**⊨**=1

2 2017 MY

Form 990-PF

## **Return of Private Foundation**

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

OMB No 1545-0052

1/0 Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection Internal Revenue Service For calendar year 2016 or tax year beginning 8/1/2016 and ending 7/31/2017 Name of foundation A Employer identification number FLORIDA CHARITIES FON TAPF Number and street (or P O box number if mail is not delivered to street address) Room/suite 59-6125203 P O BOX 1908 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code **ORLANDO** 32802-1908 (407) 237-5718 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity ☐ Amended return Final return 2 Foreign organizations meeting the 85% test ☐ Name change check here and attach computation Address change E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method X Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here Ine 16) ► \$ (Part I, column (d) must be on cash basis ) 875,867 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (c) Adjusted net for chantable (b) Net investment amounts in columns (b), (c), and (d) may not necessarily expenses per income purposes income books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) 140,000 didikt. March To 3944WWW.003KZ 2 Check ▶☐ if the foundation is **not** required to attach Sch B KIN BAN 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 14,018 14,018 5a Gross rents b Net rental income or (loss) 6a Revenue Net gain or (loss) from sale of assets not on line 10 4.418 3,486 (32,534) Gross sales price for all assets on line 6a evallantii 4,418 Capital gain net income (from Part IV, line 2) Net short-term capital gain 530046 A 9 Income modifications anno<u>nskind</u> 10a Gross sales less returns and allowances 6,37 Less Cost of goods sold

13 6,066 Operating and Administrative Expenses Compensation of officers, directors, trustees, etc. 12,132 6,066 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach:schedule) > Accounting fees (attach schedule) 2,500 2.500 Other professional fees (attach schedule)? 17 Interest ∃S1 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy و لا ما ساد ك ك ك 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 8.566

158,436

14.632

64,100

78,732

79,704

18,436

6.066

6,066

12,370

For Paperwork Reduction Act Notice, see instructions.

Contributions, gifts, grants paid

Subtract line 26 from line 12

Total expenses and disbursements. Add lines 24 and 25

Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

Gross profit or (loss) (attach schedule) .

Other income (attach schedule)

Total. Add lines 1 through 11

Form 990-PF (2016)

0

64,100

72,666

25

26

27

11

12

Form 990-PF (2016) FLORIDA CHARITIES FDN TAPF 59-6125203 Beginning of year End of year Attached schedules and amounts in the description column Part II Balance Sheets (c) Fair Market Value should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value Cash-non-interest-bearing 2 Savings and temporary cash investments 57,165 38.975 3 Accounts receivable ▶ Less allowance for doubtful accounts 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 Prepaid expenses and deferred charges 10a Investments—U.S and state government obligations (attach schedule) Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule) . Investments—land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 12 Investments-mortgage loans 13 522,719 Investments-other (attach schedule) 626,137 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) Other assets (describe > 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 579.884 665,112 17 Accounts payable and accrued expenses 18 Grants payable Liabilities 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 Total liabilities (add lines 17 through 22) 23 Foundations that follow SFAS 117, check here Balances and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted or Fund Foundations that do not follow SFAS 117, check here ▶ 🛛 and complete lines 27 through 31. 27 665,112 Capital stock, trust principal, or current funds 579,884 Assets 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 579,884 665,112 Ret 31 Total liabilities and net assets/fund balances (see instructions) 579,884 665,112 Analysis of Changes in Net Assets or Fund Balances 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 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ► See Attached Statement

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ►

5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

6 665,112

Form **990-PF** (2016)

Form 9	90-PF (2016) FLORIDA	CHARITIES FDN TAPF				59-61	25203	Page 3
Part	IV Capital Gains and	<b>Losses for Tax on Investment</b>	Income					
		e kind(s) of property sold (e g , real estate, se, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	• •	te acquired , day, yr )	(d) Date (mo , da	
1a	VANGUARD S/T INVEST	GR-ADM				1/15/2015	5/	10/2017
b	VANGUARD TOT STK MK	T-INV				8/24/2007	5/	10/2017
<u>c</u>		<del> </del>						
<u>d</u>	<del></del>	<del></del>		<del> </del>				
e	<del></del> -	(D.D. and an all and all all and all all and all all all all all all all all all al					- (1000)	<del></del>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain o (e) plus (f) r	•	
a	5,000			5,033				-33
b	11,000			6,549				4,451
c								
d								
e	Complete only for senate she	During a single column (b) and surred by the	- 6	12/24/60		<del></del>		
	Complete only for assets sho	owing gain in column (h) and owned by the			,	(I) Gains (Col. (h col. (k), but not le		
(i) F M V as of 12/31/69 as of 12/31/69		(j) Adjusted basis as of 12/31/69	٠,,	s of col (ı) (ı), ıf any	`	Losses (fron		
a								-33
b								4,451
С			<u> </u>					
<u>d</u>								
ее		/ If no no no no	Da	# 1 lm = 7 1				
2	Capital gain net income or	(net capital loss) { If gain, also If (loss), entities		,	2			4,418
3	Net short-term capital gain	or (loss) as defined in sections 1222						1,110
		line 8, column (c) (see instructions)			-			
	Part I, line 8				3			
Part		er Section 4940(e) for Reduced						
(For c	ptional use by domestic priv	rate foundations subject to the sectio	n 4940(a) t	ax on net investn	ent inc	ome )		
If sec	tion 4940(d)(2) applies, leavi	e this part blank						
Was 1	the foundation liable for the s	section 4942 tax on the distributable	amount of a	any vear in the ha	ee ner	rod2	□ Yes	X No
If "Ye	s," the foundation does not o	qualify under section 4940(e) Do not	complete t	his part	ise pen			<u>[25]</u> .10
1		unt in each column for each year, see			king any	y entries		
	(a) Base penod years	(b)		(c)			(d) oution ratio	
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	f nonchantable-use as	sets		ded by col	(c))
	2015	99,953			,706			142038
	2014	85,075			,484			106813
	2013	189,565			,535			223666
	2012 2011	39,300 64,703			,593 5,545			059763 120592
	2011	04,700	<u> </u>		,,,45			120002
2	Total of line 1, column (d)			_		2	0	652872
3		or the 5-year base period—divide the	total on lin	e 2 by 5, or by th		-		
		ation has been in existence if less that		• • •		3	0	130574
					[			
4	Enter the net value of nonc	haritable-use assets for 2016 from F	art X, line f	5	ļ_	4		740,021
_	•• • • • • • • • •				i	. I		
5	Multiply line 4 by line 3					5		96,628
6	Enter 1% of not investment	income (19) of Dert Line 27h						124
J	Lines 170 OF HEL INVESTMENT	income (1% of Part I, line 27b)			-	6		122
7	Add lines 5 and 6					7		96,752
-	iiiioo o uiio o	•		•	-			
8	Enter qualifying distribution		•			8		72,666
	If line 8 is equal to or greate	er than line 7, check the box in Part	VI, line 1b,	and complete tha	it part u	ısıng a 1% ta	x rate Se	e the
	Part VI instructions							

orm 9	90-PF (2016) FLORIDA CHARITIES FDN TAPF	59-61252	203 р	age 4			
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see inst	tructions)					
1a		× 22,					
	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		247				
	here ▶ ☐ and enter 1% of Part I, line 27b	53 : JASU	64.33				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)	ļ					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0				
3	Add lines 1 and 2	3	247				
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	247	337.5 - 7			
6	Credits/Payments						
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 165		1.00				
b							
C	Tax paid with application for extension of time to file (Form 8868)	- Park					
_d	Backup withholding erroneously withheld  6d		165	MAX.7			
7 Total credits and payments Add lines 6a through 6d 7							
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9 9 9 9 9							
9 10		0	82				
11		1	0				
	VII-A Statements Regarding Activities	<u> </u>					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if	t G	Yes	No			
	participate or intervene in any political campaign?		1a	X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?	1.	1b	Х			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	ıals 🦹	931 234				
	published or distributed by the foundation in connection with the activities						
C							
d	· · ·						
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	sed 🏻 🖔					
	on foundation managers ►\$	1 m					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .	ļ.,	2	X			
_	If "Yes," attach a detailed description of the activities	1					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	i.i.	SO Books				
4.	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-	3	<u>X</u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u> </u>	4a N/A	<u>X</u>			
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	<u> </u>	4b N/A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	37	5				
c	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	. ₩					
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the	iat	6 X	LEX			
7	conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in except at any time during the year? If "Yea " complete Bot II, col. (a), and Bot XV.	-	6 X 7 X				
_	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	8.	<del>:                                      </del>	8.54			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			• •			
b	FL  If the answer is "Vas" to line 7, has the foundation furnished a copy of Form 000 PE to the Attorney Cops	14.	N 4 1 1 1	^^			
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene (or designate) of each state as required by General Instruction G? If "No," attach explanation.		8b X				
9		_	<del>50   ^  </del>				
J	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)?						
	"Yes," complete Part XIV	' '	9	X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to	their  -	<del>-</del>	<del></del>			
. •	names and addresses		10	х			

Form 9	90-PF (2016) FLORIDA CHARITIES FDN TAPF 59-61	25203	F	Page <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1	[ ,	ļ
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	L
	Website address ► N/A			
14	The books are in care of ► SUNTRUST BANK  Telephone no ► (407) 2:		8	
	Located at ► PO BOX 1908, ORLANDO FL ZIP+4 ► 32802-	1908		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ ∟
16	and enter the amount of tax-exempt interest received or accrued during the year  • 15 N/A  At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	103	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If	3532	188-5-38 \ V2.274-782	(361) A
	"Yes," enter the name of the foreign country			
Par	t 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.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			4.13
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	3.70		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		7	
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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)?	× ×	1	
	(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 )			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in		200	1333
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	GO BEST	X
	Organizations relying on a current notice regarding disaster assistance check here		1	r
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		LM.	
_	were not corrected before the first day of the tax year beginning in 2016?	1c	2, 1452	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
•	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		¥.	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
	<del>-</del>			
h	If "Yes," list the years 20, 20			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	\$34 X		
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	1000
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		1,84	144
	<b>▶</b> 20 , 20 , 20 , 20		200	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	3.0		
	at any time during the year?		· (*)	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		`A.,	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1000		
	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	\		1,000
	foundation had excess business holdings in 2016)	3b	N/A	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	L	X
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		<u> </u>

Form 99	90-PF (2016) FLORIDA CHARITIES FDN TAI	71-						59-61	25203	Page 6
Part	VII-B Statements Regarding Activities f	or Wh	ich Form 47	720 Ma	y Be Req	uired (	continue	d)		
5a	During the year did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to			(sectio	on 4945(e))	7	Yes	X No		
	(2) Influence the outcome of any specific public el directly or indirectly, any voter registration driv		(see section	4955),	or to carry o	on,	Yes	X No		
	(3) Provide a grant to an individual for travel, stud		her sımılar pı	ırposes	57		Yes	⊠ No		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	charit	able, etc , orç	ganızatı	on describe	ed in	Yes	X No		
	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch			literary	, or educati	onal	Yes	X No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the Regulations section 53 4945 or in a current notice					-		bed in	5b	N/A
С	Organizations relying on a current notice regarding if the answer is "Yes" to question 5a(4), does the					ax		▶ 🗌		
	because it maintained expenditure responsibility f			citiptio	N/A	<b>-</b>	Yes	☐ No		
٠.	If "Yes," attach the statement required by Regulat									
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					iums	Yes	<b>⊠</b> No		
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870								6b	X
	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?							7b	N/A	
	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,									
	and Contractors									
_1_	List all officers, directors, trustees, foundation									
	(a) Name and address	hou	e, and average irs per week ed to position	(If	mpensation not paid, nter -0-)	emplo	Contribution byee benefit erred compe	plans		nse account, allowances
	RUST BANK 3OX 1908 ORLANDO, FL 32802-1908	TRUS VARIC			12,132	 				
			<del></del>							
								]		
2 	Compensation of five highest-paid employees "NONE."	(other	than those	include	ed on line	—see 	instructi	ons). If	none,	enter 
	(a) Name and address of each employee paid more than \$50,000	0	(b) Title, and a hours per v devoted to po	veek	(c) Comper	nsation	(d) Contribution  employee plans and compens	benefit deferred		nse account, allowances
NONE				· · ·						
	***************************************		<u> </u>				<del></del>			
			<b> </b>							
Total	number of other employees paid over \$50,000		L		l		L	<b>•</b>		
	<del></del>								001	DE (2016)

Form 990-PF (2016) FLORIDA CHARITIES FDN TAPF		FLORIDA CHARITIES FDN TAPF 59-	6125203	Page 7
Pa		ormation About Officers, Directors, Trustees, Foundation Managers, Highly Paid	Employee	<del>s,</del>
		d Contractors (continued)		
3_		st-paid independent contractors for professional services (see instructions). If none, enter		
		) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Com	pensation
NOI	<u>NE</u>			
	<del></del>	<del></del>		
			1	
	-			
		***************************************		
Ŧ-4		thers receiving over \$50,000 for professional services		
100	number of o	thers receiving over \$50,000 for professional services	<u>-</u>	
Pa	art IX-A	Summary of Direct Charitable Activities		
Lis	st the foundation's	four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of		
		her beneficianes served, conferences convened, research papers produced, etc	Expe	enses
1	NONE			
		•		
		<del></del>		
2				
3				
J				
		•••••••••••••••••••••••••••••••••••••••		
4				
			<u></u>	
		Summary of Program-Related Investments (see instructions)	<del></del>	
		gest program-related investments made by the foundation during the tax year on lines 1 and 2	_ <del>Am</del>	nount
1	NONE	•••••••••••••••••••••••••••••••••••••••		
2		<del></del>	<del></del>	
_		•••••••••••••••••••••••••••••••••••••••		
All	other program-rel	ated investments. See instructions		
3	NONE		}	
Tota	I. Add lines 1	through 3		0
			Form 990-	- <b></b> (2016)

Form 9	90-PF (2016) FLORIDA CHARITIES FDN TAPF	59-6125203	Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations,	
	see instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	\$ 8.3.	
а	Average monthly fair market value of securities	1a	701,457
b	Average of monthly cash balances .	1b	49,833
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	751,290
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	751,290
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions) .	4	11,269
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	740,021
_6_	Minimum investment return. Enter 5% of line 5	6	37,001
Part			
1	foundations and certain foreign organizations check here and do not complete this part )	T 1 T	27 001
і 2а	Minimum investment return from Part X, line 6		37,001
za b	Tax on investment income for 2016 from Part VI, line 5  2a 24	- XXXX	
	Income tax for 2016 (This does not include the tax from Part VI)		247
с 3	Add lines 2a and 2b	2c   3	36,754
4	Distributable amount before adjustments. Subtract line 2c from line 1	4	5,000
<b>5</b>	Recoveries of amounts treated as qualifying distributions  Add lines 3 and 4	5	41,754
6	* **	6	41,754
7	Deduction from distributable amount (see instructions)	<del>* </del>	
•	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	7	41,754
	line 1		41,734
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	J. J.	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	72,666
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	9.34	
а	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	72,666
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	72,666
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the found	dation
	qualifies for the section 4940(s) reduction of tax in those years		

Form **990-PF** (2016)

	rm 990-PF (2016) FLORIDA CH/ art XIII Undistributed Incom	ARITIES FDN TAPI	ns)		5	9-6125203 Page
	Distributable amount for 2016 line 7		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
2	Undistributed income, if any, as of	the and of 2016	* * * * * * *		* ' '	41,75
	a Enter amount for 2015 only	the end of 2016				
	b Total for prior years 20	, 20 , 20		28 , A 2k	94 3 4 4 4	0
3	Excess distributions carryover,	ıf any, to 2016	3, 33, 34, 34	* * * * * * * * * * * * * * * * * * *		
	a From 2011	38,04	io National Control			
	b From 2012	6,62	<b></b>			
	c From 2013	147,53	o e			
	d From 2014 .	46,19	4			
	e From 2015	65,09	8			
4	f Total of lines 3a through e		303,48	37	t to the same	
7	line 4				1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	
	Ψ <u> </u>	<u>66</u>				
	Prince to Ec 10, but not more t	han line 2a				
	<ul> <li>Applied to undistributed income (Election required—see instruction)</li> </ul>	or prior years		<b>%</b>		
	Treated as distributions out of c	tions)		Ŷ.		
	required—see instructions)	corpus (Election				
(	Applied to 2016 distributable an	nount	18.42 865 186. S 65 246. J 199. H			A RECORD OF THE
•	Remaining amount distributed of	nount			100 100 100 100 100 100 100 100 100 100	41,754
5	Excess distributions carryover a	annied to 2016	30,91	2	<u> </u>	
	(If an amount appears in column	n (d) the same		1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)		
	amount must be shown in colun	nn (a) )				
6	Enter the net total of each col	umn as				
	indicated below:		4 2 4 3 4 4 4			
а	F	Subtract line 5	334,39			
b	Prior years' undistributed income	e Subtract	304,00	5 N		
	line 4b from line 2b					
С	= and annount of phot years	undistributed				
	income for which a notice of defi	iciency has			( A )	
	been issued, or on which the sec	ction 4942(a)				
ď	tax has been previously assesse	ed	<u> </u>			
u	Subtract line 6c from line 6b Tax amount—see instructions	xable				POSSESSION CO
e						
·	Undistributed income for 2015 S 4a from line 2a Taxable amount	oubtract line				
	Instructions	-see				
f	Undistributed income for 2016 S	No.		4 30 00	0	
	4d and 5 from line 1 This amour	oubtract lines				
	distributed in 2017	it must be				
7	Amounts treated as distributions	Out of comus				0
	to satisfy requirements imposed	hy section				
	170(b)(1)(F) or 4942(g)(3) (Election	on may be				
	required—see instructions)	on may be				
8	Excess distributions carryover fro	m 2011 not			, , ,	
	applied on line 5 or line 7 (see ins	structions)	38,040	,		
9	Excess distributions carryover	to 2017				
	Subtract lines 7 and 8 from line 6	a	296,359			, ,
10	Analysis of line 9		290,009			
	Excess from 2012	6,625				
	Excess from 2013	147,530				
	Excess from 2014	46,194		1		
	Excess from 2015	65,098		1		
<u>e</u>	Excess from 2016	30,912				

Form 9	90-PF (2016) FLORIDA CHARITIES	FDN TAPF			59-6125	5203 Page <b>10</b>
Part	XIV Private Operating Foundation	ons (see instruct	ions and Part V	/II-A, question 9)		V/A
1a	If the foundation has received a ruling of					
	foundation, and the ruling is effective for	or 2016, enter the	date of the ruling	· · · · • [		
b	Check box to indicate whether the foundation	on is a private opera	ting foundation des	cribed in section	4942(J)(3)	or (4942(j)(5)
2a	Enter the lesser of the adjusted net	_Тах уеаг		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) 10tal
	each year listed					0
b	85% of line 2a					0
	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly				/	
	for active conduct of exempt activities				İ	0
е	Qualifying distributions made directly					
_	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
•	alternative test relied upon	ļ	}			
а	"Assets" alternative test—enter			/		
_	(1) Value of all assets	Ì	/			0
	(2) Value of assets qualifying under		/	<del> </del>		
	section 4942(j)(3)(B)(i)	1	/		ĺ	0
b	"Endowment" alternative test—enter 2/3	<del></del>	<del>                                     </del>	<del></del>		
	of minimum investment return shown in		/			0
_	Part X, line 6 for each year listed	<del></del>	1			
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,	/	1			
	dividends, rents, payments on					
	securities loans (section		}			0
	512(a)(5)), or royalties) (2) Support from general public	<del> /</del>	<del> </del>	<del></del>		0
	and 5 or more exempt		1	· ·		
	organizations as provided in			Ì		
	section 4942(j)(3)(B)(iii)	<del></del>	<del> </del>	<del></del>		0
	(3) Largest amount of support from	<b>\</b> /				•
	an exempt organization	<u> </u>				0
	(4) Gross investment income	L	<u> </u>		147.000	0
Part				he foundation had	d \$5,000 or more	in assets at
	any time during the year—		s.)	<del></del>		
1	Information Regarding Foundation					
а	List any managers of the foundation wi					e foundation
	before the close of any tax year (but or	nly if they have co	ntributed more th	an \$5,000) (See se	ction 507(d)(2))	
NON						
b	List any managers of the foundation wi	ho own 10% or mo	ore of the stock o	f a corporation (or a	n equally large porti	on of the
	ownership of a partnership or other ent	tity) of which the fo	oundation has a 1	10% or greater intere	est	
NON	<u> </u>					
2	Information Regarding Contribution	, Grant, Gift, Loa	n, Scholarship,	etc., Programs:		
	Check here ▶ ☐ if the foundation or	nly makes contribu	itions to preseled	ted charitable organ	izations and does n	ot accept
	unsolicited requests for funds. If the for		fts, grants, etc (	see instructions) to ii	ndıvıduals or organı	zations
	under other conditions, complete items	2a, b, c, and d				
а	The name, address, and telephone nur	mber or e-mail add	dress of the person	on to whom applicati	ons should be addr	essed
	·		·	•		
PHILI	P TIEDTKE P O BOX 910 WINTER PA	RK. FL 32790				
	The form in which applications should i		information and r	materials they should	d include	
	· ··· ··· ··· ··· ··· ··· ··· ··· ···			a anay anadan	:=:=: <del>*</del>	
LETT	ER FORM					
	Any submission deadlines					
•	, _aarmoolon acaamico					
	Any restrictions or limitations on award	le such as hy goo	graphical areas	charitable fields kin	de of institutions or	other
u	factors	a, audit as by geo	grapinoai aitas,	Chantable lields, Killi	as or manifications, or	Other
TAY	EXEMPT ORGANIZATIONS WITHIN TH	JE MEANING OF	IDS CODE SEC	TION 501/CV(2)		
17.07.1	<u>-VERMED ONOUNIEM HONO ANTIQUE LE</u>	IL WEATHING OF	ING CODE SEC			

FLORIDA CHARITIES FDN TAPF Form 990-PF (2016) 59-6125203 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year See Attached Statement

		)		}
	l			
Total			▶ 3a	64,100
b Approved for future payment NONE				
Total .			<b>▶</b> 3b	0

Form 990-PF (2016)

		FLORIDA CHARITIES FDN TA			<u> </u>	59-61	25203 Page <b>12</b>
		I-A Analysis of Income-Producing Acs as amounts unless otherwise indicated			Evaluded by seet	on 512, 513, or 514	<del></del>
Ent	er gros	ss amounts unless otherwise indicated	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1	Prog a	ram service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
	_						
	_						
						<u> </u>	
	е_						<del></del>
	g F	ees and contracts from government agencies		<del></del>			<u> </u>
2	_	nbership dues and assessments					
3		est on savings and temporary cash investments					
4		dends and interest from securities .			14	14,018	
5		rental income or (loss) from real estate					
		Debt-financed property . Not debt-financed property	<u> </u>				
6		rental income or (loss) from personal property	<del></del>		<del> </del>		<del> </del>
7		er investment income					
8	Gaın	or (loss) from sales of assets other than inventory			18	4,418	
9		ncome or (loss) from special events					<u> </u>
10		ss profit or (loss) from sales of inventory		<u></u>			ļ
11	L	er revenue a	<u> </u>		<del></del>		
	-						
						·	
	е						
		otal Add columns (b), (d), and (e)	2 1 2 mg			18,436	
		<ul> <li>I. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculation</li> </ul>	\			13	18,436
	rt XV			ent of Exempt	Purposes		<del></del>
	e No. ▼	Explain below how each activity for which incor accomplishment of the foundation's exempt pur	ne is reported in c	olumn (e) of Part	XVI-A contributed	i importantly to the	e ions )
		Not Applicable	<u> </u>				
		<del> </del>			<del>-</del>		
		<del> </del>			<del></del>		<del></del>
		<del> </del>					
			_				
							<del> </del>
		<del> </del>					
				<del></del>			
				<del></del>			
							·
		<del> </del>					
		<del> </del>					<del></del>
							<del></del>
					<del></del>		
		<u> </u>					

Form 99	90-PF (	2016) FLORIDA	CHARITIES FDN TA	PF				59	6125203	Page 13
Part	XVII		Regarding Transfe	ers To and Transa	ction	and Rel	ationship	s With Nonc	naritable	
b	(1) (2) (6) F (5) L (6) F (1) Shaulf the	ection 501(c) of the local organizations asfers from the repositions of the restant of the reposition of the restant of the re	directly or indirectly engelectly or indirectly engelectly or indirectly engelectly engelectly or indirectly engelectly or indirectly engelectly engelectl	ction 501(c)(3) organ innoncharitable exem int organization le exempt organization assets or fundraising solicities, other assets, or pai	pt orga on . tations id empl dule Co	s) or in seconization of oyees olumn (b) shift the found	ould always	show the fair maded less than fair	1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	X X X X X
	value	in any transaction	or sharing arrangement	t, show in column (d) th	ne value	of the good	s, other asse	ets, or services r	eceived	
(a) Line	e no	(b) Amount involved	<del></del>	antable exempt organization	n .	(d) Descri	ption of transfe	rs, transactions, ai	nd sharing arr	angements
			Not Applicable				· · · · · · · · · · · · · · · · · · ·			
	}							<del></del>	<del></del>	
			<del></del>							
			<del> </del>					<del></del>		
	-+	<del></del>	<del></del>							
				<del></del>						
	-+							<del></del>		
								<del></del> -		
			<del></del>							
			<del></del>	<del></del>						·
	desc	oribed in section 5 es," complete the	ctly or indirectly affiliat 01(c) of the Code (oth following schedule	ner than section 501(	c)(3)) c				☐ Yes	⊠ No
		(a) Name of organ	nization	(b) Type of orga	inization		<del></del>	(c) Description of	elationship	
				<del></del>		<del></del>				
			<del></del>	<del></del>						
				<del></del>						
	Unde	r penalties of penury, I dec	lare that I have examined this retu	m, including accompanying sche	dules and	statements, and t	o the best of my k	nowledge and belief, it	is true	
Sign	corre	ct, and complete Declaration	on of preparer (other than taxpaye	r) is based on all information of v	vhich prepa	rer has any know	ledge	May	the IRS discuss	this return
Here		Second Spays		12/6/2017	TR	USTEE _		with	the preparer sho	own below
	Sig	nature of officer or true	stee	Date	Title			(see	instructions)?	X Yes
Daid		Print/Type preparer	s name	Preparer's signature			Date	Check X	PTIN	
Paid		SHAWN P HAN	ILON	20-240_ ···			12/6/20		red (P0096	5923
Prepa			PRICEWATERHOUS	<del></del>					3-4008324	
Use O	nly		600 GRANT STREET		15219				12-355-600	00
										A DE

FLORIDA CHARITIES FDN TAPF				<u>59-612</u>	5203 Page	1 of 2
Continuation of Part XV, Lin	ne 3a (990-PF) -	Gran	ts and Cont	ributions Paid	During th	e Year
Recipient(s) paid during the year	<u> </u>					
Name						
ROLLINS COLLEGE Street		-				
1000 HOLT AVE		04-4-	Ti- Ondo	Transium Court	4	
			Zip Code	Foreign Coun	τry	
WINTER PARK	T	<u> </u>	32789			
Relationship NONE	Foundation Status					
	IPC				14	<del></del>
Purpose of grant/contribution					Amount	25.000
GENERAL SUPPORT					ــــــ	25,000
Name						
MEAD BOTANICAL GARDEN						
Street				· <del>-</del>		
1500 S Denning Dr						
City		State	Zip Code	Foreign Coun	try	
WINTER PARK		FL	32789			
Relationship	Foundation Status			<u> </u>		
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL SUPPORT						5,000
Name						
	TION					
THE AMERICAN DIABETES ASSOCIA	ATION					
Street						
111 W St John St #1150		T 64 4		E	4	
City			Zip Code	Foreign Coun	try	
San Jose	le 1 (1 0 ( 1	CA	95113	L	<del></del> -	
Relationship	Foundation Status					
NONE	[PC				TA	
Purpose of grant/contribution					Amount	4 000
GENERAL SUPPORT					<del></del>	1,000
Name						
UNITED ARTS OF CENTRAL FLORID	A INC					
Street						
PO BOX 940068						
City		State	Zip Code	Foreign Coun	try	
MAITLAND		FL	32794		•	
Relationship	Foundation Status				-	
NONE	PC					
Purpose of grant/contribution	<u> </u>				Amount	
GENERAL SUPPORT						5,200
	<del></del>				<del></del>	
Name						
THE PARAGON SCHOOL						
Street						
4710 Adanson St					<del></del>	
City			Zip Code	Foreign Cour	itry	
Orlando		<u> FL</u>	32804			
Relationship	Foundation Status	i				
NONE	PC					
Purpose of grant/contribution					Amount	
GENERAL SUPPORT						5,000
Name						
	ATION INC					
EDGARTOWN YACHT CLUB FOUND Street	ATION, INC					
P O BOX 1309 City	<del></del>	C4-4-	Zin Codo	Earcian Carre	· ten e	
			Zip Code	Foreign Cour	iu y	
EDGARTOWN Relationship	Farmdation Carters	MA	02539			
	Foundation Status	•				
NONE						
Purpose of grant/contribution	IPC	<del></del> .	<del></del>		Amount	

FLORIDA CHARITIES FDN TAPF				59-6125	203 Page	2 of 2
Continuation of Part XV, Lir	ie 3a (990-PF) -	Gran	ts and Con	tributions Paid	<b>During th</b>	e Year
Recipient(s) paid during the year						
Name HIMALAYAN YOUTH FOUNDATION IN	IC					
Street						
851 GEORGIA AVENUE City		State	Zip Code	Foreign Count	nv.	
WINTER PARK		FL	32789	l oreign count	y	
Relationship	Foundation Status		194.00			
NONE	PC					
Purpose of grant/contribution GENERAL SUPPORT					Amount	6,000
Name						
THE EVERGLADES FOUNDATION INC	0				<del></del>	
18001 OLD CUTLER RD STE 625						
City		State	Zip Code	Foreign Count	rv	
PALMETTO BAY		FL	33157			
Relationship	Foundation Status					
NONE	PC				· · · · · · · · · · · · · · · · · · ·	
Purpose of grant/contribution GENERAL SUPPORT					Amount	10,900
Name						
THE EASTER BUNNY INC						
Street						
1302 ORANGE AVENUE			T=: 0 t	le		
City WINTER PARK			Zip Code	Foreign Count	ıry	
Relationship	Foundation Status	<u>  FL</u>	32789	<del></del>		
NONE	PC Status	•				/
Purpose of grant/contribution GENERAL SUPPORT	/		<u> </u>		Amount	1,000
Name					<u></u>	
Street					<u>.</u>	
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u></u>	L			
Purpose of grant/contribution	<u> </u>				Amount	
Name					I	
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		<u>L'</u>			
Purpose of grant/contribution					Amount	
					Amount	
Name						
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		<del></del>		<del></del>	
Purpose of grant/contribution	. <del></del>				Amount	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

	4,418	0			ain	53	-33	4,451
Net Garn or Loss				_	Net Gain	or Loss	0	
a.						Adjustments		0
sis, Expenses,	11,582	0				Depreciation		
Cost or Other Basis, Expenses, Depreciation and Adjustments				Expense of Sale	and Cost of	Improvements		
<b>5</b> 0	16,000	0			Valuation	Method		
Gross					Cost or	Other Basis		6,549
Totals	Capital Gains/Losses	Other sales			Gross Sales	Price		11,000
	ď				Date	Sold	5/10/2017	5/10/2017
					Date	Acquired	1/15/2015	8/24/2007
					Acquisition	Method		
			Check "X" if	Purchaser	is a	Business		
						Purchaser		
				Check "X"	to include	in Part IV	×	×
Amount	0	0				CUSIP #	922031836	922908306
	Long Term CG Distributions	Short Term CG Distributions				Description		VANGUARD TOT STK MKT-IN

Part I, Line 16b (990-PF) - Accounting Fees

	2,500	0	0	2,500
	7,300	<u>_</u>		Disbursements
1	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Încome	(Cash Basis Only)
1 TAX PREP FEES	2,500			2,500

Part II, Line 13 (990-PF) - Investments - Other

ļ			522,719	626,137	836,892
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg of Year	End of Year	End of Year
7	VANGUARD TOTAL STK MKT INDEX-INV		0	366,799	577,228
7	VANGUARD SHORT-TERM INVT GRADE-A		0	259,338	259,664

## Part III (990-PF) - Changes in Net Assets or Fund Balances

## Line 3 - Other increases not included in Part III, Line 2

1	Recovery of Grants Paid	1	5,000
2	Federal Excise Tax Refund	2	524
3	Total .	3	5,524

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

~	Γ		:
	Expense Account		
0	nefits		
	8		. I
12,132	sation	12,132	!
	Compe		1
	Avg Hrs Per Week	VARIOUS	!
	Title	TRUSTEE	1
			,
	gn Country		**
	Forei		1 1
	 	80	
	Zip Coc	32802-19	
	State	FL	
			<u>'</u>
	City	ORLANDO	
İ	treet		
	Str	1908	-
		P O BOX 1908	1
	Check "X"	×	
	91		1
	Name	INTRUST BANK	
		SUNTRU	
		_	-

Part VI, Line 6a (990-PF) - Estimated Tax Payments

		Date	Amount
1	Credit from pnor year return .	1	165
2	First quarter estimated tax payment	2	
	Second quarter estimated tax payment	3	
4	Third quarter estimated tax payment	4	
	Fourth quarter estimated tax payment .	5	
	Other payments .	6	
_7	_Total		165

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

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization		Employer identification number
FLORIDA CHARITIES FDN TA	PF	59-6125203
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	ındatıon
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundary	tion
	501(c)(3) taxable private foundation	
• •	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and	i a Special Rule See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution roperty) from any one contributor. Complete Parts I and II. See instructions	
Special Rules		
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/ ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 at received from any one contributor, during the year, total contributions amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C	or 990-EZ), Part II, line of the greater of (1)
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revear, total contributions of more than \$1,000 exclusively for religious, clourposes, or for the prevention of cruelty to children or animals. Comple	haritable, scientific,
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revear, contributions exclusively for religious, charitable, etc., purposes, bore than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of the othis organization because it received nonexclusively religious, charitated during the year.	out no such that were received e parts unless the
Caution: An organization that is	sn't covered by the General Rule and/or the Special Rules doesn't file S	chedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization **Employer identification number** FLORIDA CHARITIES FDN TAPF 59-6125203 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 EASTGATE FARMS INC Person \_\_\_1\_\_\_ 1000 HOLT AVENUE **Payroll** Noncash WINTER PARK FL 32789-4499 Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (d) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (d) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country: noncash contributions) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions)

Page	3
	J

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of or			Employer identification number
FLORIDA	CHARITIES FDN TAPF		59-6125203
Part II	Noncash Property (See instructions) Use duplicate co	pies of Part II if additiona	l space is needed.
(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
		\$	
(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
		\$	

	orm 990, 990-EZ, or 990-PF) (2016)			Page 4		
Name of or	ganization CHARITIES FDN TAPF			Employer identification number 59-6125203		
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the year.	year from any completing Pa ar (Enter this i	y one contributor. Comp int III, enter the total of ear information once. See ins	ribed in section 501(c)(7), (8), or plete columns (a) through (e) and		
(a) No. from Part I	Use duplicate copies of Part III if additiona (b) Purpose of gift		) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and		T	ip of transferor to transferee		
	For Proy Country		}			
(a) No. from Part I	(b) Purpose of gift	(с	) 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					
	For Prov Country					
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held		
******						
			ransfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
(a) No. from Part I	For Prov Country  (b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held		
ļ			ransfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee		
	For Prov Country					