

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2016**  
**Open to Public Inspection**

**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		<b>A Employer identification number</b> 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>B Telephone number</b> (see instructions) (772) 489-7555
City or town, state or province, country, and ZIP or foreign postal code FORT PIERCE, FL 34946		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 126,714,160	<b>J</b> 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)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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

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

**Part III Analysis of Changes in Net Assets or Fund Balances**

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

  

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

  

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

  

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

  

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.172043
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.034409
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	109,228,877
<b>5</b> Multiply line 4 by line 3	<b>5</b>	3,758,456
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	9,227
<b>7</b> Add lines 5 and 6	<b>7</b>	3,767,683
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	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)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total credits. Total amount owed is 33.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care of Jeffrey A Hurwitz.

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 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? 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.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

**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))?  Yes  No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).  Yes  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?  Yes  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)?  Yes  No

Organizations relying on a current notice regarding disaster assistance check here.

**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?  Yes  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?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

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

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

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

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

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

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

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

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

**Total.** Add lines 1 through 3 . . . . . ▶

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

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	5,461,444
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	9,227
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	9,227
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	5,452,217
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	5,452,217
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	5,452,217

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	4,278,660
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	4,278,660
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	9,227
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	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
<b>1</b> Distributable amount for 2016 from Part XI, line 7				5,452,217
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			4,277,641	
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .				
<b>b</b> From 2012. . . . .				
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>4,278,660</u>				
<b>a</b> Applied to 2015, but not more than line 2a			4,277,641	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2016 distributable amount. . . . .				1,019
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				5,451,198
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .				
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .				
<b>e</b> Excess from 2016. . . . .				

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

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

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

**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>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**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

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

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

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

---

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

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**c** Any submission deadlines

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





**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			(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	
			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**

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

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

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

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

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

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

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total</b> . . . . . <b>3a</b>				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)				
<b>a</b> <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
<b>Total</b> . . . . . <b>3a</b>				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)				
<b>a</b> <i>Paid during the year</i>				
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 33801			FLORIDA SOUTHERN COLLEGE- FCHOF 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
<b>Total . . . . .</b> ▶ <b>3a</b>				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)				
<b>a</b> <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
<b>Total . . . . . ▶</b> <b>3a</b>				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)				
<b>a</b> <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
<b>Total . . . . .</b> ▶ <b>3a</b>				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)				
<b>a</b> <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 FELLS	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
<b>Total . . . . .</b> ► <b>3a</b>				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)				
<b>a</b> <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
<b>Total</b> . . . . . <b>3a</b>				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)				
<b>a</b> <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
<b>Total . . . . . ▶</b> <b>3a</b>				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)				
<b>a</b> <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
<b>Total . . . . .</b> ▶ <b>3a</b>				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)				
<b>a</b> <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
<b>Total . . . . . ▶</b> <b>3a</b>				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)				
<b>a</b> <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
<b>Total . . . . .</b> ▶ <b>3a</b>				4,278,660

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

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

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

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

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

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

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

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

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

**3a**

**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		<b>(e)</b> Related or exempt function income (See the instructions )
<b>11</b> Other revenue	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>a</b> SECURITY SETTLEMENT PROCEED			1	454	
<b>b</b> BAE CAPITAL K1			14	1,430	
<b>c</b> CCA BLACK K1			14	24,445	
<b>d</b> ARCHSTONE PARTNERS K1			14	-3,206	
<b>e</b> MULTI STRATEGY - GENSPRING			14	-575	
<b>f</b> CLEARFIELD K1			14	25,558	
<b>g</b> APOLLO NATURAL K1			14	13,813	
<b>h</b> HARBOURVEST K1			14	20	
<b>i</b> KAYNE ANDERSON K1			14	-9,324	
<b>j</b> ACL K1			14	-25,477	

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

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	1,860			

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

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
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

<b>Description</b>	<b>Amount</b>
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

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT EXPENSES	451,295	451,295		

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

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**

**Name of the organization**  
THE BERNARD A EGAN FOUNDATION INC

**Employer identification number**  
65-0501660

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990-PF

- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE BERNARD A EGAN FOUNDATION INC	<b>Employer identification number</b> 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, FL34946	\$ 25,619,865	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE BERNARD A EGAN FOUNDATION INC	<b>Employer identification number</b> 65-0501660
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**Part II Noncash Property**

<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
(see instructions) Use duplicate copies of Part II if additional space is needed			
1	SECURITIES	\$ 1,916,745	2016-11-30
1	SECURITIES	\$ 3,883,600	2016-12-01
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

<b>Name of organization</b> THE BERNARD A EGAN FOUNDATION INC	<b>Employer identification number</b> 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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____