	364			-36	
TEKLA HEALTHCARE INVS	2014-06	PURCHASE	2016-07		480	502			-22	
TEKLA HEALTHCARE INVS	2014-09	PURCHASE	2016-07		631	707			-76	

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
TEKLA HEALTHCARE INVS	2014-12	PURCHASE	2016-07		581	737			-156	
TEKLA HEALTHCARE INVS	2015-03	PURCHASE	2016-07		581	812			-231	
TEKLA HEALTHCARE INVS	2015-06	PURCHASE	2016-07		631	915			-284	
TEKLA HEALTHCARE INVS	2015-09	PURCHASE	2016-07		581	730			-149	
TEKLA HEALTHCARE INVS	2015-12	PURCHASE	2016-07		505	608			-103	
TEKLA HEALTHCARE INVS	2016-03	PURCHASE	2016-07		707	667			40	
TEKLA HEALTHCARE INVS	2016-06	PURCHASE	2016-07		581	548			33	
TEKLA HEALTHCARE INVS	2016-06	PURCHASE	2016-06		4	4				
TEKLA HEALTHCARE INVS	2016-03	PURCHASE	2016-03		2	2				
ADIENT PLC (ADNT)	2016-10	PURCHASE	2016-11		2,174	1,957			217	
ADIENT PLC (ADNT)	2016-10	PURCHASE	2016-11		31	33			-2	
ARCHER DANIELS MIDLAND COMPANY (ADM)	2016-04	PURCHASE	2016-08		23,948	20,347			3,601	
CUMMINS INCORPORATED (CMI)	2016-04	PURCHASE	2016-11		23,290	20,261			3,029	
DEERE & COMPANY (DE)	2016-04	PURCHASE	2016-05		20,115	20,249			-134	
EMERSON ELEC COMPANY (EMR)	2016-03	PURCHASE	2016-08		19,686	19,899			-213	
EMERSON ELEC COMPANY (EMR)	2016-07	PURCHASE	2016-08		6,562	6,786			-224	
FLOWERS FOODS INCORPORATED (FLO)	2016-04	PURCHASE	2016-08		15,988	20,376			-4,388	
JOHNSON CONTROLS INCORPORATED (JCIOL	2016-04	PURCHASE	2016-09		22,439	20,079			2,360	
JOHNSON CONTROLS INTERNATIONAL (JCI)	2016-09	PURCHASE	2016-09		2	2				
NORDSON CORPORATION (NDSN)	2016-03	PURCHASE	2016-07		22,531	20,174			2,357	
PHILLIPS 66 (PSX)	2016-07	PURCHASE	2016-11		21,366	20,124			1,242	
PRICE T ROWE GROUP (TROW)	2016-11	PURCHASE	2016-12		22,625	20,195			2,430	
PROSHARES ULTRASHORT S&P 500 (SDS)	2016-08	PURCHASE	2016-09		201,275	195,801			5,474	
TARGET CORPORATION (TGT)	2016-07	PURCHASE	2016-12		20,704	20,055			649	
VERIZON COMMUNICATIONS (VZ)	2016-04	PURCHASE	2016-11		18,545	20,196			-1,651	
GOTHAM FUNDS	2014-12	PURCHASE	2016-03		246,461	257,879			-11,418	

TY 2016 Investments Corporate Stock Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY	288,997	292,630
RAYMOND JAMES	573,819	586,829

TY 2016 Investments - Other Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EXCHANGE TRADED CLOSE END FUNDS	AT COST	215,167	229,274
GOTHAM FUNDS	AT COST		
MUTUAL FUNDS	AT COST	100,024	105,412
CLOSED END FUNDS	AT COST	884	938

TY 2016 Other Decreases Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Description	Amount
FEDERAL INCOME TAX PAID	421

TY 2016 Other Expenses Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OFFICE EXPENSE	80			
INVESTMENT CHARGES		4,909		
BROOKFILED K-1 EXPENSE				

TY 2016 Other Income Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
UNREALIZED GAIN ON INVESTMENT	1,319		
PRIOR YEAR GRANTS	2,000		
ORDINARY SUNOCO LP K-1	-167		
RENTAL SUNOCO LP K-1	-8		

**TY 2016 Substantial Contributors
Schedule**

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Name	Address
PAUL BEATRIZ HICKS	ONE GROVE ISLE 1502 COCONUT GROVE, FL 33133

TY 2016 Taxes Schedule

Name: PAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION

EIN: 45-4928591

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	223			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016
	Name of the organization PAUL AND BEATRIZ HICKS CHARITABLE FOUNDATION	Employer identification number 45-4928591

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PAUL AND BEATRIZ HICKS CHARITABLE FOUNDATION	Employer identification number 45-4928591
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL BEATRIZ HICKS 1 GROVE ISLE APT 1502 MIAMI, FL 33133	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

45-4928591

Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organizationPAUL AND BEATRIZ HICKS CHARITABLE
FOUNDATION**Employer identification number**

45-4928591

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	