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# Form 990-PF

#### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2016

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2016
Open to Public Inspection

| For calendar year 2016 or tax year beginning , 2016, and ending , 20 |          |                                                                                           |                                       |                      |               | , 20                                  |                                                           |                                                  |
|----------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------|---------------------------------------|----------------------|---------------|---------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| Name of foundation A Employ                                          |          |                                                                                           |                                       |                      |               | A Employer                            | Identification number                                     |                                                  |
| The David and Lisa Midgett Foundation Corporati                      |          |                                                                                           |                                       | on                   |               | 81-2444                               | 1780                                                      |                                                  |
| Νι                                                                   | mber a   | nd street (or P O, box number if mail is not delivered to st                              | treet address)                        |                      | Room/suite    | B Telephone                           | number (see instructions                                  | )                                                |
| _35                                                                  | 10 N     | IE 14th Street                                                                            |                                       |                      |               | (352)43                               | 38-8781                                                   | <u>.</u>                                         |
| Cit                                                                  | y or tov | vn, state or province, country, and ZIP or foreign postal co                              | ode                                   |                      |               | C If exempl                           | tion application is pending                               | check here                                       |
| _00                                                                  | ala,     | FL 34470                                                                                  |                                       |                      |               |                                       | , ,                                                       | - <b>-</b>                                       |
| G                                                                    | heck a   | all that apply: X Initial return                                                          | Initial return o                      | of a former public c | harity        | D 1. Foreig                           | n organizations, check he                                 | re ▶                                             |
| Š                                                                    | 3        | Final return                                                                              | Amended ret                           | urn                  |               | 2                                     | in organizations master - 4                               |                                                  |
| e                                                                    |          | Address change                                                                            | Name change                           |                      |               |                                       | n organizations meeting to<br>here and attach computation |                                                  |
| He                                                                   | heck t   | ype of organization:  X Section 501(c)                                                    | )(3) exempt priva                     | ate foundation       |               | E If private                          | foundation status was ter                                 | minated under                                    |
| چك                                                                   | Secti    | on 4947(a)(1) nonexempt charitable trust                                                  | Other to                              | axable private foun  | dation        |                                       | 07(b)(1)(A), check here                                   |                                                  |
| ۱ 🗏                                                                  | aır ma   | rket value of all assets at J Accoun                                                      | nting method:                         | X Cash               | Accrual       | F If the four                         | ndation is in a 60-month te                               | ermination                                       |
| e                                                                    | nd of y  | rear (from Part II, col. (c),                                                             | er (specify)                          |                      |               | under se                              | ction 507(b)(1)(B), check                                 | here . ►                                         |
|                                                                      | ge 16)   |                                                                                           | lumn (d) must be                      | on cash basis.)      |               | <u> </u>                              |                                                           |                                                  |
| Pe                                                                   | it I     | Analysis of Revenue and Expenses                                                          | 1                                     | (a) Revenue and      |               |                                       | }                                                         | (d) Disbursements                                |
| 6                                                                    |          | amounts in columns (b), (c), and (d) may not necessari                                    | ily equal                             | expenses per         | (b) Net       | t investment<br>ncome                 | (c) Adjusted net income                                   | for charitable purposes                          |
|                                                                      | <u> </u> | the amounts in column (a) (see instructions))                                             |                                       | books                | "             |                                       | "IOOITIE                                                  | (cash basis only)                                |
| ٧                                                                    | 1        | Contributions, gifts, grants, etc , received (attach s                                    | schedule)                             | 25,0                 | pod           |                                       |                                                           |                                                  |
|                                                                      | 2        | Check ▶ if the foundation is <b>not</b> required to attach Sci                            | 1                                     | ···                  |               |                                       |                                                           |                                                  |
|                                                                      | 3        | Interest on savings and temporary cash investment                                         | nts .                                 |                      |               |                                       |                                                           |                                                  |
|                                                                      | 4        | Dividends and interest from securities .                                                  |                                       | <u> </u>             |               |                                       | <b></b>                                                   | <u></u>                                          |
|                                                                      | 5a       | Gross rents                                                                               |                                       |                      |               |                                       |                                                           |                                                  |
|                                                                      | b        | Net rental income or (loss)                                                               |                                       |                      |               |                                       |                                                           |                                                  |
| ē                                                                    | 6a       | Net gain or (loss) from sale of assets not on line 1                                      | 0 .                                   |                      |               |                                       |                                                           |                                                  |
| Revenue                                                              | b        | Gross sales price for all assets on line 6a                                               |                                       |                      |               |                                       |                                                           | <u> </u>                                         |
| ě                                                                    | 7        | Capital gain net income (from Part IV, line 2)                                            |                                       |                      |               |                                       |                                                           |                                                  |
| Œ                                                                    | 8        | Net short-term capital gain                                                               |                                       |                      |               |                                       |                                                           |                                                  |
|                                                                      | 9        | Income modifications                                                                      |                                       |                      |               | *****************                     |                                                           |                                                  |
|                                                                      | 10a      | Gross sales less returns and allowances .                                                 |                                       |                      |               |                                       |                                                           |                                                  |
|                                                                      | b        | Less Cost of goods sold                                                                   |                                       |                      |               |                                       |                                                           |                                                  |
|                                                                      | С        | Gross profit or (loss) (attach schedule)                                                  | .                                     |                      |               |                                       | <del> </del>                                              |                                                  |
|                                                                      | 11       | Other income (attach schedule)                                                            | . ]                                   |                      |               |                                       | <u> </u>                                                  |                                                  |
|                                                                      | 12       | Total. Add lines 1 through 11                                                             |                                       | 25,0                 | pod           | (                                     |                                                           | <del></del>                                      |
|                                                                      | 13       | Compensation of officers, directors, trustees, etc                                        | ŀ                                     |                      |               |                                       | <del> </del>                                              |                                                  |
| ses                                                                  | 14       | Other employee salaries and wages                                                         | · ·                                   |                      |               |                                       |                                                           |                                                  |
| en                                                                   | 15       | Pension plans, employee benefits                                                          |                                       |                      |               |                                       | <del> </del>                                              | <del> </del>                                     |
| ğ                                                                    | 16a      | Legal fees (attach schedule)                                                              | •                                     |                      |               |                                       | <del> </del>                                              | <del> </del>                                     |
| ē<br>Tī                                                              | b        | Accounting fees (attach schedule)                                                         | • • •                                 |                      |               |                                       | <del> </del>                                              | <del> </del>                                     |
| Ě                                                                    | C        | Other professional fees (attach schedule)                                                 | · ·                                   |                      |               | <del></del>                           | Y 5, 3, 6011                                              | <del> </del>                                     |
| Administrative Expenses                                              | 17       | Interest                                                                                  | •                                     |                      |               | 1                                     | 1-11 H E 15 "                                             | <del>                                     </del> |
|                                                                      | 18       | Taxes (attach schedule) (see instructions)                                                | • •                                   |                      |               | <del></del>                           | <del> </del>                                              | <u> </u>                                         |
| Ē                                                                    | 19       | Depreciation (attach schedule) and depletion                                              |                                       | <u> </u>             |               |                                       |                                                           |                                                  |
| Ac                                                                   | 20       | Occupancy                                                                                 | •                                     |                      |               |                                       | <del> </del>                                              | <del> </del>                                     |
| and                                                                  | 21       | Travel, conferences, and meetings .                                                       |                                       |                      | +             |                                       | <del> </del>                                              | -                                                |
| g                                                                    | 22       | Printing and publications                                                                 |                                       |                      |               |                                       | <del> </del>                                              | <del> </del>                                     |
| Operating                                                            | 23       | Other expenses (attach schedule)                                                          |                                       | <u> </u>             |               |                                       |                                                           | <del> </del>                                     |
| era                                                                  | 24       | Total operating and administrative expenses.                                              |                                       |                      | ٦             | ,                                     | 1                                                         | 0                                                |
| ğ                                                                    | 25       | Add lines 13 through 23                                                                   |                                       | 34                   | 400           |                                       | 4                                                         | 24,400                                           |
| _                                                                    | 25       | Contributions, gifts, grants paid                                                         | <br>24 and 25                         | 24,4                 |               |                                       | <del></del>                                               | 24,400                                           |
|                                                                      | 26       | Total expenses and disbursements. Add lines 2                                             | 24 anu 25 .                           | 24,                  | 40 <b>U</b>   | · · · · · · · · · · · · · · · · · · · | 4                                                         | 24,400                                           |
|                                                                      | 27       | Subtract line 26 from line 12                                                             | omento                                |                      | د مر <b>ا</b> |                                       |                                                           | 1                                                |
|                                                                      | a        | Excess of revenue over expenses and disburs                                               |                                       |                      | 60 <b>0</b>   |                                       | <del> </del>                                              | <del> </del>                                     |
|                                                                      | ь        | Net investment income (if negative, enter -0-)                                            |                                       |                      | <del>  </del> | <u> </u>                              | <del> </del>                                              | <del> </del>                                     |
|                                                                      | Popor    | Adjusted net income (if negative, enter -0-) work Reduction Act Notice, see instructions. | · · · · · · · · · · · · · · · · · · · | <u></u>              | <u>_</u>      | <u></u>                               | <del></del>                                               | Form <b>990-PF</b> ( <b>2</b> 016)               |
| LOL                                                                  | raper    | WOLK USUACION WOLLIADING, SEE INSURCIOUS.                                                 |                                       |                      |               |                                       |                                                           | . S.III 200 1 1 9-010                            |

| For           | m 990  | ·PF(2016) The David and Lisa Midgett Found                               | dation Corporation | 81-244                                  | 4780 Page                             |
|---------------|--------|--------------------------------------------------------------------------|--------------------|-----------------------------------------|---------------------------------------|
| P             | art II | Balance Sheets Attached schedules and amounts in the description column  | Beginning of year  | End of                                  | year                                  |
|               |        | snould be for end-or-year amounts only (See instructions.)               | (a) Book Value     | (b) Book Value                          | (c) Fair Market Value                 |
|               | 1      | Cash - non-interest-bearing                                              |                    | 1,600                                   | 1,600                                 |
|               | 2      | Savings and temporary cash investments                                   |                    |                                         |                                       |
|               | 3      | Accounts receivable                                                      |                    |                                         |                                       |
|               | 1      | Less: allowance for doubtful accounts                                    |                    |                                         |                                       |
|               | 4      | Pledges receivable ▶                                                     |                    |                                         |                                       |
|               | 1      | Less: allowance for doubtful accounts ▶                                  |                    |                                         |                                       |
|               | 5      | Grants receivable                                                        |                    |                                         |                                       |
|               | 6      | Receivables due from officers, directors, trustees, and other            |                    |                                         |                                       |
|               | 1      | disqualified persons (attach schedule) (see instructions)                |                    |                                         |                                       |
|               | 7      | Other notes and loans receivable (attach schedule)                       |                    |                                         | · · · · · · · · · · · · · · · · · · · |
|               | }      | Less allowance for doubtful accounts ▶                                   |                    |                                         |                                       |
| ssets         | 8      | Inventories for sale or use                                              |                    |                                         |                                       |
| SS            | 9      | Prepaid expenses and deferred charges                                    |                    |                                         |                                       |
| Ä             | 10a    | Investments - U S and state government obligations (attach schedule)     |                    |                                         |                                       |
|               | Ь      |                                                                          |                    | <del></del>                             |                                       |
|               | 1      | Investments - corporate bonds (attach schedule)                          |                    | <del> </del>                            |                                       |
|               | 11     | Investments - land, buildings, and equipment basis ▶                     |                    | *************************************** |                                       |
|               |        | Less accumulated depreciation (attach schedule)                          | İ                  | f                                       |                                       |
|               | 12     | Investments - mortgage loans                                             |                    |                                         |                                       |
|               | 13     | Investments - other (attach schedule)                                    | <del></del>        |                                         | <del></del>                           |
|               | 14     | Land, buildings, and equipment basis                                     |                    |                                         |                                       |
|               | i      | Less accumulated depreciation (attach schedule)                          |                    |                                         |                                       |
|               | 15     | Other assets (describe >                                                 |                    | <del> </del>                            |                                       |
|               | 16     | Total assets (to be completed by all filers - see the                    | <del></del>        | · · · · · · · · · · · · · · · · · · ·   |                                       |
|               |        | instructions Also, see page 1, item l)                                   | 0                  | 1,600                                   | 1,600                                 |
| _             | 17     | Accounts payable and accrued expenses                                    |                    |                                         |                                       |
|               | 18     | Grants payable                                                           |                    |                                         |                                       |
| es            | 19     | Deferred revenue                                                         |                    |                                         |                                       |
| Liabilities   | 20     | Loans from officers, directors, trustees, and other disqualified persons |                    |                                         |                                       |
| abi           | 21     | Mortgages and other notes payable (attach schedule)                      | <del></del>        | <del></del>                             |                                       |
| Ï             | 22     | Other liabilities (describe                                              | <del></del>        | <del></del>                             |                                       |
|               | 23     | Total liabilities (add lines 17 through 22)                              | 0                  | 0                                       |                                       |
|               | -      |                                                                          | <del></del>        | <del>-</del>                            |                                       |
| es            |        | Foundations that follow SFAS 117, check here                             |                    |                                         |                                       |
| Ĕ             | 24     | Unrestricted                                                             |                    |                                         |                                       |
| Fund Balances | 25     | Temporarily restricted                                                   |                    |                                         |                                       |
| <b>10</b>     | 26     | Permanently restricted                                                   | ļ                  |                                         |                                       |
| Š             |        | Foundations that do not follow SFAS 117, check here $X \rightarrow X$    |                    |                                         |                                       |
| Ē             |        | and complete lines 27 through 31.                                        |                    |                                         |                                       |
| ssets or      | 27     | Capital stock, trust principal, or current funds                         |                    | 1,000                                   |                                       |
| šet           | 28     | Paid-in or capital surplus, or land, bldg., and equipment fund .         |                    |                                         |                                       |
| ŝ             | 29     | Retained earnings, accumulated income, endowment, or other funds         | ĺ                  | 600                                     |                                       |

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)

2 Enter amount from Part I, line 27a

3 0ther increases not included in line 2 (itemize) STM1 15

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) Decreases not included in

0

0

1,600

1,600

30 Total net assets or fund balances (see instructions)

31 Total liabilities and net assets/fund balances (see instructions)

| Form 990-PF (2016) The                                  | David and Lisa Midgett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Foundation (                                          | Corporation                                  | 81-24                             | 44780 Page 3                                  |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------------------------|-----------------------------------------------|
| Part IV Capital Gains                                   | and Losses for Tax on Inv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | estment Incom                                         |                                              |                                   |                                               |
| (a) List and descri<br>2-story brick war                | be the kind(s) of property sold (e.g., real<br>ehouse, or common stock, 200 shs MLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | estate,<br>CCo)                                       | (b) How acquired<br>P-Purchase<br>D-Donation | (c) Date acquired (mo , day, yr ) | (d) Date sold<br>(mo , day, yr )              |
| 1a N/A-None                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| _ b                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| С                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| <u>e</u>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                           | <u> </u>                                     |                                   | <u></u>                                       |
| (e) Gross sales price                                   | (f) Depreciation allowed (or allowable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (g) Cost or oplus exper                               | other basis<br>nse of sale                   |                                   | ain or (loss)<br>s (f) minus (g)              |
| a                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| b                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                              |                                              |                                   |                                               |
| С                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                                              |                                              |                                   |                                               |
| d                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| <u>e</u>                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                                              |                                              |                                   |                                               |
| Complete only for assets show                           | wing gain in column (h) and owned b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y the foundation on                                   | 12/31/69                                     | (I) Gains (                       | Col (h) gain minus                            |
| (i) F M V as of 12/31/69                                | (j) Adjusted basis<br>as of 12/31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (k) Excess<br>over col                                | s of col (i)<br>(j), if any                  | col (k), but n                    | ot less than -0-) <b>or</b><br>(from col (h)) |
| a                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                              |                                              |                                   | <del></del>                                   |
| b                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| С                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| d                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>                                              |                                              |                                   |                                               |
| e                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              | <del>,</del>                      |                                               |
| 2 Capital gain net income or (ne                        | et capital loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | also enter in Part I, lin<br>enter -0- in Part I, lin | <b>f</b> 1                                   | 2                                 |                                               |
| 3 Net short-term capital gain or                        | (loss) as defined in sections 1222(5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                     |                                              |                                   | <del></del>                                   |
| , ,                                                     | e 8, column (c) (see instructions) If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                              |                                   |                                               |
| Part I, line 8                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | j                                            | 3                                 |                                               |
|                                                         | Inder Section 4940(e) for R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | educed Tax on                                         | Net Investme                                 | ent Income                        | <del></del>                                   |
| <del></del>                                             | rate foundations subject to the section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                              |                                   |                                               |
|                                                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                                              |                                   |                                               |
| If section 4940(d)(2) applies, leave                    | e this part blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                              |                                   |                                               |
| Was the foundation liable for the s                     | section 4942 tax on the distributable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | amount of any year i                                  | n the base period?                           | •                                 | Yes No                                        |
|                                                         | qualify under section 4940(e) Do no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • •                                                   |                                              |                                   |                                               |
|                                                         | in each column for each year, see t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | e making any entri                           | es.                               |                                               |
| (a)                                                     | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                     | (c)                                          |                                   | (d)                                           |
| Base period years<br>Calendar year (or tax year beginni | A discount of the contract of | ons Net value of                                      | noncharitable-use as                         |                                   | stribution ratio<br>b) divided by col (c))    |
| 2015                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              | <del>-  </del>                    | <del> </del>                                  |
| 2014                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 2013                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 2012                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 2011                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
|                                                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                              |                                   |                                               |
| 2 Total of line 1, column (d)                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              | 2                                 |                                               |
| 3 Average distribution ratio for t                      | the 5-year base period - divide the to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | otal on line 2 by 5, or                               | by the                                       |                                   |                                               |
| number of years the foundation                          | on has been in existence if less than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 years                                               |                                              | 3                                 |                                               |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 4 Enter the net value of noncha                         | ritable-use assets for 2016 from Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t X, line 5                                           |                                              | . 4                               |                                               |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 5 Multiply line 4 by line 3                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              | 5                                 | 0                                             |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 6 Enter 1% of net investment in                         | come (1% of Part I, line 27b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                                              | 6 (                               |                                               |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 7 Add lines 5 and 6                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              | 7                                 | 0                                             |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   |                                               |
| 8 Enter qualifying distributions t                      | from Part XII, line 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                              | 8                                 |                                               |
|                                                         | than line 7, check the box in Part VI,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | line 1b, and complet                                  | te that part using a                         | 1% tax rate See th                | 16                                            |
| Part VI instructions.                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                     |                                              |                                   |                                               |
| EEA                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                              |                                   | Form <b>990-PF</b> (2016)                     |

EEA

|     | 990-PF (2016) The David and Lisa Midgett Foundation Corporation 81-2444                                                            |                                         |              | age 4    |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|----------|--|--|
| Par | TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see inst                                   | ructio                                  | ns)          |          |  |  |
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here   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                                                   |                                         |              | 0        |  |  |
|     | here  and enter 1% of Part I, line 27b                                                                                             | *************************************** |              |          |  |  |
| С   | 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-)                          |                                         |              | 0        |  |  |
| 3   | Add lines 1 and 2                                                                                                                  |                                         |              |          |  |  |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)                         |                                         |              | 0        |  |  |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                            |                                         |              |          |  |  |
| 6   | Credits/Payments                                                                                                                   |                                         |              | <u>`</u> |  |  |
| а   | 2016 estimated tax payments and 2015 overpayment credited to 2016                                                                  |                                         |              |          |  |  |
| b   | Exempt foreign organizations - tax withheld at source                                                                              |                                         |              |          |  |  |
| c   | Tax paid with application for extension of time to file (Form 8868)  6c                                                            |                                         |              |          |  |  |
| d   |                                                                                                                                    |                                         |              |          |  |  |
| 7   |                                                                                                                                    |                                         |              |          |  |  |
|     |                                                                                                                                    |                                         |              |          |  |  |
| 8   | Enter any penalty for underpayment of estimated tax. Check here 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                                                      |                                         |              |          |  |  |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                          |                                         |              |          |  |  |
| 11  | Enter the amount of line 10 to be: Credited to 2017 estimated tax   Refunded   11                                                  |                                         |              |          |  |  |
|     | t VII-A Statements Regarding Activities                                                                                            | · · · · · · · · · · · · · · · · · · ·   | 1.,          |          |  |  |
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                   |                                         | Yes          | No       |  |  |
|     | participate or intervene in any political campaign?                                                                                | 1a                                      | ├            | X_       |  |  |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see                           | ١                                       | 1            | 37       |  |  |
|     | Instructions for the definition)?                                                                                                  | 1b                                      | <del> </del> | X        |  |  |
|     | 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.                                                      |                                         | -            |          |  |  |
| С   | Did the foundation file Form 1120-POL for this year?                                                                               | 1c                                      | ļ            | X        |  |  |
| d   |                                                                                                                                    |                                         |              |          |  |  |
|     | (1) On the foundation   \$ (2) On foundation managers   \$                                                                         |                                         |              |          |  |  |
| е   | 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?                                    | 2                                       | <u> </u>     | X        |  |  |
|     | If "Yes," attach a detailed description of the activities                                                                          |                                         | Į.           |          |  |  |
| 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? If "Yes," attach a conformed copy of the changes .                         | 3                                       |              | _X_      |  |  |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                        | 4a                                      |              | X        |  |  |
| 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?                                     | 5                                       | L            | X        |  |  |
|     | If "Yes," attach the statement required by General Instruction T                                                                   |                                         | •            |          |  |  |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                   |                                         | 1            |          |  |  |
|     | By language in the governing instrument, or                                                                                        |                                         | ŧ            |          |  |  |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that                         |                                         | Ī            |          |  |  |
|     | conflict with the state law remain in the governing instrument?                                                                    | 6                                       | Х            |          |  |  |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year?  If "Yes," complete Part II, col. (c), and Part XV | 7                                       | X            |          |  |  |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions)                                 |                                         | <u> </u>     | 1        |  |  |
|     | FL                                                                                                                                 |                                         | ł            |          |  |  |
| b   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General                       |                                         | 1            |          |  |  |
| _   | (or designate) of each state as required by General Instruction G? If "No," attach explanation                                     | 8b                                      | X            |          |  |  |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or                    |                                         | 1            | -        |  |  |
| -   | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"                 |                                         | Ţ            | 1        |  |  |
|     | complete Part XIV                                                                                                                  | 9                                       | ]            | X        |  |  |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                     |                                         |              | T        |  |  |
| -   | names and addresses                                                                                                                | 10                                      | х            |          |  |  |

|     | 330-FF (2016) The David and Lisa Midgett Foundation Corporation 81-2447                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>00</del> |              | age 5    |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|----------|--|--|--|
| Pai | t 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ļ             | Yes          | No       |  |  |  |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11            |              | X        |  |  |  |
| 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            |              | <u>X</u> |  |  |  |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13            | X            |          |  |  |  |
|     | Website address   N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |              |          |  |  |  |
| 14  | The books are in care of ▶ David Midgett Telephone no. ▶ 352-438                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |              |          |  |  |  |
|     | Located at ► 3510 NE 14th Street, Ocala, FL ZIP+4 ► 34470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |              | _=       |  |  |  |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •             |              | ▶ ∐      |  |  |  |
|     | and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | ,            |          |  |  |  |
| 16  | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | Yes          | No       |  |  |  |
|     | over a bank, securities, or other financial account in a foreign country?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16            | l            | X        |  |  |  |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | /             |              |          |  |  |  |
|     | the foreign country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L             |              | <u> </u> |  |  |  |
| Pa  | t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del></del>   |              |          |  |  |  |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Yes          | No       |  |  |  |
| 1a  | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |              |          |  |  |  |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |              |          |  |  |  |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | 1            |          |  |  |  |
|     | disqualified person? Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |              |          |  |  |  |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No  Yes X No  Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |              |          |  |  |  |
|     | (4, 1 st) companion of a key of terms of an antennas of a section of the contract of the key of the contract of the key of the contract of the key of the |               |              |          |  |  |  |
|     | (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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | Į.           |          |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |          |  |  |  |
|     | (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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1             | 1            |          |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |          |  |  |  |
| 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16            |              | İ        |  |  |  |
|     | Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 15          | <del> </del> |          |  |  |  |
| _   | 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            | Ī            | X        |  |  |  |
| 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))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | 1            |          |  |  |  |
| а   | 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? Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Į            |          |  |  |  |
|     | If "Yes," list the years ▶ , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | 1            |          |  |  |  |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 1            |          |  |  |  |
|     | (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |          |  |  |  |
|     | <b>&gt;</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 1            |          |  |  |  |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | 1            |          |  |  |  |
|     | at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | 1            |          |  |  |  |
| b   | If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 1            |          |  |  |  |
|     | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | 1            |          |  |  |  |
|     | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Ī            |          |  |  |  |
|     | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | 1            |          |  |  |  |
|     | foundation had excess business holdings in 2016)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3b            |              | <u> </u> |  |  |  |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4a            |              | X        |  |  |  |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 1            |          |  |  |  |
|     | shortship purpose that had not been removed from reported before the first day of the tay year beginning in 20162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 4h          | 1            | ΙX       |  |  |  |

Form **990-PF** (2016)

| Form | 990-PF (2016) The David and Lisa                        |               |                            |                 |               |             | 81-2444                             | 780                                    | Page <b>6</b>               |
|------|---------------------------------------------------------|---------------|----------------------------|-----------------|---------------|-------------|-------------------------------------|----------------------------------------|-----------------------------|
| Pai  | t VII-B Statements Regarding Activiti                   | es for V      | Vhich Form                 | 4720            | May Be F      | equire      | ed (continued)                      |                                        |                             |
| 5a   | During the year did the foundation pay or incur any a   |               |                            |                 |               |             |                                     |                                        |                             |
|      | (1) Carry on propaganda, or Otherwise attempt to inf    | luence leg    | gistation (sectio          | n 4945(e        | 9))?          | . [         | Yes X No                            |                                        |                             |
|      | (2) Influence the outcome of any specific public elec-  | tion (see s   | section 4955), d           | or to carr      | y on,         | _           |                                     | 1 1                                    |                             |
|      | directly or indirectly, any voter registration drive?   | ٠             |                            |                 |               | L           | Yes X No                            |                                        |                             |
|      | (3) Provide a grant to an individual for travel, study, | or other si   | milar purposes             | ?               |               | ٠. ل        | Yes X No                            | 1 1                                    |                             |
|      | (4) Provide a grant to an organization other than a c   | haritable,    | etc., organizati           | on descr        | ibed in       | _           |                                     |                                        |                             |
|      | section 4945(d)(4)(A)? (see instructions)               | •             |                            |                 |               | . [         | Yes X No                            |                                        |                             |
|      | (5) Provide for any purpose other than religious, cha   | ırıtable, so  | entific, literary          | , or educ       | ational       | _           |                                     |                                        |                             |
|      | purposes, or for the prevention of cruelty to child     | ren or anı    | mals? .                    |                 |               | . [         | Yes X No                            |                                        |                             |
| b    | If any answer is "Yes" to 5a(1)-(5), did any of the tra | nsactions     | fail to qualify u          | nder the        | exceptions of | escribed    | d in                                |                                        |                             |
|      | Regulations section 53 4945 or in a current notice re   |               |                            |                 | instructions) | ?           |                                     | 5b                                     |                             |
|      | Organizations relying on a current notice regarding of  |               |                            |                 | •             |             | . ▶ 📙                               |                                        |                             |
| C    | If the answer is "Yes" to question 5a(4), does the fou  | ındatıon cl   | aım exemption              | from the        | tax           | -           |                                     |                                        |                             |
|      | because it maintained expenditure responsibility for    | the grant?    |                            |                 | •             | · L         | Yes No                              |                                        |                             |
|      | If "Yes," attach the statement required by Regulation   | s section     | 53.4945-5(d).              |                 |               |             |                                     |                                        |                             |
| 6a   | Did the foundation, during the year, receive any fund   | s, directly   | or indirectly, to          | pay pre         | miums         | -           | ⊐ હ્રા                              |                                        |                             |
|      | on a personal benefit contract? .                       | •             | -                          | •               |               | [           | Yes X No                            |                                        | .,                          |
| Ь    | Did the foundation, during the year, pay premiums, o    | irectly or i  | ndirectly, on a            | personal        | benefit cont  | ract?       |                                     | 6b                                     | X                           |
|      | If "Yes" to 6b, file Form 8870.                         |               |                            |                 |               | г           | ⊓., ਜ਼ਿ.,                           |                                        |                             |
|      | At any time during the tax year, was the foundation a   |               |                            |                 |               | ا بِ ا      | Yes X No                            | '                                      | •                           |
|      | If "Yes," did the foundation receive any proceeds or    | have any      | net income attr            | butable         | to the transa | ction       |                                     | 7b                                     |                             |
| Pa   | t VIII Information About Officers, Di                   | rectors,      | i rustees,                 | round           | iation ma     | nagers      | s, rignly Palo                      | Embi                                   | yees,                       |
|      | and Contractors                                         |               |                            |                 |               | <del></del> |                                     |                                        |                             |
| 1 1  | ist all officers, directors, trustees, foundation ma    |               | e, and average             |                 | (see Instru   |             | Contributions to                    | (.) 5                                  |                             |
|      | (a) Name and address                                    | hou           | rs per week                | (If n           | ot paid,      | emple       | oyee benefit plans                  |                                        | ense account,<br>allowances |
|      |                                                         |               | ed to position             |                 | ter -0-)      | and det     | erred compensation                  |                                        |                             |
|      | Midgett                                                 | Direc         | tor, Pres                  | †               | ^             |             | 0                                   |                                        | 0                           |
|      | NE 14th Street, Ocala, FL 34470                         | -             | 2.50                       | <b> </b> -      | 0             |             |                                     |                                        |                             |
|      | nd Midgett                                              | pirec         | tor, Vice                  | [               | 0             |             | 0                                   |                                        | 0                           |
|      | NE 14th Street, Ocala, FL 34470                         | Dimog         | 2.50<br>tor, Treas         |                 |               | <del></del> |                                     |                                        |                             |
|      | ny Robertson                                            | Direc         | 1.00                       | •               | 0             |             | 0                                   |                                        | 0                           |
| 351  | NE 14th Street, Ocala, FL 34470                         | <del></del>   | 1.00                       | <b>-</b>        | <del></del>   |             |                                     |                                        | <u> </u>                    |
|      |                                                         |               |                            | ĺ               |               |             |                                     |                                        |                             |
| -2   | Compensation of five highest-paid employees (oth        | or than th    | nose included              | on line         | 1 - see instr | uctions     | If none, enter                      | ــــــــــــــــــــــــــــــــــــــ |                             |
|      | NONE."                                                  | ici tilali ti | 1030 111014404             | 011 11110       |               |             | ,,,                                 |                                        |                             |
|      | NONE.                                                   |               |                            |                 |               |             | (d) Contributions to                |                                        |                             |
|      | (a) Name and address of each employee paid more than \$ | 50,000        | (b) Title, and hours per v | average<br>veek | (c) Comper    | sation      | employee benefit plans and deferred |                                        | ense account,<br>allowances |
|      |                                                         |               | devoted to p               | osition         |               |             | compensation                        | Olitor                                 | allowaniooo                 |
| NON  | E                                                       |               |                            | <del></del>     | <u> </u>      |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             |                                     |                                        |                             |
|      |                                                         |               | 1                          |                 |               |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             | 1                                   | 1                                      |                             |
|      |                                                         |               |                            |                 | 1             |             |                                     |                                        |                             |
|      |                                                         |               |                            |                 |               |             |                                     | <u></u>                                |                             |
| Tota | I number of other employees paid over \$50,000          |               |                            |                 |               |             | ▶                                   |                                        | 0                           |
| EEA  |                                                         |               |                            |                 |               |             |                                     | Form 9                                 | <b>90-PF</b> (2016)         |

| Form 990-PF (2016) The David and Lisa Midgett Foundation                                                                                                                                                  | Corporation 81-2                   | 444780 Page 7                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)                                                                                                               | ndation Managers, Highly P         | aid Employees,                        |
| 3 Five highest-paid independent contractors for professional services (see inst                                                                                                                           | tructions). If none, enter "NONE." |                                       |
| ` (a) Name and address of each person paid more than \$50,000                                                                                                                                             | (b) Type of service                | (c) Compensation                      |
| NONE                                                                                                                                                                                                      | 1                                  |                                       |
| <u> </u>                                                                                                                                                                                                  |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           | <del> </del>                       |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           |                                    | · · · · · · · · · · · · · · · · · · · |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           | _1                                 |                                       |
| 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 state organizations and other beneficiaries served, conferences convened, research papers produced, |                                    | Expenses                              |
| 1                                                                                                                                                                                                         |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
| 2                                                                                                                                                                                                         |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
| 3                                                                                                                                                                                                         |                                    |                                       |
| ·                                                                                                                                                                                                         | l                                  |                                       |
|                                                                                                                                                                                                           | ı                                  |                                       |
| 4                                                                                                                                                                                                         |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           | <del></del>                        |                                       |
| Part IX-B Summary of Program-Related Investments (see instr                                                                                                                                               |                                    |                                       |
| Describe the two largest program-related investments made by the foundation during the tax year                                                                                                           | on lines 1 and 2                   | Amount                                |
| •                                                                                                                                                                                                         |                                    |                                       |
|                                                                                                                                                                                                           |                                    | }                                     |
| 2                                                                                                                                                                                                         |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
| All other program-related investments See instructions                                                                                                                                                    |                                    |                                       |
| 3                                                                                                                                                                                                         |                                    |                                       |
|                                                                                                                                                                                                           |                                    |                                       |
| Total. Add lines 1 through 3                                                                                                                                                                              | <b>.</b>                           |                                       |
| EEA                                                                                                                                                                                                       |                                    | Form <b>990-PF</b> (2016)             |

| Form | 990-PF (2016) The David and Lisa Midgett Foundation Corporation                                                 | 81-2444780         | Page 8 |
|------|-----------------------------------------------------------------------------------------------------------------|--------------------|--------|
| Pai  | 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: '                                                                                                     |                    |        |
| а    | Average monthly fair market value of securities                                                                 | 1a                 | 0      |
| b    | Average of monthly cash balances                                                                                | 1b                 | 1,600  |
| С    | Fair market value of all other assets (see instructions)                                                        | 1c                 | 0      |
| d    | <b>Total</b> (add lines 1a, b, and c)                                                                           | 1d                 | 1,600  |
| е    | Reduction claimed for blockage or other factors reported on lines 1a and                                        |                    |        |
|      | 1c (attach detailed explanation)                                                                                | ]                  |        |
| 2    | Acquisition indebtedness applicable to line 1 assets                                                            | 2                  | 0      |
| 3    | Subtract line 2 from line 1d                                                                                    | 3                  | 1,600  |
| 4    | Cash deemed held for charitable activities   Enter 1 1/2% of line 3 (for greater amount, see                    | 1 1                |        |
|      | ınstructions)                                                                                                   | 4                  | 1,600  |
| 5    | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 .          | 5                  | 0      |
| 6_   | Minimum investment return. Enter 5% of line 5                                                                   | 6                  | 0      |
| Pa   | t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for               | oundations         |        |
|      | and certain foreign organizations check here ▶ and do not complete this part.)                                  |                    |        |
| 1    | Minimum investment return from Part X, line 6                                                                   | 1                  |        |
| 2a   | Tax on investment income for 2016 from Part VI, line 5                                                          |                    |        |
| b    | Income tax for 2016 (This does not include the tax from Part VI.)                                               |                    |        |
| C    | Add lines 2a and 2b                                                                                             | 2c                 |        |
| 3    | Distributable amount before adjustments Subtract line 2c from line 1                                            | 3                  |        |
| 4    | Recoveries of amounts treated as qualifying distributions                                                       | 4                  |        |
| 5    | Add lines 3 and 4                                                                                               | 5                  |        |
| 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                  | 0      |
| Pa   | 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                 | 24,400 |
| ь    | 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 took (array (DS approved year year)                                                                 | 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                  | 24,400 |
| 5    | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.            | <del>  '- </del>   |        |
| •    | Fater 10/ of Dark Line 07h (and instructions)                                                                   | 5                  |        |
| 6    | Adjusted qualifying distributions. Subtract line 5 from line 4                                                  | 6                  | 24,400 |
| ~    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the |                    | 2.,100 |
|      | qualifies for the section 4940(e) reduction of tax in those years                                               | 5 ,56 (166 (166 )) |        |
|      | qualifies for the section 4540(e) reduction of tax in those years                                               |                    |        |

EEA

Form **990-PF** (2016)

| Pa  | rt XIII   Undistributed Income (see instru           | ctions)                    |                                       |                                            |                                       |
|-----|------------------------------------------------------|----------------------------|---------------------------------------|--------------------------------------------|---------------------------------------|
| 1   | Distributable amount for 2016 from Part XI,          | (a)<br>Corpus              | (b)<br>Years prior to 2015            | (c)<br>2015                                | (d)<br>2016                           |
|     | line 7                                               |                            |                                       |                                            | 0                                     |
| 2   | Undistributed income, if any, as of the end of 2016. | 1                          |                                       |                                            | 1                                     |
| а   | Enter amount for 2015 only                           |                            |                                       |                                            |                                       |
| ь   | Total for prior years,,                              |                            |                                       |                                            |                                       |
| 3   | Excess distributions carryover, if any, to 2016      | -i                         |                                       | <del></del>                                | <del></del>                           |
| а   | From 2011                                            | 1                          | 1                                     |                                            | 1                                     |
| ь   | From 2012                                            | 1                          | 1                                     |                                            | 1                                     |
| -   | From 2013                                            | j                          | 1                                     |                                            | 1                                     |
| ď   | From 2014                                            | 1                          | 1                                     |                                            |                                       |
| _   |                                                      | 1                          | Ī                                     |                                            |                                       |
| e   | From 2015 .                                          | 1                          | 1                                     |                                            | 1                                     |
|     | Total of lines 3a through e                          |                            |                                       | ······                                     |                                       |
| 4   | Qualifying distributions for 2016 from Part XII,     | 1                          | 1                                     |                                            |                                       |
|     | line 4. ▶ \$                                         |                            |                                       |                                            |                                       |
| а   | Applied to 2015, but not more than line 2a .         |                            |                                       |                                            |                                       |
| b   | Applied to undistributed income of prior years       |                            |                                       |                                            |                                       |
|     | (Election required - see instructions)               | 1                          | 1                                     |                                            |                                       |
| C   | Treated as distributions out of corpus (Election     |                            |                                       |                                            |                                       |
|     | required - see instructions)                         | Ì                          |                                       |                                            |                                       |
| d   | Applied to 2016 distributable amount                 |                            |                                       |                                            | <del></del>                           |
| e   | Remaining amount distributed out of corpus           | 24,400                     |                                       | ······································     |                                       |
| 5   | Excess distributions carryover applied to 2016       | 24,400                     | <del> </del>                          | ····· ····· ····· · ····· · ····· · · ···· | <del> </del>                          |
| 3   | ,                                                    |                            |                                       | ······································     |                                       |
|     | (If an amount appears in column (d), the same        |                            |                                       |                                            |                                       |
| _   | amount must be shown in column (a) )                 |                            |                                       |                                            |                                       |
| 6   | Enter the net total of each column as                | 1                          | 1                                     |                                            |                                       |
|     | indicated below:                                     |                            |                                       |                                            |                                       |
| а   | Corpus Add lines 3f, 4c, and 4e Subtract line 5      | 24,400                     |                                       |                                            |                                       |
| 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                     |                            |                                       |                                            |                                       |
| А   | Subtract line 6c from line 6b Taxable                |                            |                                       | <del> </del>                               | · · · · · · · · · · · · · · · · · · · |
| •   | amount - see instructions                            |                            |                                       |                                            | 1                                     |
| •   | ·                                                    | ·· <del>············</del> | <del></del>                           |                                            | <del></del>                           |
| Е   | Undistributed income for 2015. Subtract line         | 1                          | ]                                     |                                            |                                       |
|     | 4a from line 2a Taxable amount - see                 |                            | 1                                     |                                            |                                       |
| _   | instructions                                         |                            |                                       |                                            |                                       |
| f   | Undistributed income for 2016. Subtract lines        |                            |                                       |                                            |                                       |
|     | 4d and 5 from line 1 This amount must be             |                            | 1                                     |                                            |                                       |
|     | distributed in 2017                                  |                            |                                       |                                            | 0                                     |
| 7   | Amounts treated as distributions out of corpus       |                            |                                       |                                            | <u> </u>                              |
|     | to satisfy requirements imposed by section           | J                          | 1                                     |                                            | 1                                     |
|     | 170(b)(1)(F) or 4942(g)(3) (Election may be          | ļ                          | 1                                     |                                            |                                       |
|     | required - see instructions) .                       |                            | 1                                     |                                            | 1                                     |
| 8   | Excess distributions carryover from 2011 not         |                            | · · · · · · · · · · · · · · · · · · · | <del></del>                                | <del></del>                           |
| -   | applied on line 5 or line 7 (see instructions) .     | l                          | 1                                     |                                            | <b>‡</b>                              |
| 9   | Excess distributions carryover to 2017.              | <del></del>                | <del>+</del>                          | <del></del>                                | <del> </del>                          |
| J   | Subtract lines 7 and 8 from line 6a                  | 24 400                     | 1                                     |                                            | 1                                     |
| 10  |                                                      | 24,400                     | ·····                                 | <del> </del>                               | <del> </del>                          |
|     | Analysis of line 9                                   | j                          | 1                                     |                                            | 1                                     |
| a   | Excess from 2012                                     |                            | 1                                     |                                            | 1                                     |
| Þ   | Excess from 2013                                     | -                          | 1                                     |                                            | <b>‡</b>                              |
| С   | Excess from 2014                                     | -                          | 1                                     |                                            | <b>‡</b>                              |
| đ   | Excess from 2015                                     |                            | 1                                     |                                            | 1                                     |
| e   | Excess from 2016 24,400                              |                            |                                       |                                            | <u>‡</u>                              |
| EEA | — <del></del>                                        |                            |                                       |                                            | Form <b>990-PF</b> (2016)             |

| Form 9   | 990-PF(2016) The David                                                                                             | and Lisa Midge                        | ett Foundation                          | Corporation                  | 81-24447           | '80 Page 10               |
|----------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------|--------------------|---------------------------|
| Part     | XIV Private Operating Four                                                                                         | ndations (see inst                    | ructions and Par                        | t VII-A, question 9)         |                    | <del></del>               |
| 1a       | If the foundation has received a ruling or                                                                         | determination letter that             | it it is a private operat               | ting                         |                    |                           |
|          | foundation, and the ruling is effective for                                                                        | 2016, enter the date of               | the ruling                              | !                            | <u> </u>           |                           |
|          | Check box to indicate whether the found                                                                            | ation is a private opera              | ting foundation descri                  | bed in section               | 4942(j)(3) or      | 4942(j)(5)                |
| 2a       | Enter the lesser of the adjusted net income from Part I or the minimum                                             | Tax year                              |                                         | Prior 3 years                |                    | (e) Total                 |
|          | investment return from Part X for                                                                                  | (a) 2016                              | (ы) 2015                                | (c) 2014                     | (d) 2013           |                           |
|          | each year listed                                                                                                   | · · · · · · · · · · · · · · · · · · · | <u> </u>                                | ļ                            |                    |                           |
| b        | 85% of line 2a                                                                                                     |                                       |                                         | <del> </del>                 |                    | <del></del>               |
| С        | 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                              |                                       |                                         | ļ                            |                    |                           |
| е        | 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)                                                      |                                       |                                         |                              |                    |                           |
| ь        | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed |                                       |                                         |                              |                    |                           |
| С        | "Support" alternative test - enter:                                                                                |                                       |                                         |                              |                    |                           |
|          | (1) Total support other than gross                                                                                 | •                                     |                                         |                              |                    |                           |
|          | investment income (interest, dividends, rents, payments on                                                         | 1                                     |                                         |                              | ļ                  |                           |
|          | securities loans (section                                                                                          |                                       |                                         |                              |                    |                           |
|          | 512(a)(5)), or royalties)                                                                                          |                                       |                                         | 4                            |                    | <del> </del>              |
|          | (2) Support from general public and 5 or more exempt                                                               | j                                     |                                         |                              | 1                  |                           |
|          | organizations as provided in                                                                                       | }                                     |                                         | 1                            | 1                  |                           |
|          | section 4942(j)(3)(B)(III)                                                                                         | <del></del>                           |                                         | <del></del>                  | ļ                  | <del></del>               |
|          | (3) Largest amount of support from<br>an exempt organization                                                       | }                                     |                                         |                              | }                  |                           |
|          | (4) Gross investment income                                                                                        | <del></del>                           | <del> </del>                            | <del>- </del>                | <del> </del>       | <del></del>               |
| Part     | •••                                                                                                                | tion (Complete t                      | his part only if t                      | the foundation had           | \$5.000 or mor     | e in assets at            |
| <u> </u> | any time during the yea                                                                                            | •                                     | •                                       |                              | 40,000             |                           |
| 1        | Information Regarding Foundation M                                                                                 |                                       |                                         | <del></del>                  |                    |                           |
| а        | List any managers of the foundation wh                                                                             |                                       |                                         |                              |                    |                           |
|          | before the close of any tax year (but on                                                                           | ly if they have contribu              | ted more than \$5,000                   | ) (See section 507(d)(2)     | )                  |                           |
|          |                                                                                                                    |                                       |                                         |                              |                    |                           |
|          | David Midgett                                                                                                      |                                       |                                         |                              |                    |                           |
| b        | List any managers of the foundation wh<br>ownership of a partnership or other entr                                 |                                       |                                         |                              | portion of the     |                           |
|          | NA                                                                                                                 |                                       |                                         |                              |                    |                           |
| 2        | Information Regarding Contribution,                                                                                | Grant, Gift, Loan, Sc                 | holarship, etc., Prog                   | grams:                       |                    | <del> </del>              |
|          | Check here ▶ X if the foundation onl                                                                               |                                       | • • • • • • • • • • • • • • • • • • • • |                              | es not accept      |                           |
|          | unsolicited requests for funds. If the fou                                                                         | indation makes gifts, gi              | rants, etc (see instruc                 | ctions) to individuals or o  | rganizations under |                           |
|          | other conditions, complete items 2a, b,                                                                            |                                       |                                         |                              |                    |                           |
| а        | The name, address, and telephone num                                                                               | nber or e-mail address                | of the person to whor                   | n applications should be     | addressed          |                           |
|          |                                                                                                                    |                                       |                                         |                              |                    |                           |
| b        | The form in which applications should b                                                                            | e submitted and inform                | nation and materials t                  | hey should include           |                    |                           |
| С        | Any submission deadlines                                                                                           |                                       |                                         |                              |                    |                           |
| d        | Any restrictions or limitations on awards factors                                                                  | s, such as by geograph                | nical areas, charitable                 | fields, kinds of institution | ns, or other       |                           |
|          |                                                                                                                    |                                       |                                         |                              |                    |                           |
| EEA      |                                                                                                                    | <del></del>                           |                                         |                              |                    | Form <b>990-PF</b> (2016) |

EEA

| 3 Grants and Contributions Paid During the<br>Recipient     | If recipient is an individual,                  | Foundation          |                                  |        |
|-------------------------------------------------------------|-------------------------------------------------|---------------------|----------------------------------|--------|
|                                                             | show any relationship to any foundation manager | status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)  a Paid during the year | or substantial contributor                      |                     | <del></del>                      |        |
| City of Ocala Parks Department                              |                                                 | )                   | For the                          |        |
| 828 NE 8th Avenue                                           |                                                 | }                   | acquisiton and                   |        |
| Ocala, FL 34471                                             | None                                            | GOV                 | display of public                | 14,400 |
|                                                             |                                                 | [                   |                                  |        |
| Marion Cultural Alliance                                    |                                                 | ĺ                   |                                  |        |
| 23 SW Broadway Street                                       | None                                            | PC                  | Advancement of the arts.         | 10,000 |
| Ocala, FL 34471                                             | None                                            | PC                  | the arts.                        | 10,000 |
|                                                             |                                                 | Ì                   |                                  |        |
|                                                             |                                                 |                     | }                                |        |
|                                                             |                                                 | }                   | }                                |        |
|                                                             |                                                 | -                   |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 | Ì                   |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 | }                   |                                  |        |
|                                                             |                                                 | }                   |                                  |        |
|                                                             |                                                 | 1                   |                                  |        |
|                                                             |                                                 | }                   | ).                               |        |
|                                                             |                                                 | •                   | ],                               |        |
|                                                             | 1                                               |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             | 1                                               |                     |                                  |        |
|                                                             |                                                 | •                   |                                  |        |
| Total                                                       | ·                                               |                     | ▶ 3a                             | 24,400 |
| b Approved for future payment                               |                                                 |                     |                                  |        |
|                                                             |                                                 | 1                   |                                  |        |
|                                                             |                                                 | ł                   |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             | 1                                               | ļ                   |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  |        |
|                                                             |                                                 |                     |                                  | ii     |
|                                                             |                                                 | }                   |                                  |        |
|                                                             |                                                 |                     |                                  |        |
| Total                                                       | <u> </u>                                        | <u> </u>            |                                  |        |
| Total                                                       | <u>.                                    </u>    | <u> </u>            | . ▶ 3b                           | L      |

|    | art Avi-A   Analysis of income-Producing A                   |                        |                | <del></del>        |                   |                                                          |
|----|--------------------------------------------------------------|------------------------|----------------|--------------------|-------------------|----------------------------------------------------------|
|    | ter gross amounts unless otherwise indicated.                | Unrelated (a) Business | (b) Amount     | (c) Exclusion code | (d) Amount        | (e) Related or exempt function income (See instructions) |
| 1  | Program service revenue                                      | code                   |                |                    |                   |                                                          |
|    | a                                                            |                        |                |                    |                   |                                                          |
|    | b                                                            |                        |                | <u> </u>           |                   |                                                          |
|    | c                                                            |                        |                | <u> </u>           |                   |                                                          |
|    | d                                                            |                        |                | <u> </u>           |                   |                                                          |
|    | e                                                            |                        |                |                    |                   |                                                          |
|    | f                                                            |                        |                | <u> </u>           |                   |                                                          |
|    | g Fees and contracts from government agencies                |                        |                |                    |                   |                                                          |
| 2  | Membership dues and assessments                              |                        |                |                    |                   |                                                          |
| 3  | Interest on savings and temporary cash investments           |                        |                |                    |                   |                                                          |
| 4  | Dividends and interest from securities                       |                        |                |                    |                   |                                                          |
| 5  | Net rental income or (loss) from real estate                 |                        |                |                    |                   |                                                          |
|    | a Debt-financed property                                     |                        |                |                    |                   |                                                          |
|    | <b>b</b> Not debt-financed property                          |                        |                |                    |                   |                                                          |
| 6  | Net rental income or (loss) from personal property .         |                        |                |                    |                   |                                                          |
| 7  | Other investment income                                      |                        |                |                    | <del></del> _     |                                                          |
| 8  | Gain or (loss) from sales of assets other than inventory     |                        |                |                    |                   |                                                          |
|    | Net income or (loss) from special events                     |                        |                |                    |                   |                                                          |
|    | Gross profit or (loss) from sales of inventory               |                        |                |                    |                   |                                                          |
| 11 | Other revenue. a                                             |                        |                |                    |                   |                                                          |
|    | b                                                            |                        |                |                    |                   |                                                          |
|    | С                                                            |                        |                |                    |                   |                                                          |
|    | d                                                            |                        | <del></del>    |                    | <del> </del>      |                                                          |
|    | e                                                            |                        | <del></del>    | <del> </del>       | <del> </del>      |                                                          |
| 12 | Subtotal. Add columns (b), (d), and (e)                      |                        | <del></del>    | <u> </u>           |                   |                                                          |
|    | Total. Add line 12, columns (b), (d), and (e)                |                        | <del></del>    | <u>. L</u>         | 13                | <del></del>                                              |
|    | ee worksheet in line 13 instructions to verify calculations) |                        |                |                    |                   |                                                          |
|    | art XVI-B Relationship of Activities to the                  | Accompl                | ishment of Exc | empt Purpo         | ses               |                                                          |
|    | Explain below how each, activity for which inco              |                        |                |                    |                   |                                                          |
| _  | accomplishment of the foundation's exempt pu                 | -                      |                |                    | · · · · · · · · · |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
|    |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    | <del></del>       |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  | <del></del>                                                  |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  |                                                              |                        |                |                    |                   |                                                          |
| _  | <del></del>                                                  |                        |                | <del></del>        | <del></del>       |                                                          |
| _  | <del></del>                                                  |                        |                | <del></del>        | <del></del>       |                                                          |
| _  |                                                              |                        |                |                    |                   | <del> </del>                                             |
| _  |                                                              |                        |                |                    |                   | <del></del>                                              |
| _  |                                                              |                        |                |                    |                   | <del></del>                                              |
| _  |                                                              |                        |                |                    |                   |                                                          |

| Par      | t XVII Information Regarding Tra<br>Exempt Organizations                                                        | ansfers To an             | d Transac         | tions and                                        | d Relations         | ships Wit        | h Nonc         | harita       | able     | <u> </u>            |
|----------|-----------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|--------------------------------------------------|---------------------|------------------|----------------|--------------|----------|---------------------|
| 1        | Did the organization directly or indirectly engage                                                              | ne in any of the foll     | lowing with an    | v other orga                                     | anization desc      | ribed            |                | 1            | Yes      | No                  |
|          | in section 501(c) of the Code (other than section                                                               | •                         | -                 |                                                  |                     |                  |                |              | 100      |                     |
|          | organizations?                                                                                                  | on oo regan               | 124101137 01 111  | 30011011 02                                      | , relating to pa    | Zilli Qui        |                |              |          |                     |
|          | Transfers from the reporting foundation to a no                                                                 | anahardahla ayama         | ** ********       | a of                                             |                     |                  |                |              |          |                     |
| а        |                                                                                                                 | menantable exemp          | ol Organization   | 101                                              |                     |                  |                | 10(1)        | Ī        | Х                   |
|          | (1) Cash                                                                                                        |                           |                   |                                                  |                     |                  | • •            | 1a(1)        |          | $\frac{\hat{x}}{x}$ |
|          | (2) Other assets                                                                                                |                           |                   | •                                                | • •                 |                  | • •            | 1a(2)        |          | <u> </u>            |
|          | Other transactions                                                                                              |                           |                   |                                                  |                     |                  |                |              | ŧ        |                     |
|          | <ol><li>Sales of assets to a noncharitable exempt</li></ol>                                                     | _                         |                   | •                                                | • •                 |                  | •              | 1b(1)        | ļ        | X                   |
|          | (2) Purchases of assets from a noncharitable                                                                    |                           |                   | •                                                |                     |                  |                | 1b(2)        | ļ        | X                   |
|          | (3) Rental of facilities, equipment, or other ass                                                               | sets                      |                   | •                                                |                     |                  |                | 1b(3)        | Ĺ        | X                   |
|          | (4) Reimbursement arrangements                                                                                  |                           |                   |                                                  |                     |                  |                | 1b(4)        |          | X                   |
|          | (5) Loans or loan guarantees                                                                                    |                           |                   |                                                  |                     |                  |                | 1b(5)        |          | X                   |
|          | (6) Performance of services or membership of                                                                    | r fundraising solicit     | tations .         |                                                  |                     |                  |                | 1b(6)        |          | Х                   |
| C        | Sharing of facilities, equipment, mailing lists, o                                                              | ther assets, or paid      | d employees       |                                                  |                     |                  |                | 1c           |          | X                   |
|          | If the answer to any of the above is "Yes," con                                                                 | -                         |                   |                                                  | nould always s      | how the fair     | market         | L            |          |                     |
|          | value of the goods, other assets, or services of                                                                | •                         | •                 |                                                  | -                   |                  |                |              |          |                     |
|          | value in any transaction or sharing arrangeme                                                                   |                           | -                 |                                                  |                     |                  |                |              |          |                     |
| (a) Lin  | <del></del>                                                                                                     | charitable exempt org     |                   | 7                                                | cription of transfe |                  |                |              |          |                     |
| (a) Liii | e no (b) Amount involved (c) Name of note                                                                       | chantable exempt of       | gariization       | (u) Desi                                         | cription of transit | ers, transaction | nis, and sin   | aring arr    | angem    | 31115               |
|          | <del></del>                                                                                                     |                           |                   | <del> </del>                                     |                     |                  |                |              |          |                     |
|          | <del></del>                                                                                                     | <del></del>               |                   | <del> </del>                                     |                     |                  |                |              |          |                     |
|          | <del></del>                                                                                                     |                           |                   | <del> </del>                                     |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   | ļ                                                |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   | ļ                                                |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   | <u> </u>                                         |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   | <del>                                     </del> |                     |                  |                |              |          |                     |
|          | <del></del>                                                                                                     |                           |                   | +                                                | <del> </del>        |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   | +                                                | <del> </del>        |                  |                |              |          |                     |
|          | <del></del>                                                                                                     | <del> </del>              |                   | <del> </del>                                     |                     |                  |                |              |          |                     |
|          | <del></del>                                                                                                     | <del></del>               |                   | <u> </u>                                         |                     |                  |                |              |          |                     |
| 2a       | Is the foundation directly or indirectly affiliated                                                             |                           |                   | -                                                | -                   |                  |                | Π            | 133      | a                   |
|          | described in section 501(c) of the Code (other                                                                  | than section 501(         | c)(3)) or in se   | ction 5277                                       |                     |                  | •              | Ye           | s X      | .] No               |
| b        | If "Yes," complete the following schedule                                                                       | <del></del>               |                   |                                                  |                     |                  |                |              |          |                     |
|          | (a) Name of organization                                                                                        | <b>(b)</b> Type           | e of organization | າ                                                |                     | (c) Descripti    | on of relation | onship       |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              |          |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     |                  |                |              | -        |                     |
|          |                                                                                                                 |                           |                   |                                                  |                     | -                |                |              |          |                     |
|          | Under penalties of perjury I declare that I have examin correct, and complete Declaration of preparer (other th | ed this return, including | accompanying so   | hedules and s                                    | tatements, and to t | he best of my k  | nowledge an    | d belief, ii | is true, |                     |
| Sig      | correct, and complete Dedaration of preparer (other th                                                          | an taxpayer) is based or  | all information o | t which prepare                                  | er has any knowled  | ige              |                |              |          |                     |
|          |                                                                                                                 | ı ብሄ                      | 117               | Vice-D                                           | resident            |                  | May the If     |              |          |                     |
| Her      | Signature of officer of thustee                                                                                 | ) Date                    | <del> </del>      | Title                                            | CBIGEIIC            |                  | (see inst)     |              |          | No No               |
|          | Print/Type preparer's name                                                                                      | Preparer's signat         | ture (T           | <del></del>                                      | Date                |                  | . w. l         | PTIN         | ===      | ===                 |
| Pai      | a                                                                                                               | 1/1/4                     | メルノン              | 人 <sup>'</sup>                                   | }                   | Chec             | <u> </u>       |              |          |                     |
|          | Freezale Arriv                                                                                                  | George Or                 | 312 O             | <del>/</del>                                     | D5-11-201           |                  | mployed        | P0009        | 0000     |                     |
|          | parer Firm's name > George Ort                                                                                  |                           |                   | <del>//</del>                                    |                     | rīrm's EIN       |                |              |          |                     |
| Hes      | Only Firm's address > 1515 E Silv                                                                               | ver Springs               | Blvd 204          | -                                                | ļ <u>,</u>          | Phone no         |                |              |          |                     |

Ocala FL 34470

352-732-2000

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 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

Employer identification number

| The David and Lisa Midgett Foundation Corporation 81-2444780 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 81-2444780        |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|
| Organization type (check one)·                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| Filers                                                       | of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |  |
| Form 9                                                       | 90 or 990-EZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 501(c)( ) (enter number) organization                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                              |                   |  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 527 political organization                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |  |
| Form 9                                                       | 90-PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ∑ 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |
|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |  |
| Chook                                                        | If your organization is cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ered by the General Rule or a Special Rule.                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |  |
|                                                              | Only a section 501(c)(7), (8                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s), or (10) organization can check boxes for both the General Rule and a Special I                                                                                                                                                                                                                                                                                                                                                                            | Rule See          |  |
| Genera                                                       | al Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| X                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling perty) from any one contributor. Complete Parts I and II. See instructions for determined to the contributions.                                                                                                                                                                                                                                                            | •                 |  |
| Specia                                                       | ıl Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
|                                                              | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
|                                                              | contributor, during the ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ar, total contributions of more than \$1,000 exclusively for religious, charitable, sci irposes, or for the prevention of cruelty to children or animals. Complete Parts I, II                                                                                                                                                                                          | entific,          |  |
|                                                              | contributor, during the ye<br>contributions totaled more<br>during the year for an exc<br>General Rule applies to the                                                                                                                                                                                                                                                                                                                                                                         | ribed in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from ar, contributions exclusively for religious, charitable, etc., purposes, but no such e than \$1,000. If this box is checked, enter here the total contributions that were reclusively religious, charitable, etc., purpose. Don't complete any of the parts unless this organization because it received nonexclusively religious, charitable, etc., coruring the year | eceived<br>as the |  |
| Cautio                                                       | n: An organization that isn                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization **Employer identification number** 81-2444780 The David and Lisa Midgett Foundation Corporation

| Part I     | Contributors (See instructions). Use duplicate copi        | es of Part I if additional space is r | eeded.                                                                     |
|------------|------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions               | (d) Type of contribution                                                   |
| _1_        | David & Lisa Midgett  3510 NE 14th Street  Ocala, FL 34470 | \$26,000                              | Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions               | (d)<br>Type of contribution                                                |
|            |                                                            |                                       | Person                                                                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions               | (d)<br>Type of contribution                                                |
|            |                                                            |                                       | Person                                                                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c) Total contributions               | (d)<br>Type of contribution                                                |
|            |                                                            |                                       | Person                                                                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d)<br>Type of contribution                                                |
|            |                                                            | <b>\$</b>                             | Person                                                                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions            | (d)<br>Type of contribution                                                |
|            |                                                            |                                       | Person                                                                     |

|                        | Federal Supporting Statements                                          | <b>2016</b> PG01 |
|------------------------|------------------------------------------------------------------------|------------------|
| Name(s) as shown on re |                                                                        | FEIN             |
| The David              | and Lisa Midgett Foundation Corporation                                | 81-2444780       |
| •                      | Form 990PF - Part VII-A - Line 10<br>Substantial Contributors Schedule | Statement #114   |
| Name                   | David Midgett                                                          |                  |
| Address                | 3510 NE 14th Street                                                    |                  |
|                        | Ocala, FL 34470                                                        |                  |

Name
Lisa Midgett
Address
3510 NE 14th Street
Ocala, FL 34470

Form 990PF - Part III - Line 3
Other Increases Schedule
Initial Capital Contribution

Total

PG01
Statement #115

1,000

Form 990PF - Part X - Line 4
Cash Deemed Held for Charitable Activities

PG01

Statement #159

\$1600 is a minimal figure needed to cover current administrative and other normal and current disbursements directly connected with charitable activities.