Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Open to Public Inspection ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

	alendar year 2017 or tax year beginning			, 2017,	and endi			,20
	e of foundation						A Employer identific	
	AND H THOMAS CHARITABLE TRUST		 -			_		<u> 6917007 </u>
Num	ber and street (or PO box number if mail is not delivered	to street a	ddress)		Room/suite	•	B Telephone number	(see instructions)
_								
	D. BOX 1802			·	L		88	8-866-3275
City	or town, state or province, country, and ZIP or foreign post	alcode					C If exemption applicati	
							C If exemption application pending, check here.	on is
	OVIDENCE, RI 02901-1802		1					
G Ch	eck all that apply: Initial return	-	Initial return		ublic char	ity	D 1 Foreign organization	
	Final return	-	Amended ret				2 Foreign organization 85% test, check he	
LL Ch	eck type of organization: X Section 501(-1/21 01	Name change			\overline{n}	computation	▶ □
		$\overline{}$			O	∦	E If private foundation :	_ , ,
-	Section 4947(a)(1) nonexempt charitable trust ir market value of all assets at J Accou		her taxable pri		rual	+-	under section 507(b)	1)(A), check here
		her (sp		asn Acc	ruai	!		a 60-month termination
	1	-	d) must be on ca	ah hasis \		-1	under section 507(b)	1)(8), check here . >
	Analysis of Revenue and Expenses (The		· · · ·	SII Dasis /				(d) Disbursements
UGIL	total of amounts in columns (b), (c), and (d)		evenue and penses per	(b) Net inve		(c) Adjusted net	for charitable
	may not necessarily equal the amounts in column (a) (see instructions))	OA,	books	ıncom	ie		ıncome	purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule) .	··						
2	Check if the foundation is not required to							
3	Interest on savings and temporary cash investments							
4	Dividends and interest from securities	-	467,052.	46	2,755.			STMT 1
5		_			27,000			
						-		
	Net gain or (loss) from sale of assets not on line 10		865,733.					
2 1	Gross sales price for all 7,947,794							
evenue	Capital gain net income (from Part IV line 2)			86	5,733.			
ž 8	Net short-term capital gain							
9	Income modifications RECEIVH	D						
D ¹⁰⁴	Income modifications RFCEIVE							
` <u>"</u>	Less Cost of goods sold .							
	Gross profit or (loss) (attach softe (1) 5, 2018							
11	் Other Indomentertach schedule)							
12	Total. Add lines 1 through 11	1	.,332,785.		8,488.			
13	Compensation of officers, directors, trusteds at		264,800.	19	<u>8,600.</u>			66,200
14 15 15	Other employee/salaries and wages				NONE		NONE	
	Pension plans, employee benefits				NONE		NONE	
16	Legal fees (attach schedule)							
ا <u>ا</u>	Accounting fees (attach schedule) STMT 2		1,675.		1,005.		NONE	670
≜ '	: Other professional fees (attach scheding. 3.		35,009.		<u>1,758.</u>			33,251
17	Interest		6 670		4 410			
≝ 18	Taxes (attach schedule) (see instructions, 4.		6,670.		4,410.			
16 17 17 18 19 20 19 19 19 19 19 19 19 19 19 19 19 19 19	Depreciation (attach schedule) and depletion.							
₹ 20	Occupancy				MONT		17037	
21	Travel, conferences, and meetings				NONE		NONE	
22	Printing and publications				<u>NONE</u>		NONE	
E 23	Other expenses (attach schedule)	_						
ē 24	Total operating and administrative expenses.		300 154	20	E 772		MONTE	100 101
21 22 23 24 24 25	Add lines 13 through 23	1	308,154.		5,773.		NONE	100,121
	Contributions, gifts, grants paid		.,437,500. .,745,654.	20	5,773.		NONE	1,437,500
26	Total expenses and disbursements Add lines 24 and 25		.,/ 1 5,054.		5,113.		NONE	1,537,621
27	Subtract line 26 from line 12		-412,869.					
- 1	Net investment income (if negative, enter -0-)		-412,009.	1 12	2,715.			
ì	Adjusted net income (if negative, enter -0-)	-			4,113.			
	Adjusted net income (il negative, enter -0-7.	_						Form 990-PF (2017)

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 EH4703 L775 05/10/2018 14:28:00

13 GYZ 18

		Attached schedules and amounts in the	Beginning of year	E	nd of year
<u></u>	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
i	1 (Cash - non-interest-bearing			
	2 :	Savings and temporary cash investments	338,257.	261,5	<u>42.</u> <u>261,542</u> .
	3 /	Accounts receivable ►			
	1	Less allowance for doubtful accounts >			
	4 1	Pledges receivable ▶			
	ı	Less allowance for doubtful accounts			
	5 (Grants receivable			
	6 1	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			
	ı	Less allowance for doubtful accounts NONE			
ţ	8 1	nventories for sale or use			
Assets	9 1	Prepaid expenses and deferred charges			
خ	10a i	nvestments - U S and state government obligations (attach schedule)			
	b I	nvestments - corporate stock (attach schedule)			
i	, c i	nvestments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	1	nvestments - mortgage loans	87,930.	78,5	44. 78,544.
	13	nvestments - other (attach schedule) STMT .5	16,827,021.	16,444,5	49. 21,702,343.
	l ' ' (Land, buildings, and equipment basis			
		Less accumulated depreciation			
		Other assets (describe >)			
ļ		Total assets (to be completed by all filers - see the			
	ı	nstructions. Also, see page 1, item I)	17,253,208.	16,784,6	35. 22,042,429.
	17 /	Accounts payable and accrued expenses			
	18 (Grants payable			
es		Deferred revenue			
Liabilities	20 I	oans from officers, directors, trustees, and other disqualified persons			
abi	1	Mortgages and other notes payable (attach schedule)			
ב	22 (Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)		N	ONE
	-	Foundations that follow SFAS 117, check here >			
es	ŧ	and complete lines 24 through 26, and lines 30 and 31.			
alances	24 l	Jnrestricted	i		
		Temporarily restricted			
믬		Permanently restricted			
Net Assets or Fund B	F	Foundations that do not follow SFAS 117, check here ▶ X			
ű.	í	and complete lines 27 through 31.	İ		
0	27 (Capital stock, trust principal, or current funds	17,253,208.	16,784,6	35.
ets		Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29 F	Retained earnings, accumulated income, endowment, or other funds			
۲	30	Total net assets or fund balances (see instructions)	17,253,208.	16,784,6	35.
2		Total liabilities and net assets/fund balances (see			
	1	nstructions)	17,253,208.	16,784,6	35.
P		Analysis of Changes in Net Assets or Fund Balar			
_		net assets or fund balances at beginning of year - Part I		nust agree with	
		of-year figure reported on prior year's return)			1 17,253,208.
2		amount from Part I, line 27a			2 -412,869.
3		r increases not included in line 2 (itemize) ► SEE STAT			3 4,438.
4		lines 1, 2, and 3			4 16,844,777.
5		eases not included in line 2 (Itemize) > SEE STAT			5 60,142.
6		net assets or fund balances at end of year (line 4 minus li), line 30	6 16,784,635.

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	scribe the kind(s) of property sold (for		(b) How acquired	(c) Date acquired	(d) Date sold
	rick warehouse, or common stock, 200	• •	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1a PUBLICLY TRADED	SECURITIES				
<u>b</u>			ļ		
<u>d</u>			 		
e	<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
<u>a 7,947,794.</u>		7,079,446.	<u> </u>	<u></u>	868,348.
<u>b</u>			<u> </u>		
С			}		-
			 		
Complete only for accets of	nowing gain in column (h) and owned	by the foundation on 12/21/69	 		
Complete only for assets si	T			Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI.	Losses (from co	l. (h))
a					<u>868,348.</u>
<u>b</u>		 	 		
<u> </u>		 	 		
		 	 		
<u>e</u>	<u> </u>	in also and a la Balala	 		
2 Capital gain net income	or (net canital loss)	gain, also enter in Part I, line 7	2		065 722
3 Net short-term capital o	ain or (loss) as defined in sections	loss), enter -0- in Part I, line 7	-		865,733.
_		istructions If (loss), enter -0- in $oldsymbol{1}$			
	· · · · · · · · · · · · · · · · · · ·	4	2		
		duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distri	butable amount of any year in the b	ase perio	d?	Yes X No
	't qualify under section 4940(e). [
1 Enter the appropriate as		ar; see the instructions before make	ng any en		
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
2016	1,341,093.	21,144,312.			0.063426
2015	1,391,537.	22,431,442.	<u> </u>		0.062035
2014	1,302,610.	23,389,537.			0.055692
2013	1,422,118.	23,015,196.			0.061790
2012	1,236,825.	22,113,061.	ļ	 	0.055932
2 Total of line 1, column	(d)		2		0.298875
-		de the total on line 2 by 5.0, or by			
the number of years the	foundation has been in existence	if less than 5 years	3		0.059775
4 Enter the net value of ne	oncharitable-use assets for 2017 f	rom Part X, line 5	4	21,	994,720.
5 Multiply line 4 by line 3			5	1,	314,734.
6 Enter 1% of net investm	ent income (1% of Part I, line 27h)		6		11,227.
				1	325,961.
					537,621.
		x in Part VI, line 1b, and complete			

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		11,2	27.
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	IONE
3	Add lines 1 and 2		11,2	27.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	IONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		11,2	27.
6	Credits/Payments Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 4 , 338 .			
ь	Exempt foreign organizations - tax withheld at source 6b NONE			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		4,3	38.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		6,8	<u> 89.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ► NONE Refunded ► 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers > \$			7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		v
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		
5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
3	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 that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a				
	FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
	50	99	0-PF	20171

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X	
	Website address ► N/A			
14		-141	0	
	Located at ▶ PO BOX 40200, FL9-100-10-19, JACKSONVILLE, FL ZIP+4 ▶ 32203-	0200		
15			▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
0	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	140
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
			-	
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?		-	
	(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 any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		<u> X</u>
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 2017, did the foundation have any undistributed income (lines 6d and	A	11	* · · · · · · · · · · · · · · · · · · ·
	6e, Part XIII) for tax year(s) beginning before 20177			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			-
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b		Х
	all years listed, answer "No" and attach statement - see instructions)	20		Â
·	The provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years listed.		ĺ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
ou.	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2017?	4b		X
	F	rm 99	0-PF	(2017)

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Compensation

(e) Expense account, other allowances

(e) NONE

NONE

NONE

NONE

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3 Five highest-paid independent contractors for professional services. See instructions.	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b)	of service (c) Compensation
TOVE	NONE
IONE	NONE
	1
otal number of others receiving over \$50,000 for professional services	► NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year include relevant statistical informatio organizations and other beneficiaries served, conferences convened, research papers produced, etc	as the number of Expenses
1 NOT APPLICABLE	
THE SOLE CHARITABLE ACTIVITY OF THIS ORGANIZATION	
IS THE MAKING OF CONTRIBUTIONS AND GRANTS TO	
2QUALIFIED CHARITABLE ORGANIZATIONS. NO	
DIRECT CHARITABLE ACTIVITIES ARE CONDUCTED.	
3	
	 }
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
INOINE	
2	
All other program-related investments. See instructions	
3NONE	
VATOVIN .	
Total. Add lines 1 through 3	

Income tax for 2017 (This does not include the tax from Part VI). . | 2b 11,227. 2c 1,088,509. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 NONE 5 1,088,509. 6 NONE Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 1,088,509.

Pai	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,537,621.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		1,537,621.
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	11,227.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,526,394.
	Note: The amount on line 6 will be used in Part V column (b) in subsequent years when ca	lculating v	whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

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Pai	t XIII Undistributed Income (see instru	uctions)			
		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, Inne 7	Corpus	rears prior to 2010	2010	1,088,509.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only			NONE	
b	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2017.				
а	From 2012 124,041.				
b	From 2013				
C	From 2014 140, 912.				
	From 2015				
е	From 2016				
f	Total of lines 3a through e	1,133,235.			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$ 1,537,621.			NONE	
	Applied to 2016, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election				
	required - see instructions)	NONB			1 000 500
	Applied to 2017 distributable amount				1,088,509.
	Remaining amount distributed out of corpus	449,112.			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same	NONB			NONE
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:		ļ		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,582,347.			
b	Prior years' undistributed income Subtract		NONE		
c	Inne 4b from line 2b		NONE		
d	Subtract line 6c from line 6b. Taxable		110112		
	amount - see instructions		NONE		
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
_					
f	Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	124,041.			
9	Excess distributions carryover to 2018.				
_	Subtract lines 7 and 8 from line 6a	1,458,306.			
10	Analysis of line 9				
	Excess from 2013 293,336.				
b	Excess from 2014 140,912.	İ			
	Excess from 2015 282,393.				
	Excess from 2016 292,553.	į			
е	Excess from 2017 449,112.				

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Part	XIV	Private Oper	ating Foundations	(see instructions	and Part VII-A, ques		NOT APPLICABI
			-		hat it is a private opi	- 1	
		-			ng		V VO. 1 1/10/10/V51
ьс	heck box	to indicate wh		is a private operatin	g foundation described	in section 494	2(j)(3) or 4942(j)(5)
2a E	nter the le	esser of the ad-	Tax year		Prior 3 years		(e) Total
•		come from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
		mum investment Part X for each					/
y	ear listed.					 	
b 8	5% of line	2a				 /-	<u> </u>
	_	tributions from Part					
		each year listed .			- 	 /	
		ded in line 2c not for active conduct					
of	exempt act	ivities				-/	
	. •	stributions made active conduct of					
	-	ties Subtract line					
_		c					<u> </u>
		, b, or c for the t relied upon					
a "/	\ssets" alteri	native test - enter				Ì	
		all assets.			 / 		
(a	2) Value o underse	f assets qualifying ection					
		3)(B)(ı)	 		_/		
		alternative test-			/		
		shown in Part X,					
lır	ne 6 for each	year listed					
		rnative test - enter					
(-	opport other than					
	(interest	, dividends, rents,					
		section 512(a)(5)),					
	- •	ies)		/		· · · · · · · · · · · · · · · · · · ·	
(4	public	from general and 5 or more	/				
		organizations as					
		m)					
(3		amount of sup-	<				
	•	tion	· · · · · · · · · · · · · · · · · · ·				
		vestment income .				<u> </u>	
Part	XV				rt only if the found	ation had \$5,000	or more in assets a
			ing the year - see				
			Foundation Manager		Ab 00/ -f Ab A-		Sand to the formulation
a L	efore the	e close of any t	ax vear (but only if th	iave contributed in iev have contributed	ore than 2% of the to I more than \$5,000). (See section 507(d)(2)	eived by the foundatio
			,,,	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		''
<u> </u>	N en	/A	o foundation who	200/ 27 7000	-6 th		Illy large portion of th
טנ	ısı any wnershi	manayers or u	ie iounuation who in or other entity) of	which the foundati	on has a 10% or greate	rporation (or an equa er interect	illy large portion of th
·	*************	p or a partitoror	inp or other ontity, or	William the loandati	on has a 1070 or greate	or interest.	
	3.7	. / 3					
2 l.		/A	Contribution Grant	Gift Loon Scholor	ship, etc., Programs:		
			•		• • •		
							and does not accep
			and d See instruction		grants, etc., to individu	uals or organizations	under other conditions
Ų						<u> </u>	
	ne name		telephone number o	r email address of t	he person to whom ap	plications should be a	aaressea:
		ידיואים אאים יוייס					
	EE ST			and the factor	Atama and analysis to the	rale and discount of	
b T	he form	in which applic	ations should be sub ATEMENT FOR LI		tion and materials they	should include.	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED STATEMENT FOR LINE 2

Part XV Supplementary Information (a 3 Grants and Contributions Paid Durin	continued)	oved for F	intura Payment	
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient	 	
a raio during the year				
SEE STATEMENT 28				1,437,500.
SEE STATEMENT 20				1,437,500.
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			1	
Total			▶ 3a	1,437,500.
b Approved for future payment		-		
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		<u> </u>		
Total			▶ 3b	
				5 000 DE (00.05)

JSA 7E1491 1 000 orm 990-PF (2017)

rt XVI-A Analysis of Income-Produ					1-1
er gross amounts unless otherwise indicated		ited business income	 	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					,
b			L		
•			 		
i					
			<u> </u>		
	-		<u> </u>		
Fees and contracts from government agencies					
Membership dues and assessments			 		
nterest on savings and temporary cash investments • Dividends and interest from securities • • • • •		,	14	467,052.	· · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from real estate.					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			18	865,733.	
let income or (loss) from special events 🕠 🕟		.	ļ		
iross profit or (loss) from sales of inventory			<u> </u>		 .
Other revenue. a			ļ		
			<u> </u>		
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		· · · · · · · · · · · · · · · · · · ·			
Subtotal Add columns (b), (d), and (e)				1,332,785.	
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities e No. Explain below how each activity	to the A	ccomplishment of Ex	cempt Pur n column (e	poses a) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities	to the A	ccomplishment of Ex	cempt Pur n column (e	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	ccomplishment of Ex	cempt Pur n column (e	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	ccomplishment of Ex	cempt Pur n column (e	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	ccomplishment of Ex	cempt Pur n column (e	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	ccomplishment of Ex	cempt Pur n column (e	poses a) of Part XVI-A contribu	ited importantly to
t XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	ccomplishment of Ex	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcut XVI-B Relationship of Activities e No. Explain below how each activity	to the A	n income is reported it purposes (other than	xempt Pur	poses a) of Part XVI-A contribu	ited importantly to

Form 99	90-PF (20				3	6-6917007			Pag	ge 1 3
Part		Exempt Organ	nizations	nsfers to and Transac	ctions and	Relationship		harit	able	
i	n sect			ngage in any of the follov 501(c)(3) organizations)					Yes	No
	-		g foundation to a	noncharitable exempt org	anization of:					
(1) Cas	h						1a(1)		X
•	•	er assets ransactions:			· · · · · · · ·			1a(2)		Х
			charitable avemn	ot organization				15/1)		Х
				e exempt organization						X
				ssets						X
										X
		_								X
				or fundraising solicitations , other assets, or paid emp						X
d l	f the a	enswer to any of the first the goods, other a	e above is "Yes assets, or service	" complete the following es given by the reporting ment, show in column (d	schedule C foundation	olumn (b) shou If the foundation	ld always show n received less	the f	fair m	arke arke
(a) Line		(b) Amount involved	T	ncharitable exempt organization		ription of transfers, tr			_	
		-								
										
	-									
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						· · · · · · · · · · · · · · · · · · ·				
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d	lescrib		(other than secti	nated with, or related to, on 501(c)(3)) or in section				Ye	s X] No
		(a) Name of organization	n	(b) Type of organization	1	(c) De	scription of relations	hip		
										
		·								
	,									
	Under	penalties of perjury, I declar , and complete Declaration of	re that I have examine preparer (other than tax)	d this return, including accompanyin payer) is based on all information of wh	g schedules and s ich preparer has an	tatements, and to the y knowledge	best of my knowledge	and be	elief, it	is true
Sign Here	Sign:	Sauce of State of trustee	sir	05/10/2018 Date	MANAG Title	ING DIR	May the IRS with the prepared to the second	parer_sh		return pelow?
	BA	NK OF AMERICA				1-				_
Paid		Print/Type preparer's nar	me	Preparer's signature		Date	Check if P	TIN		
Prepa Use (Firm's name				Firm	's EIN ▶			
use t	JIIIV	Firm's address				l l				

Form **990-PF** (2017)

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	6,910. 46,302. 223,432. 95,517. 5,470. 5,705. 76,804. 2,615. 462,755.
REVENUE AND EXPENSES PER BOOKS	6,910. 46,302. 4,297. 223,432. 95,517. 5,470. 5,705. 76,804. 2,615. 467,052.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS OTHER INTEREST FOREIGN INTEREST NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS ACCRUED MARKET DISCOUNT

STATEMENT

7

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	670.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,005.
REVENUE AND EXPENSES PER BOOKS	1,675. 1,675. ===========
	BOA TOTALS
DESCRIPTION	TAX PREPARATION FEE -

STATEMENT

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

CHARITABLE PURPOSES	33,251. 33,251. ====================================
NET	1,758.
INVESTMENT	1,758.
INCOME	====================================
REVENUE	33,251.
AND	1,758.
EXPENSES	
PER BOOKS	35,009.
DESCRIPTION	GRANTMAKING FEES - BOA INVESTMENT ADVISORY FEES TOTALS

W AND H THOMAS CHARITABLE TRUST

36-6917007

- TAXES
Н
PART
990PF,
FORM

NET INVESTMENT INCOME	3,820. 573. 4,410.
REVENUE AND EXPENSES PER BOOKS	2,260. 3,820. 3,820. 573. 6,670.
DESCRIPTION	FOREIGN TAXES EXCISE TAX ESTIMATES FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS

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FORM 990PF, PART II - OTHER INVESTMENTS

W AND H THOMAS CHARITABLE TRUST

ENDING FMV 	21,702,343. 21,702,343.	
ENDING BOOK VALUE	16,444,549. 	
BEGINNING BOOK VALUE	16,827,021. 	
COST/ FMV C OR F	C TOTALS	
DESCRIPTION	SEE ATTACHED SCHEDULE	

			===========			
	TOTAL		4,438.			
RECEIPT ADJUSTMENT			955. 51.			
TYE SALES ADJUSTMENT	LITTA T		•			
TAX EFFECTIVE INCOME ADJUST	MENT		3,432.			
DESCRIPTION		APIOUNI				
DESCRIPTION			AMOUNT			
======================================	=======================================	=======================================	=========			
FORM 990PF, PART III - OTHE	R INCREASES IN	NET WORTH OR	FUND BALANCES			

58,206.

1,936.

FORM	990PF,	PART	III	- OTH	ER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	

DESCRIPTION AMOUNT

COST ADJUSTMENTS ACCRUED INTEREST ADJUSTMENT

TOTAL 60,142.

RECIPIENT NAME:
ONLINE APPLICATION
FORM, INFORMATION AND MATERIALS:
ONLINE APPLICATION AT
www.foundationcenter.org/thomas
SEE DETAILS ON WEBSITE
SUBMISSION DEADLINES:
NONE
RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FRIENDS OF ABUSED CHILDREN ADDRESS: 222 LAKEVIEW AVE., STE 160-209 WEST PALM BEACH, FL 33401 RELATIONSHIP: N/A PURPOSE OF GRANT: TUTORING FOR AT-RISK CHILDREN FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: HABITAT FOR HUMANITY PALM BEACH ADDRESS: 6758 N MILITARY TRAIL, STE. 301 WEST PALM BEACH, FL 33407 RELATIONSHIP: N/A PURPOSE OF GRANT: SEMINOLE RIDGE CONSTRUCTION ACADEMY PROJECT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: FOUNDATION FIGHTING BLINDNESS ADDRESS: 7168 COLUMBIA GATEWAY DR., STE 100 COLUMBIA, MD 21046-3256 RELATIONSHIP: N/A PURPOSE OF GRANT: GENE THERAPY PROGRAMS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HOPE RURAL SCHOOL ADDRESS: 15929 SW 150TH ST. INDIANTOWN, FL 34956 RELATIONSHIP: N/A PURPOSE OF GRANT: AFTER-CARE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: HABITAT FOR HUMANITY OF SOUTH FLORIDA ADDRESS: 181 SOUTHEAST 5TH AVE. DELRAY BEACH, FL 33483 RELATIONSHIP: N/APURPOSE OF GRANT: "HEALTHY FAMILIES" PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: LIBRARY FOUNDATION OF MARTIN CO. ADDRESS: 2351 SE MONTEREY RD STUART, FL 34996 **RELATIONSHIP:** N/APURPOSE OF GRANT: LIBRARY EDUC. AFTER-SCHOOL PROGRAM FOUNDATION STATUS OF RECIPIENT: PC

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CARING CHILDREN CLOTHING CHILDREN ADDRESS: 7985 SW JACK JAMES DR. STUART, FL 34997 **RELATIONSHIP:** N/APURPOSE OF GRANT: CORE & LITERACY PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: MOLLY'S HOUSE ADDRESS: 430 SE OSCEOLA ST. STUART, FL 34994 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 11,000. RECIPIENT NAME: DELRAY STUDENTS FIRST ADDRESS: 1730 S. FEDERAL HWY #297 DELRAY BEACH, FL 33483 RELATIONSHIP: N/APURPOSE OF GRANT: SUPPORT COLLEGE EXAM TUTORING OF LOW INCOME FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000.

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: EDUCATION FDN OF MARTIN CNTY ADDRESS: P.O. BOX 291 STUART, FL 34995 **RELATIONSHIP:** N/A PURPOSE OF GRANT: SUPPORT LIFTING LITERACY LEVELS IN STUDENTS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: PROJECT LIFT ADDRESS: 1330 SW 34 ST PALM CITY, FL 34990 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: TREASURE COAST HOPSICE OF MARTIN ADDRESS: 1201 SE INDIAN ST STUART, FL 34997 RELATIONSHIP: N/A PURPOSE OF GRANT: SUPPORT YOUTH & FAMILY GRIEF, LITTLE TREASURE

AMOUNT OF GRANT PAID 50,000.

STATEMENT 12

FOUNDATION STATUS OF RECIPIENT:

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: WEST JUPITER COMMUNITY GROUP ADDRESS: 7187 CHURCH ST JUPITER, FL 33458 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: WOUNDED VETERANS RELIEF ADDRESS: 1335 OLD DIXIE HIGHWAY FD LAKE PARK, FL 33403 RELATIONSHIP: N/A PURPOSE OF GRANT: SUPPORT EMERGENCY ASST FOR VETERANS & FAMILY FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: AID TO DISTRESSED FAMILIES ADDRESS: P.O. BOX 5953 OAK RIDGE, TN 37831 RELATIONSHIP: N/A PURPOSE OF GRANT: SUPPORT APPALACHIAN YOUTH AND ELDERLY SVCS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FENTRESS COUNTY CHILDREN'S CTR ADDRESS: P.O. BOX 4314 ONEIDA, TN 37841 **RELATIONSHIP:** N/A PURPOSE OF GRANT: SUPPORT HELP & HOPE CHILDREN OF APPALACHIA FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: UNITED AGAINST POVERTY ADDRESS: 2520 ORANGE AVENUE VERO BEACH, FL **RELATIONSHIP:** N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: BOYS & GIRLS CLUB OF PALM BEACH CTY ADDRESS: 800 NORTHPOINT PKWY, STE 204 WEST PALM BEACH, FL 33407 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 20,000.

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MARY'S SHELTER OF TREASURE COAST ADDRESS: 1033 SE 14TH ST. STUART, FL 34996 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: LIFEBUILDERS OF TREASURE COAST ADDRESS: 217 AVENUE A FORT PIERCE, FL 34950 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 35,000. RECIPIENT NAME: CANINE ASSISTED THERAPY ADDRESS: 1040 NE 45TH ST. OAKLAND PARK, FL 33334 RELATIONSHIP: N/A PURPOSE OF GRANT: PERFORMING CANINE MAGIC PROGRAM FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PC

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ALZHEIMER'S COMMUNITY CARE ADDRESS: 800 NORTHPOINT PKWY, STE 101-B WEST PALM BEACH, FL 33407 RELATIONSHIP: N/A PURPOSE OF GRANT: ST. LUCIE CTY FAMILY NURSE CONSULTANT PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: BOCA HELPING HANDS ADDRESS: 1500 NW 1ST COURT BOCA RATON, FL 33432 RELATIONSHIP: N/APURPOSE OF GRANT: SUPPORT FOOD PANTRY PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: JAMES WHITCOMB RILEY MEMORIAL ASSOC ADDRESS: 30 S. MERIDIAN ST., STE 200 INDIANAPOLIS, IN 46204 RELATIONSHIP: N/APURPOSE OF GRANT: PEDIATRIC DIABETES RESEARCH FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PAWS 4 LIBERTY ADDRESS: 8939 PALOMINO DR. LAKE WORTH, FL 3347 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: WILL'S WAY INC ADDRESS: 275 MEDICAL DRIVE# 757 CARMEL, IN 46082 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: COUNCIL ON AGING OF MARTIN COUNTY ADDRESS: 900 SE SALERNO RD STUART, FL 34997 RELATIONSHIP: N/APURPOSE OF GRANT: MEALS ON WHEELS PROGRAM

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT:

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NATURE CONSERVANCY ADDRESS: 574 SOUTH BEACH RD. HOBE SOUND, FL 33455 RELATIONSHIP: N/APURPOSE OF GRANT: COASTAL COMMUNITIES AT RISK PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: FLORIDA OUTREACH CENTER ADDRESS: 2315 S. CONGRESS AVE PALM SPRINGS, FL 33406 **RELATIONSHIP:** N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: OPPORTUNITY, INC. ADDRESS: 1713 QUAIL DR. WEST PALM BEACH, FL 33409 RELATIONSHIP: N/APURPOSE OF GRANT: LITERACY FOR LIFE PROGRAM FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MIAMI LIGHTHOUSE FOR THE BLIND ADDRESS: 601 SW 8 AVENUE MIAMI, FL 33130 **RELATIONSHIP:** N/A PURPOSE OF GRANT: BRAILLE & TECHNOLOGY LITERACY PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: VILLAGE BAPTIST CHURCH ADDRESS: 8306 155TH PLACE N PALM BEACH GARDENS, FL 33418 RELATIONSHIP: N/A PURPOSE OF GRANT: MONTHLY FOOD BOXES/HOLIDAY MINISTRY FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 30,000. RECIPIENT NAME: HELPING PEOPLE SUCCEED ADDRESS: 1100 S. FEDERAL HWY STUART, FL 34994 RELATIONSHIP: N/A PURPOSE OF GRANT: AUTISTIC TRANSITION TO ADULTHOOD PROGRAM

PC

FOUNDATION STATUS OF RECIPIENT:

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: PALM BEACH ATLANTIC UNIVERSITY ADDRESS: 901 S. FLAGLER DR. WEST PALM BEACH, FL 33416 RELATIONSHIP: N/A PURPOSE OF GRANT: NURSING EDUCATIONAL SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 80,000. RECIPIENT NAME: INDIAN RIVER STATE COLLEGE FDN ADDRESS: 3209 VIRGINIA AVENUE FORT PIERCE, FL 34981 RELATIONSHIP: N/A PURPOSE OF GRANT: EDUCATIONAL SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 60,000. RECIPIENT NAME: FLORIDA OCEANOGRAPHIC SOCIETY ADDRESS: 890 NE OCEAN BLVD STUART, FL 34996 RELATIONSHIP: N/A PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT 20

SUPPORT ENVIRONMENTAL EDUCATION PROGRAMS

FOUNDATION STATUS OF RECIPIENT:

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ACHIEVEMENT CENTERS FOR FAMILIES & CHILDREN ADDRESS: 555 NW 4TH ST DELRAY BEACH, FL 33444 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: SAMARITAN HOUSE FOR BOYS ADDRESS: 1490 SE COVE RD STUART, FL 34997 **RELATIONSHIP:** N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: INSIGHT FOR THE BLIND ADDRESS: 1401 NE 4TH AVE. FORT LAUDERDALE, FL 33304-1033 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL OPERATIONS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PC

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LIGHTHOUSE OF BROWARD COUNTY ADDRESS: 650 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311 RELATIONSHIP: N/APURPOSE OF GRANT: EARLY INTERVENTION SERVICES PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: ARC OF THE GLADES ADDRESS: 4250 NW 16TH ST. BELLE GLADE, FL 33430 RELATIONSHIP: PURPOSE OF GRANT: FOCUS ON YOUNG ADULTS PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: SAFESPACE ADDRESS: 632 SE MONTEREY RD STUART, FL 34994 **RELATIONSHIP:** N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 65,000.

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CASTLE CHILD ABUSE SERVICES ADDRESS: PO BOX 12908 FORT PIERCE, FL 34979 RELATIONSHIP: N/A PURPOSE OF GRANT: SAFE FAMILIES PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 30,000. RECIPIENT NAME: ALZHEIMER-PARKINSON ASSOC OF IRC ADDRESS: 2300 5TH AVENUE, SUITE 150 VERO BEACH, FL 32960 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: HIBISCUS CHILDREN'S CENTER ADDRESS: 2400 NE DIXIE HWY JENSEN BEACH, FL 34957-5949 RELATIONSHIP: N/A PURPOSE OF GRANT: EXTENDED FOSTER CARE PROGRAM FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BIG BROTHERS BIG SISTERS OF PALM BEACH ADDRESS: 1700 KIRK RD WEST PALM BEACH, FL 33406 **RELATIONSHIP:** N/APURPOSE OF GRANT: B.I.S.S. SITE-BASED MENTORING PROGRAMS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: LEGAL AID SOCIETY OF PALM BEACH CO ADDRESS: 423 FERN ST., STE 200 WEST PALM BEACH, FL 33401 RELATIONSHIP: N/APURPOSE OF GRANT: EDUCATIONAL ADVOCACY PROJECT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: YMCA OF THE TREASURE COAST ADDRESS: 1700 SE MONTEREY RD. STUART, FL 34996 RELATIONSHIP:

AMOUNT OF GRANT PAID

STATEMENT 24

N/A

PC

PURPOSE OF GRANT:

SUPPORT SUMMER PROGRAMS FOUNDATION STATUS OF RECIPIENT:

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID -----RECIPIENT NAME: MUSTARD SEED MINISTRIES ADDRESS: 3130 S. US HWY 1 FORT PIERCE, FL 34982-6304 RELATIONSHIP: N/A PURPOSE OF GRANT: MEDICAL ASSISTANCE & SUPPORT PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 40,000. RECIPIENT NAME: TREASURE COAST FOOD BANK ADDRESS: 401 ANGLE ROAD FORT PIERCE, FL 34947 **RELATIONSHIP:** PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: CARIDAD CENTER ADDRESS: 8645 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472 RELATIONSHIP: N/APURPOSE OF GRANT: EXPANSION & RENOVATION PROJECT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PC

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BOYS & GIRLS CLUB OF MARTIN CTY ADDRESS: PO BOX 910 HOBE SOUND, FL 33475-0910 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: COMMUNITY CARING CENTER ADDRESS: 145 NE 4TH AVE BOYNTON BEACH, FL 33435 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: BOYS & GIRLS CLUB OF ST. LUCIE CTY ADDRESS: 3104 AVENUE J FORT PIERCE, FL 34947 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TYKES & TEENS ADDRESS: 3577 SW CORPORATE PKWY PALM CITY, FL 34990 RELATIONSHIP: N/A PURPOSE OF GRANT: PROJECT NORTHLAND AT INDIANTOWN MIDDLE SCHOOL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: GRANDMA'S PLACE ADDRESS: 184 SPARROW DR. ROYAL PALM BEACH, FL 33470 RELATIONSHIP: N/A PURPOSE OF GRANT: EDUCATION PROGRAM FOR FOSTER CHILDREN FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: **OUANTUM HOUSE** ADDRESS: 901 45TH ST. WEST PALM BEACH, FL 33407 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID

W AND H THOMAS CHARITABLE TRUST 36-6917007 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: WOMEN'S CIRCLE ADDRESS: P.O. BOX 1318 BOYNTON BEACH, FL 33425 RELATIONSHIP: N/A PURPOSE OF GRANT: SUPPORT EDUCATION & JOB SKILLS PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 60,000. RECIPIENT NAME: VOLUNTEERS IN MEDICINE CLINIC ADDRESS: 417 BALBOA AVE. STUART, FL 34994 **RELATIONSHIP:** PURPOSE OF GRANT: HEALTH CLINIC & DIABETES PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: URBAN YOUTH IMPACT ADDRESS: 2823 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407 **RELATIONSHIP:** N/A PURPOSE OF GRANT: SUPPORT THE LEADERSHIP ACADEMY FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. TOTAL GRANTS PAID: 1,437,500.