



<b>Part II Balance Sheets</b>		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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		1,740,087	1,517,314	1,517,314
	<b>2</b> Savings and temporary cash investments . . . . .				
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .				
	<b>10a</b> Investments—U S and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .				
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .				
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	<b>12</b> Investments—mortgage loans . . . . .				
	<b>13</b> Investments—other (attach schedule) . . . . .				
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	<b>15</b> Other assets (describe ▶ _____)				
	<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		1,740,087	1,517,314	1,517,314
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .				
	<b>18</b> Grants payable . . . . .				
	<b>19</b> Deferred revenue . . . . .				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b> Other liabilities (describe ▶ _____)				
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .		0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted . . . . .				
	<b>25</b> Temporarily restricted . . . . .				
	<b>26</b> Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds . . . . .		0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund		0	0	
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds		1,740,087	1,517,314	
	<b>30 Total net assets or fund balances</b> (see instructions) . . . . .		1,740,087	1,517,314	
	<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .		1,740,087	1,517,314	

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> 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)	<b>1</b>	1,740,087
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-222,773
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,517,314
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	1,517,314

**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 )
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; font-size: small;">           { If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	
<b>3</b> 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	<b>3</b>	

**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	915,652	1,223,657	0 748291
2014	744,850	1,011,498	0 736383
2013	616,198	676,316	0 911110
2012	511,736	292,740	1 748090
2011	506,691	271,017	1 869591
<b>2 Total</b> of line 1, column (d)			<b>2</b> 6 013465
<b>3</b> 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			<b>3</b> 1 202693
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 1,134,468
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,364,417
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 1,364,417
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 1,221,830

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)**

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

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ <b>(2)</b> On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL _____		
<b>b</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> .	<b>8b</b>	Yes
<b>9</b> 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> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>JAMIE SHEER</b> Telephone no <b>(813) 623-5400</b>			

Located at **11540 HIGHWAY 92 EAST SEFFNER FL** ZIP+4 **33584**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	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? 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 <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> <b>1b</b>			
<b>c</b>	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? <input type="checkbox"/> <b>1c</b>			<b>No</b>
<b>2</b>	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))			
<b>a</b>	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 <b>▶ 20____, 20____, 20____, 20____</b>			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions) <input type="checkbox"/> <b>2b</b>			
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>			
<b>3a</b>	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>b</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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b>			
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>			<b>No</b>
<b>b</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? <b>4b</b>			<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

<b>5a</b> 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>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>c</b> 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 checked="" type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
<b>6a</b> 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>b</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	<b>6b</b>		<b>No</b>
If "Yes" to 6b, file Form 8870				
<b>7a</b> 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>b</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	<b>7b</b>		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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
JEFFREY SEAMAN 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	PRESIDENT, DIRECTOR 1 00	0	0	0
LEWIS STEIN 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	VICE PRESIDENT, DIRECTOR 0 50	0	0	0
JAMIE SHEER 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	VICE PRESIDENT 0 50	0	0	0
PETER WEITZNER 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	VICE PRESIDENT 0 50	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

**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		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,151,744
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	1,151,744
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	1,151,744
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	17,276
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,134,468
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	56,723

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	56,723
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	56,723
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	56,723
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	56,723

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	1,221,830
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	1,221,830
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,221,830

**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
<b>1</b> Distributable amount for 2016 from Part XI, line 7				56,723
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	493,140			
<b>b</b> From 2012. . . . .	497,099			
<b>c</b> From 2013. . . . .	582,382			
<b>d</b> From 2014. . . . .	694,275			
<b>e</b> From 2015. . . . .	854,469			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	3,121,365			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 1,221,830				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				56,723
<b>e</b> Remaining amount distributed out of corpus	1,165,107			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,286,472			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . .	493,140			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	3,793,332			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	497,099			
<b>b</b> Excess from 2013. . . . .	582,382			
<b>c</b> Excess from 2014. . . . .	694,275			
<b>d</b> Excess from 2015. . . . .	854,469			
<b>e</b> Excess from 2016. . . . .	1,165,107			

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

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

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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) ) JEFFREY SEAMAN	
<b>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> 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	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed LEWIS STEIN 11540 HIGHWAY 92 EAST SEFFNER, FL 33584 (813) 623-5400	
<b>b</b> The form in which applications should be submitted and information and materials they should include N/A	
<b>c</b> Any submission deadlines N/A	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors N/A	

**Part XV** **Supplementary Information** (continued)**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	1,220,860
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .					
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .			18	29	
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		29	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		<b>29</b>

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

## Part XVII

- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[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 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |
|   |                          |                                 |

Print/Type preparer's name  BRETT HENDEE	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN  P00237330
Firm's name ► BRETT HENDEE PA ATTORNEY AT LAW				Firm's EIN ► 59-3530905
Firm's address ► 1700 SOUTH MACDILL AVE SUITE 200  TAMPA, FL 336295218				Phone no (813) 258-1177

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)				
<b>a</b> <i>Paid during the year</i>				
A BRIGHTER COMMUNITY INC 1613 MARION STREET TAMPA, FL 33602	N/A	PC	SUPPORT PRE-SCHOOL AND FAMILY SUPPORT PROGRAM	5,000
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DRIVE TAMPA, FL 33605	N/A	PC	PROVIDES EDUCATION FOR TAMPA BAY AT-RISK CHILDREN	4,449
ALABAMA BAPTIST CHILDREN'S HOMES PO BOX 361767 BIRMINGHAM, AL 35236	N/A	PC	PROVIDES PROTECTION, NURTURING AND RESTORATION TO AREA AT-RISK CHILDREN	1,000
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVENUE TAMPA, FL 33629	N/A	PC	PROVIDES RESEARCH, INFORMATION AND ADVOCACY FOR PEOPLE AFFECTED BY CANCER	1,000
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVENUE TAMPA, FL 33629	N/A	PC	PROVIDES RESEARCH, INFORMATION AND ADVOCACY FOR PEOPLE AFFECTED BY CANCER	5,000
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 3709 WEST JETTON AVENUE TAMPA, FL 33629	N/A	PC	PROVIDES RESEARCH, INFORMATION AND ADVOCACY FOR PEOPLE AFFECTED BY CANCER	2,700
AMERICAN DIABETES ASSOCIATION 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	N/A	PC	PROVIDES RESEARCH, INFORMATION AND ADVOCACY FOR PEOPLE AFFECTED BY DIABETES	5,000
AMERICAN HEART ASSOCIATION 11207 BLUE HEARON BLVD N ST PETERSBURG, FL 33716	N/A	PC	PROVIDES RESEARCH, INFORMATION AND ADVOCACY FOR PEOPLE AFFECTED BY HEART DISEASE	2,025
AMERICAN HEART ASSOCIATION 11207 BLUE HEARON BLVD N ST PETERSBURG, FL 33716	N/A	PC	PROVIDES RESEARCH, INFORMATION AND ADVOCACY FOR PEOPLE AFFECTED BY HEART DISEASE	600
AMERICAN RED CROSS 3310 W MAIN STREET TAMPA, FL 33607	N/A	PC	DISASTER RELIEF FOR LOUISIANA FLOOD VICTIMS	25,000
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
AUSTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	N/A	PC	SUPPORT AUTISM RESEARCH	1,000
B'NAI SHALOM DAY SCHOOL 101 A WINVIEW DR GREENSBORO, NC 27410	N/A	PC	TO SUPPORT EDUCATION	500
BENNETT COLLEGE 900 E WASHINGTON STREET GREENSBORO, NC 27401	N/A	PC	TO SUPPORT EDUCATION	2,500
BOYS AND GIRLS CLUB OF GREATER BATON ROUGE 8281 GOODWOOD BLVD SUITE A BATON ROUGE, LA 70806	N/A	PC	SPONSORSHIP OF YOUTH SCHOLARSHIPS FOR 2016	2,000
BOYS AND GIRLS CLUB OF SOUTH ALABAMA 1102 GOVERNMENT ST MOBILE, AL 36604	N/A	PC	HELP CHILDREN BECOME RESPONSIBLE CARING CITIZENS	10,000
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860



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)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF TAMPA BAY INC 1307 N MACDILL AVENUE TAMPA, FL 33607	N/A	PC	HELP CHILDREN BECOME RESPONSIBLE CARING CITIZENS	5,000
BOYS AND GIRLS CLUB OF TAMPA BAY INC 1307 N MACDILL AVENUE TAMPA, FL 33607	N/A	PC	HELP CHILDREN BECOME RESPONSIBLE CARING CITIZENS	1,000
BOYS AND GIRLS CLUB OF TAMPA BAY INC 1307 N MACDILL AVENUE TAMPA, FL 33607	N/A	PC	HELP CHILDREN BECOME RESPONSIBLE CARING CITIZENS	3,150
BRANDI'S WISH FOUNDATION INC 1229 S TAMIAMI TRAIL SARASOTA, FL 34239	N/A	PC	OFFERS INTERVENTION, PREVENTION AND EDUCATION ASSISTANCE WITH DRUG ADDICTION AND RECOVERY	1,000
BRANTWOOD CHILDREN'S HOME 1309 UPPER WETUMPKA ROAD MONTGOMERY, AL 36107	N/A	PC	SUPPORT FOR ABUSED, NEGLECTED AND OTHER AT-RISK CHILDREN	1,000
<b>Total . . . . .</b> 				1,220,860
<b>3a</b>				

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)				
<b>a</b> <i>Paid during the year</i>				
BREVARD COUNTY LEGAL AID 1038 HARVIN WAY STE 100 ROCKLEDGE, FL 32955	N/A	PC	SUPPORT CHILDREN AGING OUT OF THE FOSTER CARE SYSTEM	1,000
BUD RUN CHILDREN'S CHARITY 4121 NORTH 50TH STREET TAMPA, FL 33610	N/A	PC	SUPPORTS AREA CHILDRENS CHARITIES	2,375
CAMP SUNSHINE 1850 CLAIRMONT ROAD DECATOR, GA 30033	N/A	PC	SUPPORT CHILDREN WITH CANCER AND THEIR FAMILIES	2,500
CAMP TWIN LAKES 600 MEANS STREET SUITE 110 ATLANTA, GA 30318	N/A	PC	PROVIDES LIFE ENHANCING EXPERIENCES FOR SERIOUSLY ILL CHILDREN	5,000
CAMP TWIN LAKES 600 MEANS STREET SUITE 110 ATLANTA, GA 30318	N/A	PC	PROVIDES LIFE ENHANCING EXPERIENCES FOR SERIOUSLY ILL CHILDREN	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
CANINE COMPANIONS PO BOX 680388 ORLANDO, FL 32868	N/A	PC	PROVIDE ASSISTANCE DOGS TO CHILDREN WITH DISABILITIES	1,000
CHAMPIONS FOR CHILDREN 3108 W AZEELE STREET TAMPA, FL 33609	N/A	PC	SUPPORT FOR CHILD ABUSE PREVENTION AND FAMILY EDUCATION PROGRAMS	500
CHILDREN IN CRISIS 1000 LUKES WAY FORT WALTON, FL 32547	N/A	PC	PROVIDES HOMES AND ESTABLISHES HOPE FOR ABUSED, NEGLECTED AND ABANDONED CHILDREN ON NORTHWEST FLORIDA	1,000
CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329	N/A	PC	SUPPORT FOR CHILDREN'S HOSPITAL CARE	6,000
CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329	N/A	PC	SUPPORT FOR CHILDREN'S HOSPITAL CARE	150,000
<b>Total . . . . .</b> <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329	N/A	PC	SUPPORT FOR CHILDREN'S HOSPITAL CARE	83,333
CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329	N/A	PC	SUPPORT FOR CHILDREN'S HOSPITAL CARE	200,000
CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1577 NORTHEAST EXPRESSWAY STE A ATLANTA, GA 30329	N/A	PC	SUPPORT FOR CHILDREN'S HOSPITAL CARE	14,700
CHILDREN'S MIRACLE NETWORK PO BOX 100386 GAINESVILLE, FL 32610	N/A	PC	SUPPORT OF DISADVANTAGED CHILDREN	1,000
CITY OF BROOKSHIRE PO BOX 160 BROOKSHIRE, TX 77423	N/A	PC	SUPPORT THE COMMUNITY	5,000
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860


**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)				
<b>a</b> <i>Paid during the year</i>				
CITY OF TAMPA BLACK HISTORY COMMITTEE INC PO BOX 1782 TAMPA, FL 33601	N/A	PC	PROMOTES AFRICAN AMERICAN HERITAGE AND CULTURE EDUCATION	1,000
CONCERT ON THE GREEN PO BOX 1275 ORANGE PARK, FL 32067	N/A	PC	SUPPORTS MUSIC AND ARTS EDUCATION	5,000
CONGREGATION SCHAAARAI ZEDEK SISTERHOOD 3303 WEST SWANN AVENUE TAMPA, FL 33609	N/A	PC	SUPPORTS WOMEN OF REFORM JUDAISM	4,650
COVENANT HOUSE GEORGIA INC 2488 LAKEWOOD AVE SW ATLANTA, GA 30315	N/A	PC	SUPPORTS HOMLESS, RUNAWAY AND TRAFFICKED YOUTH	6,000
CURE SMA 18865 SR 54 115 LUTZ, FL 33558	N/A	PC	SUPPORTS RESEARCH FOR CURE OF SPINAL MUSCULAR ATROPHY	2,000
<b>Total . . . . . ►</b> <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
DEER RUN RETREAT CENTER 3845 PERKINS ROAD THOMPSONS STATION, TN 37179	N/A	PC	SUPPORTS FAITH BASED RELATIONSHIPS	50,000
DIABETES RESEARCH INSTITUTE FOUNDATION 200 SOUTH PARK ROAD SUITE 100 HOLLYWOOD, FL 33021	N/A	PC	SUPPORTS DIABETES RESEARCH	10,000
DUNN POLICE ATHLETIC & ACTIVITIES LEAGUE INC PO BOX 1065 DUNN, NC 28335	N/A	PC	SUPPORT MEDIA ARTS PROGRAM AND PROVIDE FUNDING TO PURCHASE A PASSENGER VAN FOR PROGRAM	28,000
EAR RESEARCH FOUNDATION 1901 FLOYD STREET SARASOTA, FL 34239	N/A	PC	SUPPORTS RESEARCH FOR NEW TREATMENT AND COMMUNITY SCREENINGS	4,400
EARLY CHILDHOOD COUNCIL 4210 Bay Villa Ave Tampa, FL 33611	N/A	PC	SUPPORT THE COMMUNITY	1,000
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860


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)				
<b>a</b> <i>Paid during the year</i>				
FLORIDA AQUARIUM 701 Channelside Dr Tampa, FL 33602	N/A	PC	SUPPORT FOR YOUTH DEVELOPMENT AND PREVENTION OF DELINQUENCY	4,440
Florida Memorial University 15800 NW 42nd Ave Miami Gardens, FL 33054	N/A	PC	SUPPORTS HIGHER EDUCATION	2,500
FRIENDS OF JOHN COLTRANE INC PO BOX 2392 HIGH POINT, NC 27261	N/A	PC	PRESERVES AND CELEBRATES THE MUSIC OF JOHN COLTRANE	5,000
FRIENDS OF JOSHUA HOUSE FOUNDATION PO BOX 1769 TAMPA, FL 33601	N/A	PC	PROVIDES SHELTER CARE FOR ABUSED AND NEGLECTED CHILDREN	1,000
GENERAL MISSIONARY BAPTIST CONVENTION OF MS INC 3160 LYNCH STREET JACKSON, MS 39209	N/A	PC	PROVIDE SUPPORT FOR YOUTH LEADERSHIP AND CHARACTER DEVELOPMENT IN A CHRISTIAN ENVIRONMENT	2,500
<b>Total . . . . .</b> 				1,220,860
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
GIGI'S PLAYHOUSE INC 2350 W HIGGINS RD HOFFMAN EST, IL 60169	N/A	PC	PROVIDES SUPPORT FOR CHILDREN WITH DOWN SYNDROME	2,000
GIRLS INC OF LAKELAND 1220 W HIGHLAND STREET LAKELAND, FL 33801	N/A	PC	PROVIDES EDUCATIONAL PROGRAMS FOR GIRLS IN HIGH RISK AREAS	5,000
GIRLS INC OF LAKELAND 1220 W HIGHLAND STREET LAKELAND, FL 33801	N/A	PC	PROVIDES EDUCATIONAL PROGRAMS FOR GIRLS IN HIGH RISK AREAS	5,000
GIVEWELL COMMUNITY FOUNDATION 1501 S FLORIDA AVE LAKELAND, FL 33803	N/A	PC	SUPPORT THE COMMUNITY	2,042
GLAZER CHILDREN'S MUSEUM 110 W GASPARILLA PLAZA TAMPA, FL 33602	N/A	PC	CREATES LEARNING ENVIORNMENTS FOR CHILDREN	4,250
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860



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)				
<b>a</b> <i>Paid during the year</i>				
GWINNETT CHAMPIONSHIP FOUNDATION INC 2595 SUGARLOAF CLUB DRIVE DULUTH, GA 30097	N/A	PC	BENEFITS LOCAL CHARITIES	2,125
HANDS ON ATLANTA 600 MEANS STREET SUITE 110 ATLANTA, GA 30318	N/A	PC	PROMOTES VOLUNTEER WORK IN THE ATLANTA COMMUNITY	2,500
HILLEL SCHOOL OF TAMPA 2020 W FLETCHER AVENUE TAMPA, FL 33612	N/A	PC	PROVIDE SUPERIOR EDUCATION THAT ENCOURAGES LEARNING AND A STRONG JEWISH IDENTITY	4,850
HISPANIC ASSOCIATION FOR CULTURE AND EDUCATION 4536 FRIARS LANE GRAND PRAIRIE, TX 75052	N/A	PC	PROVIDE SUPPORT FOR GRAND PRAIRIE IDS HOMELESS PROGRAM AND SCHOLARSHIPS FOR CHILDREN	7,000
HISPANIC ASSOCIATION FOR CULTURE AND EDUCATION 4536 FRIARS LANE GRAND PRAIRIE, TX 75052	N/A	PC	PROVIDE SUPPORT FOR GRAND PRAIRIE IDS HOMELESS PROGRAM AND SCHOLARSHIPS FOR CHILDREN	2,500
<b>Total . . . . .</b> <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
IMPROVEMENT LEAGUE OF PLANT CITY PO BOX 5894 PLANT CITY, FL 33563	N/A	PC	SUPPORT FOR AT RISK YOUTH	1,500
INDIAN RIVER COUNTY HEALTHY START COALITION 333017TH STREET STE 2R VERO BEACH, FL 32960	N/A	PC	SUPPORT FOR AT RISK YOUTH	9,500
JACOB ISAAC RAPPOPORT FOUNDATION PO BOX 741414 BOYNTON BEACH, FL 33474	N/A	PC	SUPPORTS THE FIGHT AGAINST SPINAL MUSCULAR ATROPHY	5,000
JEWISH FAMILY AND CAREER SERVICES 4549 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338	N/A	PC	SUPPORTS PEOPLE WITH DISABILITIES TO LIVE INDEPENDENTLY	2,050
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	N/A	PC	IMPROVING AND ENRICHING JEWISH LIFE AROUND THE WORLD	8,830
<b>Total</b> . . . . . 				1,220,860
<b>3a</b>				


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)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA FOUNDATION INC 13707 N 22ND STREET TAMPA, FL 33613	N/A	PC	EDUCATING YOUNG PEOPLE ABOUT BUSINESS, ECONOMICS AND FREE ENTERPRISE	1,000
JUNIOR LEAGUE OF GREATER LAKELAND PO BOX 8797 LAKELAND, FL 33806	N/A	PC	SUPPORTS FAMILY LITERACY THROUGH THE COMMUNITY	2,500
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - TAMPA BAY 9600 KROGER BLVD SUITE 103 ST PETERSBURG, FL 33702	N/A	PC	SUPPORTS BATTLE AGAINST CHILDREN'S DIABETES	1,675
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - TAMPA BAY 9600 KROGER BLVD SUITE 103 ST PETERSBURG, FL 33702	N/A	PC	SUPPORTS BATTLE AGAINST CHILDREN'S DIABETES	2,500
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - TAMPA BAY 9600 KROGER BLVD SUITE 103 ST PETERSBURG, FL 33702	N/A	PC	SUPPORTS BATTLE AGAINST CHILDREN'S DIABETES	1,500
<b>Total . . . . . ▶</b> <b>3a</b>				1,220,860

**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)				
<b>a</b> <i>Paid during the year</i>				
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - TAMPA BAY 9600 KROGER BLVD SUITE 103 ST PETERSBURG, FL 33702	N/A	PC	SUPPORTS BATTLE AGAINST CHILDREN'S DIABETES	2,500
KELLSIE'S HOPE FOUNDATION 1021 ROBERT DR MARYVILLE, IL 62062	N/A	PC	SUPPORTS BATTLE AGAINST CHILDREN'S CANCER	1,000
LA NOTICIA FOUNDATION INC 5936 MONROE ROAD CHARLOTTE, NC 28212	N/A	PF	PROVIDES SCHOLARSHIPS TO ECONOMICALLY CHALLENGED LATINO STUDENTS TO GO TO COLLEGE	10,500
LA NOTICIA FOUNDATION INC 5936 MONROE ROAD CHARLOTTE, NC 28212	N/A	PF	PROVIDES SCHOLARSHIPS TO ECONOMICALLY CHALLENGED LATINO STUDENTS TO GO TO COLLEGE	10,000
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BLVD LAKELAND, FL 33805	N/A	PC	PROVIDES HEALTHCARE FOR THE WORKING UNINSURED	18,500
<b>Total . . . . . ►</b> <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
LAKELAND YMCA 3620 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803	N/A	PC	SUPPORTS CANCER SURVIVOR EXERCISE AND WELLNESS PROGRAMS	1,000
LATIN AMERICAN COALITION 4938 CENTRAL AVENUE SUITE 101 CHARLOTTE, NC 28205	N/A	PC	SUPPORTS HISPANIC COMMUNITY	5,000
LEUKEMIA & LYMPHOMA SOCIETY - GEORGIA CHAPTER  3715 NORTHSIDE PARKWAY BLDG 4 SUITE 300 ATLANTA, GA 30327	N/A	PC	SUPPORTS RESEARCH FOR CURE OF BLOOD CANCERS	5,000
LEUKEMIA & LYMPHOMA SOCIETY - SUNCOAST CHAPTER 3507 E FRONTAGE RD STE 300 TAMPA, FL 33607	N/A	PC	SUPPORTS RESEARCH FOR CURE OF BLOOD CANCERS	1,000
LIVINGSTON COLLEGE 701 w Monroe Street Salisbury, NC 28144	N/A	PC	SUPPORTS HIGHER EDUCATION	2,500
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860

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)				
<b>a</b> <i>Paid during the year</i>				
MAHDI'S LEARNING CENTER 600 MAGNOLIA AVE STE E DUNN, NC 28334	N/A	PC	SUPPORT FOR THE COMMUNITY	1,250
METROPOLITAN MINISTRIES 2002 N FLORIDA AVE TAMPA, FL 33602	N/A	PC	SUPPORTS THE COMMUNITY BY PROVIDING PROGRAMS FOR FAMILIES IN NEED	1,500
MISSOURI CITY JUNETEENTH CELEBRATION PO BOX 1007 MISSOURI CITY, TX 77489	N/A	PC	SUPPORT FOR EDUCATIONAL AND CULTURAL COMMUNITY EVENTS	3,000
MOFFITT CANCER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612	N/A	PC	SUPPORTS CANCER RESEARCH	50,000
MOFFITT CANCER FOUNDATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612	N/A	PC	SUPPORTS CANCER RESEARCH	40,546
<b>Total</b> . . . . . 				1,220,860
<b>3a</b>				


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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MORE HEALTH 3821 HENDERSON BLVD TAMPA, FL 33629	N/A	PC	SUPPORT FOR HEALTH AND SAFETY EDUCATION	2,500
MUSCULAR DYSTROPHY ASSOCIATION 9720 EXECUTIVE CENTER DR W ST PETERSBURG, FL 33702	N/A	PC	SUPPORTS FIGHT AGAINST MUSCULAR DYSTROPHY	10,000
MUSEUM OF SCIENCE & INDUSTRY 4801 E FOWLER AVE TAMPA, FL 33617	N/A	PC	SUPPORTS MOSI LEADERSHIP/MENTORING PROGRAM FOR AT-RISK YOUTH AND NATIONAL HISPANIC SCIENTIST OF THE YEAR	5,000
MUSTARD SEED OF CENTRAL FLORIDA 12 MUSTARD SEED LANE ORLANDO, FL 32810	N/A	PC	SUPPORTS CENTRAL FLORIDA AS A FURNITURE AND CLOTHING BANK WHEN COMMUNITY SUFFERS A DISASTER OR PERSONAL TRAGEDY	2,200
National Multiple Sclerosis Society Mid FL Chapter 2701 Maitland Center Parkway Ste 100 Maitland, FL 32751	N/A	PC	SUPPORTS MS research	1,950
<b>Total . . . . . ▶</b> <b>3a</b>				1,220,860

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
National Multiple Sclerosis Society Mid FL Chapter 2701 Maitland Center Parkway Ste 100 Maitland, FL 32751	N/A	PC	SUPPORTS MS research	500
New Beginnings High School 3425 Lake Alfred Road Winter Haven, FL 33881	N/A	PC	SUPPORTS YOUTH DEVELOPMENT AND EDUCATION	1,000
North Carolina Agricultural & Technical State Univ 1601 E Market Street GREENSBORO, NC 27411	N/A		SUPPORT FOR SGA PRESIDENT SCHLORSHIP	2,500
ONE VOICE INC 1072 WEST LUNCH STREET SUITE 7 JACKSON, MS 39203	N/A	PC	SUPPORTS YOUTH DEVELOPMENT AND EDUCATION	50,000
ONE VOICE INC 1072 WEST LUNCH STREET SUITE 7 JACKSON, MS 39203	N/A	PC	SUPPORTS YOUTH DEVELOPMENT AND EDUCATION	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				1,220,860



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)				
<b>a</b> <i>Paid during the year</i>				
PACE ACADEMY PARENT'S CLUB 966 W PACES FERRY ROAD ATLANTA, FL 30327	N/A	PC	SUPPORT FOR COLLEGE PREPARATORY SCHOOLS	4,400
PACE CENTER FOR GIRLS - MIAMI 1400 NW 36TH STREET STE 200 MIAMI, FL 33142	N/A	PC	SUPPORT PROVIDES GIRLS/YOUNG WOMEN IN JUVENILE JUSTICE SYSTEM EDUCATION, ADVOCACY, COUNSELING, TRAINING	1,000
PASCO HIGH SCHOOL 36850 HIGHWAY 52 DADE CITY, FL 33525	N/A	PC	SUPPORT FOR THE COMMUNITY	1,000
PEDIATRIC KIDNEY FOUNDATION 3333 NEW HYDE PARK ROAD SUITE 400 NEW HYDE PARK, NY 11042	N/A	PC	SUPPORT FOR CHILDREN'S KIDNEY FOUNDATION RESEARCH	5,000
PLANT CITY BLACK HERITAGE CELEBRATION INC 1902 BOND STREET PLANT CITY, FL 33563	N/A	PC	SUPPORT FOR UNDERSERVED AREAS OF COMMUNITY	2,720
<b>Total . . . . . ▶</b> <b>3a</b>				1,220,860

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PLANT CITY BLACK HERITAGE CELEBRATION INC 1902 BOND STREET PLANT CITY, FL 33563	N/A	PC	SUPPORT FOR UNDERSERVED AREAS OF COMMUNITY	1,000
RISE TAMPA OUR POLICE FOUNDATION PO BOX 172816 TAMPA, FL 33672	N/A	PC	SUPPORT MENTORING PROGRAMS TARGETING AT RISK YOURTH	1,500
ROBERT WOODRUFF ARTS CENTER 1280 PEACHTREE STREET NE ATLANTA, GA 30309	N/A	PC	SUPPORT OF THE ARTS	15,000
RUSH PHILANTHROPIC ARTS FOUNDATION 334 GRAND AVENUE BROOKLYN, NY 11238	N/A	PC	SUPPORT OF THE ARTS	5,000
SALVATION ARMY - LAFAYETTE CORPS 212 SIXTH STREET PO BOX 3504 LAFAYETTE, LA 70501	N/A	PC	SUPPORT RELIGION AND SOCIAL SERVICE IN THE COMMUNITY	5,000
<b>Total . . . . .</b> 				1,220,860
<b>3a</b>				

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<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY OF GREATER NEW ORLEANS 4526 S CLAIBORNE AVE 70125 PO BOX 13808 NEW ORLEANS, LA 70185	N/A	PC	SUPPORT RELIGION AND SOCIAL SERVICE IN THE COMMUNITY	2,500
SAM & REBA SANDLER FOUNDATION 6520 INDIAN RIVER ROAD VIRGINIA BEACH, VA 23464	N/A	PF	SUPPORT ORGANIZATION PROVIDING SUPPORT FOR PUBLIC CHARITIES	3,000
SERTOMA CAMP ENDEAVOR INC PO BOX 910 DUNDEE, FL 33838	N/A	PC	A NON-PROFIT PROGRAM FOR THE DEAF AND HARD OF HEARING	1,000
SHAW UNIVERSITY 118 E SOUTH STREET RALEIGH, NC 27601	N/A	PC	SUPPORT OF EDUCATION	2,500
SLIDELL HERITAGE FOUNDATION PO BOX 3176 SLIDELL, LA 70459	N/A	PC	SUPPORT FOR THE ROTARY CLUB OF SLIDELL	5,000
<b>Total . . . . .</b> ► <b>3a</b>				1,220,860


**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)				
<b>a</b> <i>Paid during the year</i>				
SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION INC 301 N ALEXANDER STREET PLANT CITY, FL 33563	N/A	PC	SUPPORTS HOSPITAL CARE	2,500
SOUTHERN LATINO FOUNDATION INC 199 14TH STREET NE STE 3006 ATLANTA, GA 30309	N/A	PC	HELPS PROVIDE SCHOLARSHIPS, FINANCIAL AID AND AWARDS	5,000
SPECIAL OLYMPICS GEORGIA INC 4000 DEKALB TECH PKWY STE 400 BLD 400 ATLANTA, GA 30340	N/A	PC	SUPPORT FOR DISABLED AND METALLY CHALLENGED ATHLETE	5,500
SPECIAL OLYMPICS 1915 DON WICKHAM DR CLERMONT, FL 34711	N/A	PC	SUPPORT FOR DISABLED AND METALLY CHALLENGED ATHLETE	1,000
ST JOSEPH'S CHILDREN'S HOSPITAL FOUNDATION INC 2700 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	N/A	PC	SUPPORT HOSPITAL CARE AND PROVIDES HOPE AND COMFORT TO EACH CHILD AND FAMILY WHO WALKS THROUGH OUR DOORS	27,900
<b>Total . . . . . ►</b> <b>3a</b>				1,220,860

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JOSEPH'S CHILDREN'S HOSPITAL FOUNDATION INC 2700 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	N/A	PC	SUPPORT HOSPITAL CARE AND PROVIDES HOPE AND COMFORT TO EACH CHILD AND FAMILY WHO WALKS THROUGH OUR DOORS	27,900
ST JOSEPH'S CHILDREN'S HOSPITAL FOUNDATION INC 2700 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	N/A	PC	SUPPORT HOSPITAL CARE AND PROVIDES HOPE AND COMFORT TO EACH CHILD AND FAMILY WHO WALKS THROUGH OUR DOORS	20,000
ST MARTIN DE PORRES CATHOLIC SCHOOL 2225 HAMPTON ST COLUMBIA, SC 29204	N/A	PC	SUPPORT FOR EDUCATION	5,000
SUNSHINE ON A RANNEY DAY 10800 ALPHARETTA HWY SUITE 208 625 ROSWELL, GA 30076	N/A	PC	PROVIDES SUPPORT FOR CHILDREN AND THEIR FAMILIES THAT ARE FIGHTING CHILDHOOD ILLNESSES	4,500
SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FREEWAY SUITE 250 DALLAS, TX 75244	N/A	PC	SUPPORT BREAST CANCER RESEARCH	1,000
<b>Total</b> . . . . . ► <b>3a</b>				1,220,860

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUSAN G KOMEN BREAST CANCER FOUNDATION INC PO Box 660843 DALLAS, TX 75266	N/A	PC	SUPPORT BREAST CANCER RESEARCH	2,300
TAMPA GENERAL HOSPITAL FOUNDATION PO BOX 1289 TAMPA, FL 33601	N/A	PC	SUPPORTS 2016 HEALING AND WELL-BEING INTERGRATIVE ARTS IN MEDICINE PROGRAM	10,000
TAMPA JEWISH COMMUNITY CENTER AND FEDERATION 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	N/A	PC	SUPPORT JEWISH COMMUNITY	9,250
TAMPA METROPOLITAN AREA YMCA INC 100 E OAK AVENUE TAMPA, FL 33602	N/A	PC	SUPPORT FOR THE COMMUNITY	2,500
TAMPA PORT MINISTRIES INC 1912 EASTPORT DRIVE TAMPA, FL 33605	N/A	PC	PROVIDES SERVICES AND SUPPORT TO SEAFARERS	3,500
<b>Total</b> . . . . . 				1,220,860
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
TERRACE COMMUNITY MIDDLE SCHOOL 11734 JEFFERSON ROAD THONOTOSASSA, FL 33592	N/A	PC	SUPPORT FOR EDUCATION	1,000
TERRACE COMMUNITY MIDDLE SCHOOL 11734 JEFFERSON ROAD THONOTOSASSA, FL 33592	N/A	PC	SUPPORT FOR EDUCATION	1,000
TEXAS SOUTHERN UNIVERSITY FOUNDATION 3100 CLEBURNE STREET HH 211 HOUSTON, TX 77004	N/A	PC	SUPPORT SGA PRESIDENT SCHOLARSHIP	2,500
THE BELL CENTER FOR EARLY INTERVENTION PROGRAMS 1700 29TH COURT SOUTH BIRMINGHAM, AL 35209	N/A	PC	SUPPORTS PROGRAMS FOR INFANTS AND TODDLERS WITH SPECIAL NEEDS	1,000
USF FOUNDATION INC 4202 E FOWLER AVE TAMPA, FL 33620	N/A	PC	SUPPORT CANCER RESEARCH	1,000
<b>Total . . . . .</b> 				1,220,860
<b>3a</b>				

**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)				
<b>a</b> <i>Paid during the year</i>				
VOICES FOR CHILDREN PO BOX 2694 TAMPA, FL 33601	N/A	PC	SUPPORT FOR PROVIDING REPRESENTATION TO CHILDREN IN THE FOSTER CARE SYSTEM	1,000
VOORHEES COLLEGE PO BOX 678 DENMARK, SC 29042	N/A	PC	SUPPORT FOR EDUCATION	2,500
WHEELCHAIRS 4 KIDS INC 1976 S PINELLAS AVENUE TARPON SPRINGS, FL 34689	N/A	PC	SUPPORT FOR CHILDREN WITH PHYSICAL DISABILITIES	1,000
WINSHIP CANCER INSTITUTE 1440 CLIFTON ROAD STE 170 ATLANTA, GA 30322	N/A	PC	SUPPORT CANCER RESEARCH	4,300
ZABAN PARADIES CENTER INC 1605 Peachtree Street NE 2nd Floor ATLANTA, GA 30309	N/A	PC	SUPPORT HOMELESS COUPLES FIND PERMANENT HOUSING TO BECOME SELF-SUFFICIENT MEMBERS OF COMMUNITY	25,000
<b>Total . . . . . ►</b> <b>3a</b>				1,220,860



**TY 2016 Accounting Fees Schedule****Name:** ROOMS TO GO FOUNDATION INC**EIN:** 65-0878894

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	1,866	933		933

**TY 2016 Other Expenses Schedule****Name:** ROOMS TO GO FOUNDATION INC**EIN:** 65-0878894**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REPORT	61	31		30
BANK FEES	15	8		7

## TY 2016 Other Income Schedule

**Name:** ROOMS TO GO FOUNDATION INC

**EIN:** 65-0878894

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CLASS ACTION PROCEEDS	29	29	29

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u></b>	OMB No 1545-0047  <b>2016</b>
	<b>Name of the organization</b> ROOMS TO GO FOUNDATION INC	<b>Employer identification number</b> 65-0878894

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub>% 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).

<b>Name of organization</b> ROOMS TO GO FOUNDATION INC	<b>Employer identification number</b> 65-0878894
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<b>Part I</b> <b>Contributors</b> (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	RTG FURNITURE OF TEXAS LP 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
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-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> ROOMS TO GO FOUNDATION INC	<b>Employer identification number</b> 65-0878894
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<b>Part II</b> <b>Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

<b>Name of organization</b> ROOMS TO GO FOUNDATION INC	<b>Employer identification number</b> 65-0878894
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<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> 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	
	_____	_____	_____
	_____	_____	_____
	(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	