






For calendar year 2016, or tax year beginning 06-01-2016, and ending 05-31-2017

Name of foundation THE BERNARD A EGAN FOUNDATION INC		A Employer identification number 65-0501660	
Number and street (or P O box number if mail is not delivered to street address) 1900 OLD DIXIE HIGHWAY		Room/suite	B Telephone number (see instructions) (772) 489-7555
City or town, state or province, country, and ZIP or foreign postal code FORT PIERCE, FL 34946		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 126,714,160	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	25,619,865			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	523,578	523,578		
	4 Dividends and interest from securities	954,644	954,644		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-571,302			
	b Gross sales price for all assets on line 6a _____ 113,186,111				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 27,142	458		
	12 Total. Add lines 1 through 11	26,553,927	1,478,680		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	 1,860			
	c Other professional fees (attach schedule)	 451,295	451,295		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	 5,915	2,915		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	 107,284	101,796		
	24 Total operating and administrative expenses. Add lines 13 through 23	566,354	556,006		0
	25 Contributions, gifts, grants paid	4,278,660			4,278,660
	26 Total expenses and disbursements. Add lines 24 and 25	4,845,014	556,006		4,278,660
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	21,708,913			
	b Net investment income (if negative, enter -0-)		922,674		
c Adjusted net income(if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	6,703,418	3,928,302	3,928,302
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	92,629,096	116,796,871	122,785,858
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	99,332,514	120,725,173	126,714,160	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
	Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.		
24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg, and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds		99,332,514	120,725,173	
30 Total net assets or fund balances (see instructions)		99,332,514	120,725,173	
31 Total liabilities and net assets/fund balances (see instructions) .	99,332,514	120,725,173		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	99,332,514
2 Enter amount from Part I, line 27a	2	21,708,913
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	121,041,427
5 Decreases not included in line 2 (itemize) ▶ _____	5	316,254
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	120,725,173

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	-571,302
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	3,439,730

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	3,548,720	86,036,627	0 041247
2014	2,814,988	72,254,526	0 038959
2013	2,247,037	56,751,614	0 039594
2012	1,588,600	45,769,406	0 034709
2011	562,444	32,077,164	0 017534
2 Total of line 1, column (d)			2 0 172043
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 034409
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 109,228,877
5 Multiply line 4 by line 3			5 3,758,456
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 9,227
7 Add lines 5 and 6			7 3,767,683
8 Enter qualifying distributions from Part XII, line 4			8 4,278,660

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	9,227
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	9,227
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	9,227
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	7,241
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	25,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	32,241
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	33
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	22,981
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 22,981 Refunded ▶	11	

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of JEFFREY A HURWITZ Telephone no (772) 489-7205			

Located at **1900 OLD DIXIE HIGHWAY FORT PIERCE FL** ZIP+4 **34946**

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

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

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

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

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

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

[illegible][illegible]

▶

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

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

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

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	▶

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	96,084,236
b	Average of monthly cash balances.	1b	14,808,025
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	110,892,261
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	110,892,261
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,663,384
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	109,228,877
6	Minimum investment return. Enter 5% of line 5.	6	5,461,444

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

1	Minimum investment return from Part X, line 6.	1	5,461,444
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	9,227
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	9,227
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,452,217
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	5,452,217
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	5,452,217

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	4,278,660
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	4,278,660
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	9,227
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	4,269,433

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				5,452,217
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			4,277,641	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>4,278,660</u>				
a Applied to 2015, but not more than line 2a			4,277,641	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				1,019
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				5,451,198
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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

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

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

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number or email address of the person to whom applications should be addressed	
b The form in which applications should be submitted and information and materials they should include	
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	4,278,660
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	523,578	
4 Dividends and interest from securities.			14	954,644	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	4	
8 Gain or (loss) from sales of assets other than inventory			18	-571,302	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a See Additional Data Table					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).				934,062	
13 Total. Add line 12, columns (b), (d), and (e).			13		934,062

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

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

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

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

**Sign
Here**

* * * * *

Title

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

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	VELIA FLORES		2018-04-17		P01951330
	Firm's name ▶ BERMAN HOPKINS WRIGHT LAHAM CPAS & ASSOC				Firm's EIN ▶ 59-1152714
	Firm's address ▶ 8035 SPYGLASS HILL RD MELBOURNE, FL 32940				Phone no (321) 757-2020

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
SUNTRUST 83	P		
SUNTRUST 83	P		
MERRILL LYNCH 88	P		
MERRILL LYNCH 88	P		
IHS INC	P		
MERRILL LYNCH 88 BASIS CORRECTION	P		
BASIS ADJ - PRIOR YEAR TRANSACTIONS	P		
K-1 PASSTHROUGH LT LOSSES	P		
K-1 PASSTHROUGH ST LOSSES	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
15,916,177		15,639,772	276,405
35,828,184		37,457,817	-1,629,633
28,264,870		25,757,414	2,507,456
32,299,030		34,677,647	-2,378,617
51,356		47,439	3,917
783,447			783,447
		73,992	-73,992
		57,503	-57,503
		45,829	-45,829

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			276,405
			-1,629,633
			2,507,456
			-2,378,617
			3,917
			783,447
			-73,992
			-57,503
			-45,829

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BERNADETTE M EMERICK	PRESIDENT 000 00	0	0	0
465 12TH SE PLACE VERO BEACH, FL 32962				
GREGORY P NELSON	SECRETARY/TR 000 00	0	0	0
1806 OCEAN DRIVE VERO BEACH, FL 32963				
JJ GILET	VICE PRESIDE 000 00	0	0	0
402 SPYGLASS LANE VERO BEACH, FL 32963				
CATHERINE ROHM	ASSISTANT TR 000 00	0	0	0
2627 N INDIAN RIVER DRIVE FORT PIERCE, FL 34946				
MARY R SHINN	ASSISTANT SE 000 00	0	0	0
2570 SUNNY SLOPES DRIVE PARK CITY, UT 84060				

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
LIVE LIKE COLE FOUNDATION INC 601 21ST STREET SUITE 34 VERO BEACH, FL 32960			GENERAL CONTRIBUTION	2,000
ADORER MISSIONARY SISTERS OF THE PO PO BOX 19895 WEST PALM BEACH, FL 33416			FR MARK MLAY'S TANZANIA ORPHANAGE /	108,000
ALZHEIMERS AND PARKINSON ASSOCIATIO 2300 5TH AVENUE SUITE 15 VERO BEACH, FL 32960			CAREGIVER FUNDINGPARKINSON'S DISEASE	8,000
ALZHEIMERS COMMUNITY CARE 800 NORTHPOINT PARKWAY SU WEST PALM BEACH, FL 33407			ST PETER LUTHERAN CHURCH FACILITY I	8,000
AMERICAN CANCER SOCIETY 3375 20TH STREET STE 100 VERO BEACH, FL 32960			RESTRICTED TREASURE COAST PROGRAMS -	18,000
Total 3a				4,278,660


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 3375 20TH STREET STE 100 VERO BEACH, FL 32960			RELAY FOR LIFE & NAMING PLEDGE	242,920
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716			CPR IN TREASURE COAST AREA	47,000
AMERICAN RED CROSS 2506 17TH AVE VERO BEACH, FL 32960			FLOOD & DISASTER RESPONSE	9,000
BIG BROTHER BIG SISTER OF SLC 403 N US HIGHWAY 1 FORT PIERCE, FL 34950			GENERAL CONTRIBUTION	4,000
BIG HEART BRIGADE OF THE TREASURE C PO BOX 21 STUART, FL 34995			THANKSGIVING MEALS	1,400
Total ► 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS AND GIRLS CLUB OF IRC 1729 17TH AVE VERO BEACH, FL 32960			GENERAL CONTRIBUTION	4,000
BOYS AND GIRLS CLUB OF SLC 607 N 7TH STREET SUITE FORT PIERCE, FL 34950			GENERAL CONTRIBUTION	4,000
BUREAU OF CATHOLIC INDIAN MISSIONS 2021 H STREET NW WASHINGTON, DC 20006			AMERICAN INDIAN EDUCATION & ASSISTAN	75,000
CAMP HAVEN INC PO BOX 2459 VERO BEACH, FL 32961			HOMELESS	11,520
CAMP HOBE INC PO BOX 520755 SALT LAKE CITY, UT 84152			GENERAL CONTRIBUTION	10,000
Total ▶ 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES USA PO BOX 17066 BALTIMORE, MD 21297			USA RELIEF SERVICES	14,000
CATHOLIC COMMUNICATION CAMPAIGN 3211 FOURTH STREET NE WASHINGTON, DC 20017			GENERAL CONTRIBUTION	4,000
CATHOLIC MEN FOR JESUS CHRIST OF FL 1605 MAJORCA PLACE VERO BEACH, FL 32967			FUNDRAISER - ANNUAL EVENT	6,000
CHILDCARE RESOURCES OF INDIAN RIVER 1801 24TH ST VERO BEACH, FL 32960			GENERAL OPERATIONS	36,000
CHILDREN'S HOME SOCIETY OF FLORIDA 650 10TH ST VERO BEACH, FL 32960			HOMELESS IN HIGH SCHOOL	40,000
Total 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLORADO STATE UNIVERSITY FOUNDATIO 1101 CAMPUS DELIVERY FORT COLLINS, CO 80523			MICHAEL J EGAN MEMORIAL SCHOLARSHI	7,200
DASIE BRIDGEWATER HOPE CENTER INC 8445 64TH AVE WABASSO, FL 32970			YOUTH MENTORING	3,000
DIOCESE OF PALM BEACH PO BOX 109650 PALM BEACH GARDENS, FL 33410			CATHOLIC CHARITIES	7,200
DIVINE MERCY COMMUNICATIONS INC 2020 EAU GALLIE BLVD SUI MELBOURNE, FL 32935			RADIO EXPANSION PROJECT	10,000
EQUESTRIAN ORDER OF THE HOLY SEPULC 2955 RIDGELAKE DRIVE SUI METAIRIE, LA 70002			AID & ASSISTANCE TO CHRISTIANS IN HO	6,000
Total ► 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EXCHANGE CLUB OF INDIAN RIVER FOUND PO BOX 93 VERO BEACH, FL 32961			PREVENTION OF CHILD ABUSE	3,600
EXECUTIVE ROUNDTABLE OF INDIAN RIVE 700 20TH STREET VERO BEACH, FL 32960			GENERAL CONTRIBUTION	2,000
FAMILY RENEW COMMUNITY INC PO BOX 250123 HOLLY HILL, FL 32125			GENERAL CONTRIBUTION	5,000
FLORIDA CHAMBER OF COMMERCE FOUNDAT 136 S BRONOUGH ST TALLAHASSEE, FL 32301			GENERAL CONTRIBUTION	1,000
FLORIDA CITRUS HALL OF FAME 411 E ORANGE STREET LAKELAND, FL 33801			FLORIDA CITRUS HALL OF FAME - EDUCAT	900
Total 				4,278,660
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 33801			FLORIDA SOUTHERN COLLEGE- FCHOFF FELL	500
FLORIDA SPECIALTY CROP FOUNDATION PO BOX 948153 MAITLAND, FL 32794			MIGRANT EDUCATION/ MATCHING FUNDS CH	4,320
FLORIDA'S NATURAL GROWERS FOUNDATIO 20205 US HIGHWAY 27 LAKE WALES, FL 33853			SUPPORT OF COMMUNITY PROGRAMS	1,400
FRANCISCAN UNIVERSITY OF STEUBENVIL 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952			BERNARD A EGAN SCHOLARSHIP	10,000
FRIENDS OF HARBOR BRANCH (PAYABLE T 5600 US 1 NORTH FORT PIERCE, FL 34946			CANCER RESEARCH PROGRAM	12,000
Total ▶ 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GIFFORD YOUTH ACTIVITY CENTER 4875 43RD AVE VERO BEACH, FL 32967			YOUTH MENTORING	3,200
HAITI CLINIC INC 865 37TH PLACE VERO BEACH, FL 32960			2016 RUN/WALK 5 K	20,000
HEARTLAND CHILDREN'S FOUNDATION 4550 70TH AVE KENOSHA, WI 53144			GENERAL CONTRIBUTION	1,000
HIBISCUS CHILDREN'S CENTER PO BOX 1742 VERO BEACH, FL 32961			ANNUAL SUPPORT CHILD ABUSE COUNSELIN	16,000
HOLY CROSS CATHOLIC CHURCH 2605 HIGHWAY A1A VERO BEACH, FL 32963			CATHOLIC CHURCH	7,500
Total ▶ 3a				4,278,660


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOLY CROSS CATHOLIC CHURCH (INDIANT PO BOX 999 INDIANTOWN, FL 34956			CATHOLIC CHURCH- BUILDING FUND	7,500
HOLY FAMILY CHURCH 2330 SE MARIPOSA AVE PORT ST LUCIE, FL 34952			VIETNAM MISSION, JOURNEY W/LEPERS	31,000
HOPE FOR FAMILIES CENTER 720 4TH STREET VERO BEACH, FL 32962			HOMELESS SHELTER	12,000
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 32964			GENERAL & BUILDING FUND NAMING	52,500
INDIAN RIVER COUNTY HEALTHY START C 333 17TH STREET SUITE 2R VERO BEACH, FL 32960			GENERAL CONTRIBUTION	12,000
Total ▶ 3a				4,278,660

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INDIAN RIVER COUNTY MEDICAL SOCIETY PO BOX 573 VERO BEACH, FL 32961			WE CARE GALA FOR NEW WE CARE CLINIC	31,224
INDIAN RIVER HABITAT FOR HUMANITY 4568 N US HIGHWAY 1 VERO BEACH, FL 32960			NEIGHBORHOOD REVITAL FELS	10,000
INDIAN RIVER MEDICAL CENTER FOUNDAT 1000 36TH STREET VERO BEACH, FL 32960			PAY IT FORWARD	295,000
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FORT PIERCE, FL 34947			EDUCATION	55,000
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FORT PIERCE, FL 34947			CATHOLIC TUITION ASSISTANCE	40,000
Total ►				4,278,660
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FORT PIERCE, FL 34947			ATHLETICS PROGRAM & TUITION ASSIST	5,000
JOHN CARROLL EDUCATIONAL FOUNDATION 3402 DELAWARE AVENUE FORT PIERCE, FL 34947			ENDOWMENT	20,000
JUAN DIEGO MISSION PO BOX 1197 FORT PIERCE, FL 34947			OPERATIONS	30,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			CATHOLIC SCHOLARSHIPS	65,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			VOCATION TO PRIESTHOOD	65,000
Total 				4,278,660
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			HELPING LIFE FUND	3,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			CULTURE OF LIFE	55,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			UNITED IN CHARITY	75,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			UNITED STATES DISASTER RELIEF	8,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			CHRISTIAN REFUGEE RELIEF	7,500
Total 				4,278,660
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06509			LOUISIANA FLOOD VICTIMS	5,000
KNIGHTS OF COLUMBUS COUNCIL 5629 2300 INDIAN CREEK BLVD VERO BEACH, FL 32966			HANDICAPPED DRIVE	5,940
LEARN TO READ OF ST LUCIE COUNTY 809 DELAWARE AVENUE FORT PIERCE, FL 34950			GENERAL CONTRIBUTION	31,680
LEGIONARIES OF CHRIST SEMINARY 30 MANSELL CT SUITE 103 ROSWELL, GA 30076			SEMINARY SCHOLARSHIPS	120,000
LEUKEMIA & LYMPHOMA SOCIETY 3230 COMMERCE PLACE SUITE WEST PALM BEACH, FL 33407			LIGHT THE NIGHT - FROSCH NPB TEAM	500
Total ► 3a				4,278,660

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LITERACY SERVICES OF INDIAN RIVER 1600 21ST ST VERO BEACH, FL 32960			GENERAL SUPPORT	2,500
MARCH OF DIMES 112 43RD AVENUE SW VERO BEACH, FL 32968			GENERAL CONTRIBUTION	600
MARY'S SHELTER OF THE TREASURE COAS PO BOX 958 STUART, FL 34995			HOUSING FOR PREGNANT WOMEN	12,000
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509			MICHAEL J EGAN SCHOLARSHIP (ENDOWME	11,000
MAYO CLINIC DEPT OF DEVELOPMENT JACKSONVILLE, FL 32224			GENERAL CONTRIBUTION	75,000
Total ► 3a				4,278,660

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MCKEE BOTANICAL GARDEN 350 US HWY 1 VERO BEACH, FL 32962			CHILDRENS GARDEN	2,000
MENTAL HEALTH ASSOCIATION IN INDIAN 820 37TH PLACE VERO BEACH, FL 32960			LOCAL SERVICES	9,500
MIRAVIA (FORMERLY ROOM AT THE INN) PO BOX 11499 CHARLOTTE, NC 28220			BELMONT ABBEY COLLEGE HOUSING FOR PR	17,000
MISC SMALL CONTRIBUTIONS 1900 OLD DIXIE HWY FORT PIERCE, FL 32946			VARIOUS	4,900
MISSIONARY FLIGHTS INTERNATIONAL 3170 AIRMANS DRIVE FORT PIERCE, FL 34946			GENERAL CONTRIBUTION	18,000
Total ► 3a				4,278,660

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MORTALES INCORPORATED 3170 AIRMANS DRIVE FT PIERCE, FL 34946			GENERAL SUPPORT	10,000
MOTHER THERESA CATHOLIC EDUC PO BOX 2927 VERO BEACH, FL 32961			BUILDING IMPROVEMENTS	216,000
MOTHER THERESA EDUCATION FOUND 3420 CARDINAL DRIVE VERO BEACH, FL 32963			OLG CENTER	240,000
NATIONAL BREAST CANCER FOUNDATION I 532 GIBSON DR STE 250 ROSEVILLE, CA 95678			BREAST CANCER	2,000
NATIONAL NAVY UDT-SEAL MUSEUM AND M 3300 N HIGHWAY A1A FORT PIERCE, FL 34949			GENERAL CONTRIBUTION	720
Total ► 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEW HORIZONS 4500 W MIDWAY ROAD FORT PIERCE, FL 34981			4 OUR KIDS/CHILDREN MENTAL HEALTH	5,000
NO ONE LEFT BEHIND FOUNDATION PO BOX 622106 OVIEDO, FL 32762			VERTERANS	1,088
NOTRE DAME CATHOLIC MISSION 217 NORTH US HIGHWAY 1 FORT PIERCE, FL 34950			HAITIAN EDUCATION	15,000
NOTRE DAME CATHOLIC MISSION 1701 INDIAN CREEK PARKWAY JUPITER, FL 33458			FR JEAN'S HAITIAN MISSION	15,500
OCEAN RESEARCH AND CONSSERVATION AS 1420 SEAWAY DRIVE FORT PIERCE, FL 34949			GENERAL CONTRIBUTION	10,000
Total 				4,278,660
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPEN HEARTS ART CENTER 5 WOODLAND DRIVE ASHEVILLE, NC 28806			GENERAL CONTRIBUTION	10,900
OPERATION HOPE 12285 CO RD 512 FELLSMERE, FL 32948			GENERAL CONTRIBUTION	1,000
OUR FAMILY FOUNDATION PO BOX 156 CARLISLE, PA 17013			VARIOUS CHILDREN'S MEDICAL	12,000
OUR LADY OF GUADALUPE PO BOX 9 FELLSMERE, FL 32948			CHRISTIAN EDUCATION & ASSIST	79,200
PAULIST FATHERS 1225 20TH AVENUE VERO BEACH, FL 32960			FOR LOCAL RETIRED PREISTS	18,000
Total ▶ 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PREGNANCY CARE CENTER INC 1119 DELAWARE AVE FORT PIERCE, FL 34950			GENERAL CONTRIBUTION	19,500
REDLANDS CHRISTIAN MIGRANTS ASSOCIA 402 W MAIN STREET IMMOKALEE, FL 34142			EDUCATION	40,000
RESOURCES FOR WOMEN 1367 BEVILLE ROAD DAYTONA BEACH, FL 32119			GENERAL CONTRIBUTION	5,000
RESTORATION HOUSE PO BOX 2375 FORT PIERCE, FL 34954			FLORIDAY	6,000
RESTORATION HOUSE PO BOX 2375 FORT PIERCE, FL 34954			BUDGET ASSISTANCE	10,000
Total ▶ 3a				4,278,660


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAMARITAN CENTER 3650 41ST STREET VERO BEACH, FL 32967			SOUP BOWL	600
SAMARITAN CENTER 3650 41ST STREET VERO BEACH, FL 32967			BAE GOLF TOURNAMENT	10,000
SAMARITAN CENTER 3650 41ST STREET VERO BEACH, FL 32967			GOLF SPONSOR MATCH CONTRIBUTION	52,000
SAMARITAN CENTER 3650 41ST STREET VERO BEACH, FL 32967			HOMELESS SHELTER	108,000
SARAHS KITCHEN 215 NW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 32967			RESTRICTED - ADAMS PLACE	40,000
Total ▶ 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCHOLARSHIP FOUND OF INDIAN RIVER PO BOX 1820 VERO BEACH, FL 32961			2015 GOLF CLASSIC FUNDRAISER	600
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 32961			GENERAL CONTRIBUTION	6,000
SERRA INTERNATIONAL FOUNDATION 333 W WACKER DRIVE SUIT CHICAGO, IL 60606			CATHOLIC VOCATIONS	6,000
SPECIAL EQUESTRIANS OF THE TREASURE PO BOX 651312 VERO BEACH, FL 32965			GENERAL CONTRIBUTION	15,840
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE, AL 36608			EDUCATION - SCHOLARSHIP FUND	9,000
Total ► 3a				4,278,660

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST ANASTASIA SCHOOL ENDOWMENT INC 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			MEDIA CENTER	33,000
ST ANASTASIA CATHOLIC CHURCH 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			GENERAL CONTRIBUTION	40,000
ST ANASTASIA CATHOLIC SCHOOL 401 SOUTH 33RD STREET FORT PIERCE, FL 34947			EDUCATION	42,000
ST ANASTASIA CATHOLIC SCHOOL 401 SOUTH 33RD STREET FORT PIERCE, FL 34947			NET MINISTRIES	9,750
ST ANASTASIA SCHOOL ENDOWMENT INC 401 SOUTH 33RD STREET FORT PIERCE, FL 34947			CATHOLIC TUITION ASSISTANCE	60,000
Total ▶ 3a				4,278,660


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST ANASTASIA SCHOOL ENDOWMENT INC 401 SOUTH 33RD STREET FORT PIERCE, FL 34947			GENERAL SUPPORT	7,500
ST BALDRICK'S FOUNDATION 1333 SMAYFLOWER AVENUE S MONROVIA, CA 91016			GENERAL CONTRIBUTION	1,800
ST BERNADETTE CATHOLIC CHURCH 350 NW CALIFORNIA BLVD PORT ST LUCIE, FL 34986			SCHOOL FUNDRAISER	2,000
ST FRANCES XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10114			EDUCATION/SCHOLARSHIPS	80,000
ST FRANCIS MANOR OF VERO BEACH 1750 20TH AVENUE VERO BEACH, FL 32960			LOW INCOME SENIOR APARTMENTS	325,000
Total 				4,278,660
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			GENERAL SUPPORT	14,258
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			CHURCH	80,000
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			DISCESIAN SERVICE APPEAL	10,000
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			CATHOLIC TUITION ASSISTANCE	47,500
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			EDUCATION	60,000
Total ► 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			CATHOLIC TUITION ASSISTANCE	55,000
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			BUILDING FUND	55,000
ST JOHN OF THE CROSS CATHOLIC CHUR 2355 82ND AVENUE VERO BEACH, FL 32966			CHURCH	15,500
ST JOSEPH'S REGIONAL MEDICAL CENTE 315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009			DESIGNATED FOR ST VINCENT NURSING	20,000
ST MARK THE EVANGELIST CATHOLIC CH 1924 ZEPHYR AVENUE FORT PIERCE, FL 34982			FUNDRAISER CHARITY DINNER AUCTION	720
Total ▶ 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARK THE EVANGELIST CATHOLIC CH 1924 ZEPHYR AVENUE FORT PIERCE, FL 34982			CHURCH	15,500
ST MARK THE EVANGELIST CHURCH 1924 ZEPHYR AVENUE FORT PIERCE, FL 34982			GENERAL CONTRIBUTION/ST VINCENT DE	30,000
ST VINCENT DE PAUL SOCIETY 1745 14TH AVENUE VERO BEACH, FL 32960			GENERAL CONTRIBUTION	30,000
SUBSTANCE AWARENESS CENTER 1507 20TH STREET VERO BEACH, FL 32960			SCHOOL EDUCATION PROGRAM	10,500
SUBSTANCE AWARENESS CENTER 1507 20TH STREET VERO BEACH, FL 32960			WOMEN'S HOMES	23,000
Total 				4,278,660
3a				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SUNSHINE PHYSICAL THERAPY CLINIC 1705 17TH AVENUE VERO BEACH, FL 32960			INAUGRAL GALA EVENT SPONSOR NOV 201	12,000
THE ARC OF INDIAN RIVER COUNTY 1375 16TH AVE VERO BEACH, FL 32960			GENERAL SUPPORT	4,000
THE ARC OF INDIAN RIVER COUNTY 1375 16TH AVE VERO BEACH, FL 32960			COMPUTER & SOFTWARE	25,000
THE ARC OF ST LUCIE COUNTY PO BOX 1016 FORT PIERCE, FL 34954			ABILITY RESOURCE CENTER	4,000
THE FOUNDATION FOR THE KIWANIS CLUB PO BOX 6381 VERO BEACH, FL 32961			GENERAL CONTRIBUTION	2,500
Total 				4,278,660
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LEUKEMIA & LYMPHOMA SOCIETY 3230 COMMERCE PLACE B WEST PALM BEACH, FL 33407			GENERAL SUPPORT	4,000
THE SISTERS OF ST JOSEPH OF ST AU PO BOX 3506 ST AUGUSTINE, FL 32085			RETIREMENT FUND	6,000
THE SOURCE PO BOX 2458 VERO BEACH, FL 32961			GENERAL CONTRIBUTION	30,000
TREASURE COAST FOOD BANK 401 ANGLE RD FORT PIERCE, FL 34947			LOCAL HUNGER	12,000
TREASURE COAST HOSPICE 1201 SE INDIAN STREET STUART, FL 34997			CAMP GOOD GRIEF-HEALTH	18,000
Total ▶ 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TRINITY MISSIONS 9001 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 20903			SEMINARY	4,000
UNITED AGAINST POVERTY 2050 40TH AVENUE SUITE 9 VERO BEACH, FL 32960			TURKEY TROT/FORKLIFT	1,000
UNITED FRESH START FOUNDATION PO BOX 409263 ATLANTA, GA 30384			DIET AND NUTRITION	1,500
UNITED WAY OF INDIAN RIVER CO PO BOX 1960 VERO BEACH, FL 32961			CITRUS GOLF TOURNAMENT	3,000
UNITED WAY OF INDIAN RIVER CO PO BOX 1960 VERO BEACH, FL 32961			CAMPAIGN	28,000
Total ▶ 3a				4,278,660

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF ST LUCIE CO 4800 S US 1 FORT PIERCE, FL 34982			2012/2013 CAMPAIGN SLC	31,680
UNITED AGAINST POVERTY 2050 40TH AVE 9 VERO BEACH, FL 32960			INDIAN RIVER CAMPUS	10,000
VARIETY THE CHILDRENS CHARITY OF IO 505 5TH AVENUE - SUITE 31 DES MOINES, IA 50309			GENERAL CONTRIBUTION	1,000
VERO HERITAGE INC 2140 14TH AVENUE VERO BEACH, FL 32960			PIONEER CELEBRATION	1,000
VETERANS COUNCIL OF INDIAN RIVER CO P O BOX 1354 VERO BEACH, FL 32961			MEMORIAL DAY/VB AIR SHOW	2,000
Total ► 3a				4,278,660

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VISITING NURSE ASSOCIATION (VNA FOU 1110 35TH LANE VERO BEACH, FL 32960			LOCAL SERVICES	15,000
WOMEN'S CARE CENTER 1986 31ST AVE SUITE 100 VERO BEACH, FL 32960			FEB FUNDRAISER	1,500
WOMEN'S CARE CENTER 1986 31ST AVE SUITE 100 VERO BEACH, FL 32960			GENERAL CONTRIBUTION	18,000
YOUTH GUIDANCE MENTORING AND ACTIVI PO BOX 121 VERO BEACH, FL 32961			GENERAL CONTRIBUTION	2,500
YOUTH ON A MISSION PO BOX 2927 VERO BEACH, FL 32961			GENERAL CONTRIBUTION - YOUTH ON A MI	12,500
Total 				4,278,660
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARY'S GABRIEL PROJECT PO BOX 669 PARK CITY, UT 84060			CHILDREN ASSISTANCE	5,000
ST LUCIE HABITAT FOR HUMANITY 702 SOUTH 6TH ST FORT PIERCE, FL 34950			NEIGHBORHOOD REVITALIZATION	15,000
WOMEN'S REFUGE OF VERO BEACH 1850 LEMON AVE VERO BEACH, FL 32960			GENERAL SUPPORT	3,000
WINGS FOR HUMANITY 2036 14TH AVE STE 200 VERO BEACH, FL 32960			THEATRE PROJECT	2,500
Total ▶ 3a				4,278,660

Form 990PF Part XVI-A Line 11 - Other revenue:

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions)
11 Other revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
a SECURITY SETTLEMENT PROCEED			1	454	
b BAE CAPITAL K1			14	1,430	
c CCA BLACK K1			14	24,445	
d ARCHSTONE PARTNERS K1			14	-3,206	
e MULTI STRATEGY - GENSPRING			14	-575	
f CLEARFIELD K1			14	25,558	
g APOLLO NATURAL K1			14	13,813	
h HARBOURVEST K1			14	20	
i KAYNE ANDERSON K1			14	-9,324	
j ACL K1			14	-25,477	

TY 2016 Accounting Fees Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,860			

TY 2016 Investments - Other Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BONDS	AT COST	8,501,220	8,538,147
BOND FUNDS	AT COST	25,310,403	25,200,794
EQUITY FUNDS	AT COST	22,222,139	23,113,737
EQUITIES	AT COST	12,296,879	16,228,860
COMMODITY FUNDS	AT COST		
OTHER FUNDS	AT COST	32,268,479	33,297,854
OTHER INTERESTS	AT COST	1,696,108	1,836,770
ETF FUNDS	AT COST	14,501,643	14,569,696

TY 2016 Other Decreases Schedule

Name: THE BERNARD A EGAN FOUNDATION INC
EIN: 65-0501660

Description	Amount
PY CONTRIBUTIONS ADJUSTMENT	316,254

TY 2016 Other Expenses Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ANNUAL REPORT FEE	59			
BANK FEE	71			
MISC EXPENSE	521			
ADMIN FEES	106,633	101,796		

TY 2016 Other Income Schedule

Name: THE BERNARD A EGAN FOUNDATION INC

EIN: 65-0501660

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RENTS - BAE CAPITAL K1	4	4	
SECURITY SETTLEMENT PROCEEDS	454	454	
BAE CAPITAL K1	1,430		
CCA BLACK K1	24,445		
ARCHSTONE PARTNERS K1	-3,206		
MULTI STRATEGY - GENSPRING	-575		
CLEARFIELD K1	25,558		
APOLLO NATURAL K1	13,813		
HARBOURVEST K1	20		
KAYNE ANDERSON K1	-9,324		
ACL K1	-25,477		

TY 2016 Other Professional Fees Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSES	451,295	451,295		

TY 2016 Taxes Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PAYMENTS	3,000			
FOREIGN TAX PAID	2,915	2,915		

Name of organization THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EGAN FAMILY CHARITABLE LD ANN TR 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	\$ 25,619,865	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES	\$ 1,916 745	2016-11-30
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES	\$ 3,883 600	2016-12-01
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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