

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

# 2949115319903

EXTENDED TO NOVEMBER 15, 2018
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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

|  | Calci        | idar year 2017 or tax year  | negining                                      |  | , and ending        | <del>,</del>   |  |
|--|--------------|---|---|--|---------------------|--|--|
| Na   | me of        | f foundation  |   |  |                     | A Employer identification                            | number                                       |
| N  | ЮR           | CROSS FOUND   | ATION. INC.                                   |  |                     | 46-2442626   |  |
|  |              |   | f mail is not delivered to street             | address)                                       | Room/suite          | B Telephone number                                   |  |
| 4  | 54           | 8 ORTEGA ISI  | LAND DRIVE N                                  | ORTH   |                     | 904-398-09   | 00   |
| Cit  | y or t       | own, state or province, cou   | C If exemption application is p               | ending, check here                             |                     |  |  |
| _ <u>J</u>                                 | AC           | KSONVILLE, E  | FL 32210                                      |  |                     |  |  |
| G  | Check        | call that apply:  | Initial return                                | Initial return of a fo                         | rmer public charity | D 1. Foreign organizations                           | s, check here                                |
|  |              |   | Final return                                  | Amended return                                 |                     | 2 Foreign ergonizations me                           | esting the 95% test                          |
|  |              |   | Address change                                | Name change                                    |                     | Foreign organizations me<br>check here and attach co | emputation Lest,                             |
| H_C  |              |   | <b>X</b> Section 501(c)(3) ex                 | • •  | 1 K                 | E If private foundation sta                          |  |
| <u> </u>                                   |              | ction 4947(a)(1) nonexem  |   | Other taxable private founda                   |                     | under section 507(b)(1)                              | ,  |
|  |              | arket value of all assets at 6  |   | -  | Accrual             | F If the foundation is in a                          |  |
|  | rom ⊦<br>•\$ | Part II, col. (c), line 16)   | CASE (Part Legion                             | ther (specify)<br>nn (d) must be on cash basis | 21                  | under section 507(b)(1)                              | (B), check here                              |
|  | art í        | Analysis of Revenue an  | d Expenses                                    |  | (b) Net investment  | (c) Adjusted net                                     | (d) Disbursements                            |
| / L  | 41 6 1       | Analysis of Revenue an<br>(The total of amounts in colu-<br>necessarily equal the amoun | mns (b), (c), and (d) may not                 | (a) Revenue and expenses per books             | income              | income   | for charitable purposes<br>(cash basis only) |
|  | 1            | Contributions, gifts, grant   |   | 2,509,850.                                     |                     | N/A  | (  |
|  | 2            |   | n is not required to attach Sch. B            |  |                     |  |  |
|  | 3            | Interest on savings and tempo<br>cash investments                                       | brary   | 5.   | 5.                  |  | STATEMENT 2                                  |
|  | 4            | Dividends and interest fro  |   | 133,561.                                       | 133,140.            |  | STATEMENT 3                                  |
|  | 5a           | Gross rents   |   |  |                     |  |  |
|  | b            | Net rental income or (loss)   |   |  |                     | <u> </u>   |  |
| a)   | 6a           | Net gain or (loss) from sale of   |   | 243,336.                                       |                     |  | STATEMENT 1                                  |
| eun  | b            | Gross sales price for all assets on line 6a   | 7,581,070.                                    |  | <del></del>         | ļ  | <del></del>                                  |
| Revenue                                    | 7            | Capital gain net income (from   |   |  | 1,127,144.          |  |  |
| _  | 8            | Net short-term capital gai  | n   |  |                     | RECEIVE  |  |
|  | 9            | Income modifications Gross sales less returns   |   |  |                     |  | 76   |
|  | Ι.           | and allowances  |   |  |                     | 음 JUN 0 4 2018                                       | 3  |
|  |              | Less Cost of goods sold [<br>Gross profit or (loss)                                     |   |  |                     |  |  |
|  | ł            | Other income  |   |  |                     | (1657)=1   |  |
|  | 12           | Total Add lines 1 throug  | h 11  | 2,886,752.                                     | 1,260,289.          |  |  |
|  | 13           | Compensation of officers, dire  |   | 0.   | 0.                  |  | 0.   |
|  | 14           | Other employee salaries a   | and wages                                     |  |                     |  |  |
|  | 15           | Pension plans, employee   | benefits                                      |  |                     |  |  |
| ලුම <u>ද</u>                               | 16a          | Legal fees  |   |  |                     |  |  |
| <b>20</b> 4                                | b            | Accounting fees   | STMT 4  | 2,115.   | 1,058.              |  | 0.   |
| <ul><li>∅ 2018</li><li>e Expense</li></ul> | C            | Other professional fees   |   |  | <del> </del>        | <del> </del>   | <del></del>                                  |
| _<br>≩. ≔                                  | 17           |   | amym c  | 50 402   | 201                 | <u> </u>   |  |
| ゴビ JUL 1 🗓 🗓                               | 18           | Taxes   | STMT 5  | 59,403.  | 321.                | <u> </u>   | 0.   |
|  | 19           | Depreciation and depletio   | n   |  | <del></del>         |  |  |
| 5 ₽  | 20<br>21     | Occupancy Travel, conferences, and i  | maatinga                                      |  |                     |  | <del> </del>                                 |
| 可<br>and A                                 | 22           | Printing and publications   | meenigs                                       |  | <del></del>         | <del></del>  | <del></del>                                  |
| E G  | 23           | Other expenses  | STMT 6  | 27,323.  | 27,323.             |  | 0.   |
| OCAIAINETO<br>erating and Ad               | I            | Total operating and adm   |   | 2,70201  |                     |  |  |
| <b>Derating</b>                            | ļ - ·        | expenses. Add lines 13 ti   |   | 88,841.  | 28,702.             |  | 0.   |
| Ö  | 25           | Contributions, gifts, grant   |   | 594,000.                                       |                     |  | 594,000.                                     |
|  |              | Total expenses and disb   |   |  |                     |  | -  |
|  |              | Add lines 24 and 25   |   | 682,841.                                       | 28,702.             |  | 594,000.                                     |
|  | 27           | Subtract line 26 from line  | 12:   | الحاد المحادرات                                | ž                   |  |  |
|  |              | Excess of revenue over expens   |   | 2,203,911.                                     | ·                   | <u> </u>   | ļ  |
|  | 1            | Net investment income (   |   |  | 1,231,587.          | <u> </u>   |  |
|  |              | Adjusted net income (if ne  | egative, enter -0-) work Reduction Act Notice |  |                     | N/A  | Form <b>990-PF</b> (2017)                    |

Form **990-PF** (2017)

723521 01-03-18

Form **990-PF** (2017)

|     | 990-PF (2017) NORCROSS FOUNDATION, INC. 46-24  1 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se     | 4262<br>e instr | 5<br>uction                                   | Page 4   |
|-----|--|-----------------|---|--|
|     | Exempt operating foundations described in section 4940(d)(2), check here   and enter *N/A* on line 1.  |                 |   |  |
|     |  |                 |   |  |
|     | Date of ruling or determination letter:  |                 | īΔ  | 632.   |
|     | 1 1 1  |                 | <u> </u>                                      | 032.   |
|     | of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). |                 |   |  |
|     | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                     |                 |   | _0.  |
|     | Add lines 1 and 2  |                 | 24  | 632.   |
| _   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)                                   |                 | <u> </u>                                      | 0.   |
|     | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |                 | 24  | 632.   |
|     | Credits/Payments:  |                 | <u> </u>                                      | <u> </u>   |
|     | 2017 estimated tax payments and 2016 overpayment credited to 2017  |                 |   |  |
|     | Exempt foreign organizations - tax withheld at source  6b  0.  |                 |   |  |
|     | Tax paid with application for extension of time to file (Form 8868)  6c 30,000.  |                 |   |  |
|     | Backup withholding erroneously withheld  6d  0.  |                 |   |  |
|     | Total credits and payments. Add lines 6a through 6d  | í               | 50  | 000.   |
|     | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>X</b> if Form 2220 is attached <b>8</b>                              | <u></u> _       | ,   | 94.  |
|     | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |                 |   |  |
|     | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |                 | 35  | 274.   |
|     | Enter the amount of line 10 to be: Credited to 2018 estimated tax  |                 | <u>, , , , , , , , , , , , , , , , , , , </u> | 0.   |
|     | t VII-A Statements Regarding Activities  |                 |   | _ <del></del> -                                  |
|     | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in   |                 | Ye  | s No   |
|     | any political campaign?  | 1a              | T-  | X  |
|     | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition   | 1b              | †   | X  |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or                   |                 | 1   | <del>                                     </del> |
|     | distributed by the foundation in connection with the activities.   |                 |   |  |
|     | Did the foundation file Form 1120-POL for this year?   | 10              |   | X  |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |                 |   | <del></del>                                      |
|     | (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .   |                 |   |  |
|     | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                    |                 | İ   | İ  |
|     | managers. ► \$ 0.  |                 |   |  |
|     | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2               |   | X  |
|     | If "Yes," attach a detailed description of the activities.   |                 |   |  |
|     | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or            |                 |   |  |
|     | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3               |   | X  |
|     | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a              |   | X  |
|     | if "Yes," has it filed a tax return on Form 990-T for this year?   | _               |   | T  |
|     | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5               |   | X  |
|     | if "Yes," attach the statement required by General Instruction T.  |                 |   |  |
|     | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |                 |   |  |
|     | By language in the governing instrument, or  |                 | 1   |  |
|     | 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               | 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              | 7               | X   | <del> </del>                                     |
|     | ,  |                 |   |  |
| 8a  | Enter the states to which the foundation reports or with which it is registered. See instructions.   | _               |   |  |
|     | FL   | -               |   |  |
|     | 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   | +  |
|     | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar        | _               | -   | 1  |
|     | year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV                                    | 9               | +   | <del>  X</del> /                                 |
| 10_ | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 9      | 10              | X   | (0047)   |

|          | 1990-PF (2017) NORCROSS FOUNDATION, INC. 46-2442  | 040           |          | Page 5    |
|----------|---|---------------|----------|-----------|
| Pa       | art VII-A Statements Regarding Activities (continued)   |               |          | NI.       |
|          | •   |               | Yes      | No        |
| 11       | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of  | ١.,           |          | ٦,        |
|          | 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            | 7.7      | <u> X</u> |
| 13       | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13            | <u> </u> | L         |
|          | Website address ► N/A   |               | ~~~      |           |
| 14       | The books are in care of ► GARY A. NORCROSS  Telephone no. ► 904-39   |               |          |           |
|          | Located at ► 4548 ORTEGA ISLAND DRIVE NORTH, JACKSONVILLE, FL ZIP+4 ►32   | 210           |          |           |
| 15       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here   |               | · / ¬ ▶  | •         |
|          | and enter the amount of tax-exempt interest received or accrued during the year   | N             | /A       | <b>N</b>  |
| 16       | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,  |               | Yes      |           |
|          | 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 the  |               |          |           |
| <u> </u> | foreign country   | J             |          | <u> </u>  |
| Po       | art 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.   | <u> </u>      | 162      | NO        |
| 1a       | During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No                    |               |          |           |
|          |   | }             |          |           |
|          | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No  |               |          |           |
|          |   |               |          | ,         |
|          |   |               |          |           |
|          |   | 1             |          |           |
|          | (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)?  Yes X No                                   | 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.)  Yes X No                     |               |          |           |
| _        |   | , .           |          |           |
| U        | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations  | 46            |          |           |
|          | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  | 1b_           |          |           |
|          | Organizations relying on a current notice regarding disaster assistance, check here   |               |          |           |
| G        | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected   | 10            |          | X         |
| 2        | before the first day of the tax year beginning in 2017?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 10            | -        |           |
| 2        | defined in section 4942(j)(3) or 4942(j)(5)):   |               |          |           |
| 9        | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning  |               |          |           |
| •        | before 2017?  |               |          |           |
|          | renz alta ida a la  |               |          |           |
| h        | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect  |               |          |           |
| Ū        | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach  |               |          |           |
|          | statement - see instructions.)  N/A   | 2b            |          |           |
| c        | 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.   |               | _        |           |
| ·        | halo provident of contain to retained applied to any of the years not the years not the years not the   |               |          |           |
| 3a       | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise 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.)  N/A   | 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_           |          | Х         |
|          |   | m <b>99</b> 0 | )-PF     |           |

| Form 990-PF (2017) NORCROSS FOUNDATION, INC  |  |                                   | <u>46-24426</u>                                | <u> 526</u> | - 1               | Page <b>6</b> |
|--|--|-----------------------------------|--|-------------|-------------------|---------------|
| Part VII-B   Statements Regarding Activities for Which I   | Form 4720 May Be                                 | Required (contin                  | nued)  |             |                   |               |
| 5a During the year, did the foundation pay or incur any amount to:                                   |  |                                   |  |             | Yes               | No            |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section                      | n 4945(e))?                                      | Y                                 | es 🗓 No  |             |                   |               |
| (2) Influence the outcome of any specific public election (see section 4955); o                      | rectly,  | _                                 |  |             |                   |               |
| àny voter registration drive?  |  | Y                                 | es X No  |             |                   |               |
| (3) Provide a grant to an individual for travel, study, or other similar purposes                    | ?  | Y                                 | es 🗶 No  |             |                   |               |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio                    | n described in section                           |                                   |  | i           |                   |               |
| 4945(d)(4)(A)? See instructions  |  | Y                                 | es X No  | ľ           |                   |               |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,                  | or educational purposes, or                      |                                   |  |             |                   |               |
| the prevention of cruelty to children or animals?  |  | Y                                 | es X No  | ı           |                   | '             |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und | der the exceptions described                     | ın Regulations                    |  |             |                   |               |
| section 53.4945 or in a current notice regarding disaster assistance? See instri                     | uctions  |                                   | N/A  | 5b          |                   |               |
| Organizations relying on a current notice regarding disaster assistance, check t                     | nere   |                                   |  | ĺ           |                   |               |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr                   | rom the tax because it mainta                    | uned                              |  | - 1         | }                 |               |
| expenditure responsibility for the grant?  | ľ  | 1/A 🗌 Y                           | es No  |             |                   |               |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).                         |  |                                   | 1  | -           |                   |               |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to                | pay premiums on                                  |                                   |  | 1           |                   |               |
| a personal benefit contract?   |  | Y                                 | es X No  | ľ           |                   |               |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p           | ersonal benefit contract?                        |                                   |  | 6b          |                   | X             |
| If "Yes" to 6b, file Form 8870.  |  |                                   |  |             |                   |               |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s                 | helter transaction?                              | Y                                 | s X No   |             |                   |               |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu                   | table to the transaction?                        |                                   | . –  | 7b          |                   |               |
| Part VIII Information About Officers, Directors, Truste  | es, Foundation Ma                                | nagers, Highly                    | v  |             |                   |               |
| Paid Employees, and Contractors  |  |                                   |  |             |                   |               |
| 1 List all officers, directors, trustees, and foundation managers and the                            | neir compensation.                               |                                   |  |             |                   |               |
| (a) Name and address   | (b) Title, and average<br>hours per week devoted | (c) Compensation<br>(If not paid, | (d) Contributions to<br>employee benefit plans | ) (e        | e) Expe<br>count, | ense          |
| (a) Name and address   | to position                                      | enter -0-)                        | and deferred<br>compensation                   | u a         | illowan           | ices          |
|  |  |                                   |  | ļ           |                   |               |
|  |  |                                   |  | }           |                   |               |
| SEE STATEMENT 10   |  | 0.                                | 0.   | <u> </u>    |                   | 0.            |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   | -  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
| 2 Compensation of five highest-paid employees (other than those incl                                 |  | enter "NONE."                     |  | ,           |                   |               |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average                           | (c) Compensation                  | (d) Contributions to<br>employee benefit plans | 300         | Expe              | nse           |
| (a) Name and address of sach employee paid more than \$600,000                                       | hours per week<br>devoted to position            | (C) Compensation                  | and deferred<br>compensation                   | a           | llowan            | ces           |
| NONE   |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  | <del>.</del>                                     |                                   | -  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  | [                                 |  | ļ           |                   |               |
|  |  |                                   | <del></del>                                    |             |                   |               |
|  |  |                                   |  |             |                   |               |
|  |  | <del>-</del>                      |  |             |                   |               |
|  |  |                                   |  |             |                   |               |
| otal number of other employees paid over \$50,000  |  |                                   | <b>•</b>                                       | ٠           | _                 | 0             |
|  |  |                                   |  |             |                   |               |

Form **990-PF** (2017)

| Form 990-PF (2017) NORCROSS FOUNDATION, INC.  | 46-24    | 42626              | Page 7   |
|---|----------|--------------------|----------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)  | ghly     |                    |          |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."   |          |                    |          |
| ' (a) Name and address of each person paid more than \$50,000 (b) Type of   | service  | (c) Comp           | ensation |
| NONE  |          |                    |          |
|   |          |                    |          |
|   |          | ļ                  |          |
|   |          |                    |          |
|   |          |                    |          |
|   |          |                    |          |
|   |          | ļ                  |          |
|   |          | <del></del>        |          |
|   |          |                    |          |
| Total number of others receiving over \$50,000 for professional services  |          | <b>D</b>           | 0        |
| Part IX-A Summary of Direct Charitable Activities   |          |                    |          |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  | ;        | Expenses           |          |
| 1 THE NORCROSS FOUNDATION, INC. IS ORGANIZED AND OPERATED   | TO       |                    |          |
| MAKE CASH DONATIONS TO PUBLIC CHARITIES. THE FOUNDATION   |          |                    |          |
| DOES NOT ENGAGE IN ANY OTHER ACTIVITIES.  |          |                    | 0.       |
| 2   |          |                    |          |
|   |          |                    |          |
| ^   |          |                    |          |
| 3   |          |                    |          |
|   |          |                    |          |
| 4   |          |                    |          |
|   |          |                    |          |
|   |          |                    |          |
| Part IX-B Summary of Program-Related Investments  |          |                    |          |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.   |          | Amount             |          |
| 1 N/A   |          |                    |          |
|   |          |                    |          |
| 2   |          |                    |          |
| * <del></del>   |          |                    |          |
|   |          |                    |          |
| All other program-related investments. See instructions.  |          |                    |          |
| 3   |          |                    |          |
|   |          |                    |          |
|   |          |                    |          |
|   |          |                    |          |
|   |          |                    |          |
| Total. Add lines 1 through 3  | <b>•</b> |                    | 0.       |
| TOME THE STREET |          | Form <b>990-PI</b> |          |
|   |          |                    | 1-211/   |

| P  | art X Minimum Investment Return (All domestic foundations mus   | complete this part. Fore     | ign found   | lations, s  | see instructions.)   |
|----|---|------------------------------|-------------|-------------|----------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, e   | tc., purposes:               |             |             | -                    |
| а  | Average monthly fair market value of securities   |                              |             | 1a          | 6,083,964.<br>9,638. |
| b  | Average of monthly cash balances  |                              |             | 1b          | 9,638.               |
| C  | Fair market value of all other assets   |                              |             | 1c          |                      |
| d  | Total (add lines 1a, b, and c)  |                              | L           | 1d          | 6,093,602            |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and  |                              |             |             |                      |
|    | 1c (attach detailed explanation)  |                              | 0.          |             |                      |
| 2  | Acquisition indebtedness applicable to line 1 assets  |                              |             | 2           | 0 .                  |
| 3  | Subtract line 2 from line 1d  |                              |             | 3           | 6,093,602.           |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see   | instructions)                |             | 4           | 91,404               |
| 5  | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Pa   | rt V, line 4                 |             | 5           | 6,002,198.           |
| 6  | Minimum investment return. Enter 5% of line 5   |                              |             | 6           | 300,110.             |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (foreign organizations, check here ▶ ☐ and do not complete this part.) | )(5) private operating found | ations and  | certain     |                      |
| 1  | Minimum investment return from Part X, line 6   |                              |             | 1           | 300,110.             |
| 2a | Tax on investment income for 2017 from Part VI, line 5  | 24,                          | 632.        |             |                      |
| b  | Income tax for 2017. (This does not include the tax from Part VI)   |                              |             | 1           |                      |
| C  | Add lines 2a and 2b   |                              |             | 2c          | 24,632.              |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1   |                              |             | 3           | 275,478              |
| 4  | Recoveries of amounts treated as qualifying distributions   |                              |             | 4           | 0.                   |
| 5  | Add lines 3 and 4   |                              |             | 5           | 275,478              |
| 6  | Deduction from distributable amount (see instructions)  |                              |             | 6           | 0.                   |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII  | line 1                       |             | 7           | 275,478              |
| P  | art XII Qualifying Distributions (see instructions)   |                              |             |             |                      |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose  | s:                           |             |             |                      |
| а  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26  |                              |             | 1a          | 594,000.             |
| b  | Program-related investments - total from Part IX-B  |                              |             | 1b          | 0.                   |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, or   | etc., purposes               | L           | 2           |                      |
| 3  | Amounts set aside for specific charitable projects that satisfy the:  |                              |             |             |                      |
| a  | Suitability test (prior IRS approval required)  |                              |             | 3a          |                      |
| b  | Cash distribution test (attach the required schedule)   |                              | نيا         | 3b          |                      |
| 4  | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and P   | art XIII, line 4             |             | 4           | 594,000.             |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investm   | ent                          |             |             |                      |
|    | income. Enter 1% of Part I, line 27b  |                              |             | 5           | 0.                   |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4  |                              | L           | 6           | 594,000.             |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when   | calculating whether the fou  | ndation qua | alifies for | the section          |

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| ,  | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016 | ( <b>d)</b><br>2017                   |
|--|---------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2017 from Part XI,  |               |                            |             |                                       |
| line 7   |               |                            |             | 275,478.                              |
| 2 Undistributed income, if any, as of the end of 2017  |               | ,                          |             |                                       |
| a Enter amount for 2016 only   |               |                            | 0.          |                                       |
| b Total for prior years:   |               |                            |             |                                       |
|  |               | 0.                         |             |                                       |
| 3 Excess distributions carryover, if any, to 2017:   |               |                            |             | ,                                     |
| <b>a</b> From 2012   |               |                            |             |                                       |
| <b>b</b> From 2013   |               |                            |             |                                       |
| c From 2014 289,764.   |               |                            |             |                                       |
| d From 2015 263, 203.  |               |                            |             |                                       |
| e From 2016 265,502.   |               |                            |             |                                       |
| f Total of lines 3a through e  | 818,469.      |                            |             | · · · · · · · · · · · · · · · · · · · |
| 4 Qualifying distributions for 2017 from   |               |                            |             |                                       |
| Part XII, line 4: ►\$ 594,000.   |               |                            | -           |                                       |
| a Applied to 2016, but not more than line 2a   |               |                            | 0.          |                                       |
| <b>b</b> Applied to undistributed income of prior  |               | İ                          |             |                                       |
| years (Election required - see instructions)   |               | 0.                         |             |                                       |
| c Treated as distributions out of corpus   |               |                            |             |                                       |
| (Election required - see instructions)   | 0.            |                            |             |                                       |
| d Applied to 2017 distributable amount   |               |                            |             | 275,478.                              |
| e Remaining amount distributed out of corpus   | 318,522.      |                            | ·           |                                       |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0,            |                            |             | 0.                                    |
| 6 Enter the net total of each column as indicated below:   |               |                            | ,           |                                       |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 1,136,991.    |                            |             | ,                                     |
| b Prior years' undistributed income. Subtract  |               |                            |             |                                       |
| line 4b from line 2b   |               | 0.                         |             | _                                     |
| c Enter the amount of prior years'   |               |                            |             |                                       |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously     |               | _                          |             |                                       |
| assessed   |               | 0.                         | ·           |                                       |
| d Subtract line 6c from line 6b. Taxable   |               | _                          | Ì           |                                       |
| amount - see instructions  |               | 0.                         | <del></del> |                                       |
| e Undistributed income for 2016. Subtract line   | İ             |                            |             |                                       |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 0.          | . <u> </u>                            |
| f Undistributed income for 2017. Subtract  | 1             |                            |             |                                       |
| lines 4d and 5 from line 1. This amount must   | 1             |                            |             |                                       |
| be distributed in 2018   |               |                            |             | 0.                                    |
| 7 Amounts treated as distributions out of  |               |                            |             |                                       |
| corpus to satisfy requirements imposed by  |               |                            |             |                                       |
| section 170(b)(1)(F) or 4942(g)(3) (Election   | _ 1           | 1                          |             |                                       |
| may be required - see instructions)  | 0.            |                            | <del></del> |                                       |
| 8 Excess distributions carryover from 2012   |               |                            |             |                                       |
| not applied on line 5 or line 7  | 0.            |                            |             |                                       |
| 9 Excess distributions carryover to 2018.  | 1 126 221     |                            |             |                                       |
| Subtract lines 7 and 8 from line 6a  | 1,136,991.    |                            |             |                                       |
| 10 Analysis of line 9:   |               |                            |             | ,                                     |
| a Excess from 2013   | 1             | į                          |             |                                       |
| b Excess from 2014 289, 764.   | ļ             | j                          |             |                                       |
| c Excess from 2015 263, 203.   |               | ļ                          |             |                                       |
| d Excess from 2016 265,502.  | ļ             | 1                          |             |                                       |
| e Excess from 2017 318,522.  |               |                            |             | - 000 PF (2017)                       |

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| Form 990-PF (2017) NORCROSS Part XIV Private Operating Fo     | FOUNDATIO                | ON, INC.                    | (II A guardian O)              | 46-244   | 12626 Page 1       |
|---|--------------------------|-----------------------------|--------------------------------|--|--------------------|
|   |                          |                             |                                | N/A  |                    |
| 1 a If the foundation has received a ruling or                |                          |                             | }                              |  |                    |
| foundation, and the ruling is effective for 2                 |                          |                             | · · · ▶ └──                    |  |                    |
| b Check box to indicate whether the founda                    |                          | ng foundation described     |                                | 4942(j)(3) or 494                                | 12(1)(5)           |
| 2 a Enter the lesser of the adjusted net                      | Tax year                 | <del> </del>                | Prior 3 years                  | 111 0044   | /                  |
| income from Part I or the minimum                             | (a) 2017                 | <b>(b)</b> 2016             | (c) 2015                       | (d) 2014   | (e) Total          |
| investment return from Part X for                             | •                        |                             |                                |  |                    |
| each year listed  |                          | <u> </u>                    |                                |  |                    |
| b 85% of line 2a  |                          |                             |                                |  |                    |
| c Qualifying distributions from Part XII,                     |                          |                             |                                |  |                    |
| line 4 for each year listed                                   |                          |                             |                                |  |                    |
| d Amounts included in line 2c not                             |                          |                             |                                |  |                    |
| used directly for active conduct of                           |                          |                             |                                | 1  |                    |
| exempt activities   | `                        | <b>Y</b> .,                 |                                | 1  |                    |
| e Qualifying distributions made directly                      |                          |                             |                                |  |                    |
| for active conduct of exempt activities.                      |                          |                             |                                |  |                    |
| Subtract line 2d from line 2c                                 |                          |                             |                                |  |                    |
| 3 Complete 3a, b, or c for the                                |                          |                             | <del></del>                    | <del> </del>                                     |                    |
| alternative test relied upon:                                 |                          |                             |                                | }  |                    |
| a "Assets" alternative test - enter:                          |                          |                             |                                |  |                    |
| (1) Value of all assets                                       |                          | -/                          | <del>\</del>                   | <del> </del>                                     |                    |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | /                        |                             |                                |  |                    |
| <b>b</b> "Endowment" alternative test - enter                 |                          |                             |                                |  |                    |
| 2/3 of minimum investment return                              |                          |                             |                                |  |                    |
| shown in Part X, line 6 for each year listed                  |                          |                             |                                |  |                    |
| c "Support" alternative test - enter:                         |                          | T                           | 1                              |  |                    |
| (1) Total support other than gross                            |                          |                             |                                |  |                    |
| investment income (interest,                                  |                          |                             |                                |  |                    |
| dividends, rents, payments on                                 |                          |                             | 1                              |  |                    |
| securities loans (section                                     |                          |                             | 1                              |  |                    |
| 512(a)(5)), or royalties)                                     |                          | <del> </del>                | <del></del>                    | <del>                                     </del> |                    |
| (2) Support from general public and 5 or more exempt          |                          |                             | 1                              |  |                    |
| organizations as provided in section 4942(j)(3)(B)(iii)       |                          | 1                           |                                |  |                    |
|   |                          | <del> </del>                |                                |  |                    |
| (3) Largest amount of support from                            |                          |                             | 4                              | 1  |                    |
| an exempt organization  | <del></del>              | <del> </del>                | _ <del></del>                  | <u> </u>   | <u></u>            |
| (4) Gross investment income                                   | <del></del>              | <u> </u>                    | - <del> </del>                 |  |                    |
| Part XV Supplementary Inform                                  |                          |                             | / if the foundation            | had \$5,000 or mo                                | re in ässets       |
| at any time during th   | e year-see inst          | ructions.)                  |                                |  |                    |
| 1 Information Regarding Foundation                            | Managers:                |                             |                                |  |                    |
| a List any managers of the foundation who                     |                          |                             | ntributions received by the    | foundation before the close                      | e of any tax       |
| year (but only if they have contributed mo                    | re than \$5,000). (See s | section 507(d)(2).)         |                                |  |                    |
| SEE STATEMENT 11  |                          |                             |                                |  |                    |
| b List any managers of the foundation who                     |                          |                             | or an equally large portion    | on of the ownership of a pai                     | rtnership or       |
| other entity) of which the foundation has a                   | i 10% or greater intere  | St.                         |                                |  |                    |
| 2 Information Regarding Contribution                          | n Grant Gift Loan        | Scholarchin etc. [          | Programe:                      |  |                    |
| Check here X if the foundation onl                            |                          |                             |                                | not accept uncollected reque                     | ete for funde. If  |
| the foundation makes gifts, grants, etc., to                  |                          |                             |                                |  | 313 101 101103. 11 |
| a The name, address, and telephone number                     |                          |                             |                                |  |                    |
| a The hame, address, and telephone number                     | i oi eman address of th  | ne person to whom app       | iications snould be addres     | seu.   |                    |
| <b>b</b> The form in which applications should be             | submitted and informa    | ition and materials they    | should include;                |  |                    |
| c Any submission deadlines:                                   |                          |                             |                                |  |                    |
|   |                          | <del></del>                 |                                | <del></del>                                      |                    |
| d Any restrictions or limitations on awards,                  | such as by geographic    | al areas, charitable field: | s, kinds of institutions, or o | other factors:                                   |                    |
|   |                          |                             |                                |  |                    |
|   |                          |                             |                                |  |                    |

| Part XV Supplementary Information                     |   |                      |  | <del>_</del>               |
|---|---|----------------------|--|----------------------------|
| 3 Grants and Contributions Paid During the            | Year or Approved for Future  If recipient is an individual, | Payment              | <del>                                     </del> |                            |
| Recipient  Name and address (home or business)        | show any relationship to                                    | Foundation status of | Purpose of grant or contribution                 | Amount                     |
| a Paid during the year                                | or substantial contributor                                  | recipient            |  | <del>_</del>               |
| a Palo during the year                                |   |                      |  |                            |
| LEUKEMIA & LYMPHOMA SOCIETY                           | NONE  | PUBLIC CHARITY       | SUPPORT FOR RESEARCH                             |                            |
| 3 INTERNATIONAL DRIVE, STE 200 RYE BROOK, NY 10573    |   |                      | AND TREATMENT OF ACUTE MYELOID LEUKEMIA          | 250,000                    |
| ATE BROOK, NI 10373                                   |   |                      | HIGH HIGHER                                      |                            |
| UNIVERSITY OF ARKANSAS FOUNDATION                     | NONE  | EDUCATIONAL          | SUPPORT FOR THE CARE                             |                            |
| 1002 MAPLE STREET FAYETTEVILLE, AR 72701              |   |                      | ENDOWMENT EXCELLENCE<br>FUND                     | 104.000                    |
| FAIBIIBVILLE, AR 72701                                |   |                      | FORD   | 104,000                    |
| YMCA OF FLORIDA'S FIRST COAST                         | NONE  | PUBLIC CHARITY       | WINSTON FAMILY YMCA                              |                            |
| 40 EAST ADAMS STREET, STE 210  JACKSONVILLE, FL 32202 |   |                      | FUNDING  | 140,000                    |
| JACKSONVILLE ALLIANCE FOR KIPP                        | NONE  | PUBLIC CHARITY       | COLLEGE PREPARATORY                              |                            |
| SCHOOLS   |   |                      | SUPPORT FOR STUDENTS                             |                            |
| 1440 MCDUFF AVENUE NORTH JACKSONVILLE, FL 32254       |   |                      | IN UNDERSERVED                                   | 100,000                    |
|   |   |                      |  |                            |
| Total   | <del></del>   | <del>,</del>         | <u>▶ 3a</u>                                      | 594,000                    |
| b Approved for future payment                         |   |                      |  |                            |
| NONE  |   |                      |  |                            |
|   |   |                      |  |                            |
|   |   |                      |  |                            |
|   |   |                      |  |                            |
| <del></del>   |   |                      |  |                            |
| Total   | <del></del>   | <del></del>          | <u>▶ 3b</u>                                      | 0<br>m <b>990-PF</b> (2017 |

|            | Analysis of Income Dyadysina | A -4::4:   |
|------------|------------------------------|------------|
| Part XVI-A | Analysis of Income-Producing | Activities |
|            |                              |            |

| ,   |                        |                       |               |                                      |                          |
|---|------------------------|-----------------------|---------------|--------------------------------------|--------------------------|
| Enter gross amounts unless otherwise indicated.                 | Unrelated (a) Business | business income (b)   | (c)<br>Exclu- | d by section 512, 513, or 514<br>(d) | (e)<br>Related or exempt |
| 1 Program service revenue:                                      | code                   | Amount                | code          | Amount                               | function income          |
| a   |                        |                       |               |                                      |                          |
| b   |                        |                       |               |                                      |                          |
| C   | 1 1                    |                       |               |                                      |                          |
| d   | l l                    |                       |               |                                      |                          |
| e   | 1 "Т                   |                       |               |                                      |                          |
| 1   |                        |                       |               |                                      |                          |
| g Fees and contracts from government agencies                   |                        |                       |               |                                      |                          |
| 2 Membership dues and assessments                               |                        |                       |               |                                      |                          |
| 3 Interest on savings and temporary cash                        |                        |                       |               |                                      |                          |
| investments   |                        |                       | 14            | 5.                                   |                          |
| 4 Dividends and interest from securities                        |                        |                       | 14            | 133,561.                             |                          |
| 5 Net rental income or (loss) from real estate:                 |                        |                       |               |                                      |                          |
| a Debt-financed property  |                        |                       |               |                                      | <del> </del>             |
| <b>b</b> Not debt-financed property                             |                        |                       |               |                                      |                          |
| 6 Net rental income or (loss) from personal                     |                        |                       |               |                                      |                          |
| property  |                        |                       |               |                                      |                          |
| 7 Other investment income                                       |                        |                       |               |                                      |                          |
| 8 Gain or (loss) from sales of assets other                     |                        |                       |               |                                      |                          |
| than inventory  |                        |                       | 18            | 243,336.                             |                          |
| 9 Net income or (loss) from special events                      |                        |                       |               |                                      |                          |
| 10 Gross profit or (loss) from sales of inventory               |                        |                       |               |                                      |                          |
| 11 Other revenue:   |                        | •                     |               |                                      |                          |
| a   |                        |                       | <u> </u>      |                                      |                          |
| b   |                        |                       |               |                                      |                          |
| C   |                        |                       |               |                                      |                          |
| d   |                        |                       |               |                                      |                          |
| e   |                        |                       |               |                                      |                          |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                        | 0.                    |               | 376,902.                             |                          |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                        |                       |               | 13                                   | 376,902.                 |
| (See worksheet in line 13 instructions to verify calculations.) |                        | <u> </u>              |               |                                      |                          |
| Part XVI-B Relationship of Activities                           | to the Accon           | nplishment of E       | kempt i       | Purposes                             |                          |
| Line No. Explain below how each activity for which inco         |                        |                       | contribut     | ed importantly to the accomp         | lishment of              |
| the foundation's exempt purposes (other than                    | by providing fund      | s for such purposes). |               |                                      |                          |
| N/A   | <del></del>            |                       | <u> </u>      |                                      |                          |
|   |                        |                       | <u>-</u>      |                                      |                          |
|   |                        |                       |               |                                      |                          |
|   |                        |                       |               |                                      |                          |
|   |                        |                       |               |                                      |                          |
|   |                        |                       |               | · <del>···</del>                     |                          |
|   |                        |                       |               |                                      |                          |
|   |                        | <del></del>           |               |                                      |                          |
|   |                        | <del> </del>          |               |                                      |                          |
|   |                        |                       |               |                                      | <del></del>              |
|   |                        |                       |               | <del> </del>                         |                          |
|   |                        |                       |               |                                      | <del></del>              |
|   |                        |                       |               |                                      | <del></del>              |
|   |                        |                       |               |                                      |                          |
|   |                        |                       |               |                                      |                          |
|   |                        |                       |               |                                      |                          |
|   | <del></del>            | <del></del>           |               | <del> </del>                         |                          |
|   |                        |                       |               |                                      | <del> </del>             |
|   |                        |                       |               |                                      |                          |

|        |             | Exempt Organ                       | izations                                  |                                       |  |  |                                 |
|--------|-------------|------------------------------------|---|---------------------------------------|--|--|---------------------------------|
| 1      | Did the or  | ganization directly or indi        | rectly engage in any of the follow        | ving with any other organization      | n described in section 501(c)                    | Ye   | s No                            |
|        | ,           | -                                  | nizations) or in section 527, relati      |                                       |  |  | T                               |
|        | •           |                                    | ation to a noncharitable exempt i         |                                       |  | , ,  |                                 |
|        | (1) Cash    | ·                                  |   | . •                                   |  | 1a(1)                                      | X                               |
|        | (2) Other   |                                    |   |                                       |  | 1a(2)                                      | X                               |
|        | Other tran  |                                    |   |                                       |  | 14,57                                      |                                 |
|        |             | of assets to a noncharital         | ble evernt organization                   |                                       |  | 16(1)                                      | X                               |
|        | -           |                                    | ncharitable exempt organization           |                                       |  | 1b(2)                                      | X                               |
|        | . ,         |                                    | • •                                       |                                       |  | 1b(3)                                      | X                               |
|        |             | al of facilities, equipment,       |   |                                       |  |  | X                               |
|        |             | bursement arrangements             |   |                                       |  | 1b(4)                                      | $\frac{\lambda}{X}$             |
|        |             | s or loan guarantees               |   |                                       |  | 1b(5)                                      |                                 |
|        | • •         |                                    | embership or fundraising solicital        |                                       |  | 1b(6)                                      | $\frac{\mathbf{x}}{\mathbf{x}}$ |
|        | -           |                                    | uling lists, other assets, or paid e      |                                       | and the following the state of the same          |  |                                 |
|        |             | -                                  |   | , -                                   | rays show the fair market value of the god       |  |                                 |
|        |             |                                    |   |                                       | e in any transaction or sharing arrangeme        | ent, snow in                               |                                 |
|        |             | <del></del>                        | other assets, or services received        |                                       | 1 (4)  |  |                                 |
| (a) ∟. | ne no       | (b) Amount involved                | (c) Name of noncharitat                   | <del></del>                           | (d) Description of transfers transactions        | , and sharing arrange                      | ements                          |
|        |             |                                    | N/A                                       | ·                                     | <del>                                     </del> | ·  |                                 |
|        |             |                                    |   |                                       | <del> </del>                                     |  |                                 |
|        |             |                                    |   |                                       |  | ·  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       |  |  | <del></del>                     |
|        |             |                                    |   |                                       | <del> </del>                                     |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   | <u> </u>                              |  |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       | <u> </u>   |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
|        |             |                                    |   |                                       |  |  |                                 |
| 2a     | Is the four | ndation directly or indirect       | tly affiliated with, or related to, or    | ne or more tax-exempt organiz         | ations described                                 |  |                                 |
|        |             | •                                  | n 501(c)(3)) or in section 527?           |                                       |  | Yes [                                      | X No                            |
|        |             | omplete the following sche         |   |                                       |  |  |                                 |
|        | ····        | (a) Name of org                    |   | (b) Type of organization              | (c) Description of relat                         | tionship                                   |                                 |
|        |             | N/A                                |   |                                       |  | <del></del>                                |                                 |
|        |             |                                    |   | T                                     |  |  |                                 |
|        |             |                                    |   | <del> </del>                          | <del> </del>                                     | <del></del>                                |                                 |
|        |             |                                    |   |                                       | <del></del>                                      |  |                                 |
|        |             |                                    | <del></del>                               |                                       | <del></del>                                      |  |                                 |
| _      | Under       | penalties of penjury, I declare t  | that I have examined this return, inclur  | ding accompanying schedules and s     | statements, and to the best of my knowledge      |  |                                 |
| Sig    | and be      | elief it is true, correct, and por | nplete Peclaration of preparer (other the | han taxpayer) is based on all informa | ation of which preparer has any knowledge        | May the IRS discure<br>return with the pre | parer                           |
| He     | re          | 11a. $A$                           | Lowon                                     | 15/20/18                              | PRESIDENT  | shown below? Se                            |                                 |
| •      |             | nature of officer or trustee       |   |                                       | Title  | LAL Yes                                    | No                              |
|        | Loigi       | Print/Type preparer's na           | _ <del></del>                             | Date                                  | <del></del>                                      | TIN  |                                 |
|        |             | 1                                  | '   | orginature                            | self- employed                                   | 1.114                                      |                                 |
| Pai    | hi          | JAMES M. A                         | SULPHIND,                                 | CHIN                                  | / _ / /  | D000410F                                   | . 0                             |
|        | parer       | CPA                                | VDDD C UTIVE TO                           | CILL AND DOWNER                       |  | P0024185                                   |                                 |
|        | -           | Firm's name FRE                    | YBERG HINKLE A                            | SHLAND POWERS                         | & STOWEL Firm's EIN ► 39                         | -1531945                                   | )                               |
| US     | e Only      | Francis address 5 d =              | 100 11 2222                               |                                       |  |  |                                 |
|        |             | Firm's address ▶ 15                |   |                                       |  |  |                                 |
|        |             | BR                                 | OOKFIELD, WI 5                            | 3005-2621                             | Phone no. 262'                                   |  |                                 |
|        |             |                                    |   |                                       |  | Form 990-P                                 | /2017\                          |

| Part        | IV   Capital Gains and Lo         | sses for Tax on Investment Income  |   |  | <del></del>                                  |                               |
|-------------|-----------------------------------|--|---|--|--|-------------------------------|
|             |                                   | i describe the kind(s) of property sol<br>rick warehouse; or common stock, 2 |   | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired (mo., day, yr.)            | (d) Date sold (mo., day, yr.) |
| 1a FI       | DELITY #2328                      | LONG TERM TOTAL  | S SEE ATTACHED                                  | D  |  |                               |
|             |                                   | SHORT TERM TOTA  |   | P  |  |                               |
|             |                                   | LONG TERM TOTAL  |   | P  |  |                               |
| d FI        | <b>DELITY #3087</b>               | SHORT TERM TOTA  | LS SEE ATTACHED                                 | P  |  |                               |
|             |                                   | SHORT TERM TOTA  |   | P  |  |                               |
|             | PITAL GAINS                       |  |   |  |  |                               |
| g           |                                   |  |   |  |  |                               |
| h           |                                   |  |   |  |  |                               |
| 1           |                                   |  |   |  |  |                               |
|             |                                   |  |   |  |  |                               |
| _k          |                                   |  |   |  |  |                               |
|             |                                   |  |   |  |  |                               |
| _m          |                                   |  |   |  |  |                               |
| <u>n</u>    |                                   |  |   |  |  |                               |
| _0          |                                   |  |   |  | l  |                               |
| (           | e) Gross sales price              | (f) Depreciation allowed<br>(or allowable)                                   | (g) Cost or other basis<br>plus expense of sale |  | Gain or (loss)<br>lus (f) minus (g)          |                               |
| a           | 2,509,850.                        |  | 1,627,683.                                      |  |  | 882,167.                      |
| b           | 4,172,907.                        |  | 4,007,165.                                      |  |  | 165,742.                      |
| C           | 731,295.                          |  | 676,001.  |  |  | 55,294.                       |
| d           | 53,437.                           | <u></u>  | 57,231.   |  |  | -3,794.                       |
| <u>e</u>    | 80,155.                           |  | 85,846.   | <u> </u>   | ·  | -5,691.                       |
| <u>f</u>    | 33,426.                           |  |   | · · · · · · · · · · · · · · · · · · ·            | ·  | 33,426.                       |
| 9           |                                   |  |   |  |  |                               |
| <u>h</u>    | <u> </u>                          |  |   |  |  |                               |
|             |                                   |  |   |  |  |                               |
| 1           |                                   |  |   |  |  |                               |
| <u>k</u>    |                                   |  |   |  |  |                               |
| 1           |                                   |  |   |  |  |                               |
| <u>m</u>    |                                   |  |   |  |  |                               |
| <u>n</u>    |                                   |  | <u> </u>  |  |  |                               |
| 0           | antata antu fa- anasta ahausu     | l  | the foundation on 10/01/00                      |  |  |                               |
| Con         | iplete only for assets snowlr     | ng gain in column (h) and owned by   |   |  | ses (from col. (h))<br>of col. (h) gain over | col (k)                       |
| (i)         | F.M.V. as of 12/31/69             | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of col. (I)<br>over col. (J), If any | but n  | ot less than "-0-")                          |                               |
| <u>a</u>    |                                   |  |   |  |  | 882,167.                      |
| <u>b</u>    |                                   | - <del> </del>   |   |  |  | 165,742.                      |
| C           |                                   |  |   |  |  | 55,294.                       |
| <u>d</u>    |                                   |  |   |  | ·  | -3,794.                       |
| <u>e</u>    |                                   | <del></del>  | <del> </del>                                    |  |  | <u>-5,691.</u>                |
| <u>f</u>    |                                   | <del> </del>   |   |  | <del></del>                                  | 33,426.                       |
| <u>g</u>    |                                   |  |   |  |  |                               |
| <u>h</u>    |                                   |  | <del> </del>                                    |  |  |                               |
|             | <del></del>                       | <del></del>  | <u> </u>  |  |  |                               |
| <del></del> |                                   |  |   |  |  |                               |
| <u>k</u>    |                                   |  | <del></del>                                     | <del></del>                                      | <del></del>                                  |                               |
| <u> </u>    |                                   | · · · · · · · · · · · · · · · · · · ·  |   |  | <del></del>                                  | <del></del>                   |
| <u>m</u>    |                                   |  |   |  | <del></del>                                  |                               |
| <u>n</u>    |                                   |  |   |  |  |                               |
| 0           |                                   |  | <u> </u>  | <u> </u>   |  |                               |
| 2 Capita    | al gain net income or (net ca     | pital loss) { If gain, also enter "-0  | in Part I, line 7<br>-" in Part I, line 7       | 2  | 1,   | 127,144.                      |
| lf gair     | n, also enter in Part I, line 8,  |  | d (6):  |  |  |                               |
|             | s), enter "-0-" in Part I, line 8 |  |   | 3  | N/A  |                               |

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

| NO   | RCROSS FOUNDATION, INC.   | 46-2442626   |
|--|---|--|
| Organization type (check or                                      |   |  |
| 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 foundation  |  |
|  | 527 political organization  |  |
| Form 990-PF  | X 501(c)(3) exempt private foundation   |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |
|  | 501(c)(3) taxable private foundation  |  |
|  | covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru  | le See instructions                                  |
| General Rule   |   |  |
|  | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor?   |  |
| Special Rules  |   |  |
| sections 509(a)(1) a<br>any one contributor                      | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amounline 1 Complete Parts I and II.   | or 16b, and that received from                       |
| year, total contribut  | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.   | •  |
| year, contributions<br>is checked, enter h<br>purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled make ere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it refer to contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box<br>, charitable, etc , |
| but it must answer "No" on                                       | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo<br>Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo<br>ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |  |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

#### NORCROSS FOUNDATION, INC.

46-2442626

| Part I     | Contributors (see instructions) Use duplicate copies of Part I if addition | nal space is needed.    |   |
|------------|--|-------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
| 1          | GARY AND AMY NORCROSS  4548 ORTEGA ISLAND DR N  JACKSONVILLE, FL 32210     | \$ <u>2,509,850</u> .   | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
|            |  | \$                      | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |
|            |  | \$                      | Person Payroll Oncash Complete Part II for noncash contributions )  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
|            |  | \$                      | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
|            |  | \$                      | Person Payroll Occash Complete Part II for noncash contributions )  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution  |
|            |  | \$                      | Person Payroll Noncash Complete Part II for noncash contributions ) |

Name of organization

Employer identification number

### NORCROSS FOUNDATION, INC.

46-2442626

|                              | OSS FOUNDATION, INC.  |   | -2442626             |
|------------------------------|---|---|----------------------|
| art II                       | Noncash Property (see instructions) Use duplicate copies of F | art II if additional space is needed            |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                    | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
| 1                            | PUBLICLY TRADED SECURITIES                                    |   |                      |
|                              |   | <u>2,509,850.</u>                               | 12/01/17             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                    | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|                              |   |   |                      |
| (a)<br>No.<br>rom<br>Part I  | (b)<br>Description of noncash property given                  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|                              |   | <b>\$</b>                                       |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                    | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |   | \$  |                      |
| (a)<br>No.<br>rom<br>Part I  | (b)  Description of noncash property given                    | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
|                              |   |   |                      |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization <u>46-2442626</u> NORCROSS FOUNDATION, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF             | INTEREST | ON | SAVINGS                     | AND      | TEMPORARY                       | CASH | INVESTMENTS                   | STATEMENT | 2 |
|-------------------------|----------|----|-----------------------------|----------|---------------------------------|------|-------------------------------|-----------|---|
| SOURCE                  |          |    | (A)<br>REVENUE<br>PER BOOKS |          | (B)<br>NET INVESTMENT<br>INCOME |      | (C)<br>ADJUSTED<br>NET INCOME |           |   |
| BMO HARRIS B            | ANK      |    | _                           | <u> </u> | 5.                              |      | 5.                            |           |   |
| TOTAL TO PART I, LINE 3 |          |    | 5.                          |          | 5.                              |      |                               |           |   |

| FORM 990-PF   | DIVIDEND        | S AND INTER                   | EST         | FROM SECUR                    | ITIES S                           | TATEMENT                   | 3  |
|---|-----------------|-------------------------------|-------------|-------------------------------|-----------------------------------|----------------------------|----|
| SOURCE  | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS |             | (A)<br>REVENUE<br>PER BOOKS   | (B)<br>NET INVEST-<br>MENT INCOME |                            |    |
| NATIONAL FINANCIAL<br>SERVICES<br>(FIDELITY)  | 166,987         | . 33,42                       | 6.          | 133,561.                      | 133,561.                          |                            |    |
| TO PART I, LINE 4 166,987   |                 | . 33,42                       | 6. 133,561. |                               | 133,561.                          |                            |    |
| FORM 990-PF   |                 | ACCOUNTI                      | NG I        | PEES                          | S                                 | TATEMENT                   | 4  |
| DESCRIPTION   |                 | (A)<br>EXPENSES<br>PER BOOKS  |             | (B)<br>TINVEST-<br>NT INCOME  | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITAI<br>PURPOSI |    |
| TAX PREPARATION FEES  |                 | 2,115.                        |             | 1,058.                        |                                   |                            | 0. |
| TO FORM 990-PF, PG 1  |                 | 2,115.                        |             | 1,058.                        |                                   |                            | 0. |
| FORM 990-PF   |                 | TAX                           | ES          |                               | S                                 | TATEMENT                   | 5  |
| DESCRIPTION   |                 | (A)<br>EXPENSES<br>PER BOOKS  |             | (B)<br>T INVEST-<br>NT INCOME | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITAI<br>PURPOSI |    |
| FOREIGN TAXES   |                 | 321.                          |             | 321.                          |                                   |                            | 0. |
| FEDERAL EXCISE TAX PAYMENT - 2016 BALANCE DUE FEDERAL EXCISE TAX PAYMENT - 2017 ESTIMATED PAYMENT |                 | 29,082.                       |             | 0.                            |                                   | 0                          |    |
|   |                 | 30,000.                       | 30,000.     |                               |                                   | 0                          |    |
| TO FORM 990-PF, PG 1  |                 | 59,403.                       | <u> </u>    | 321.                          | <del></del>                       |                            | 0. |

| FORM 990-PF   | OTHER E                      | XPENSES                       |      | STATEMENT                          | 6                         |     |
|---|------------------------------|-------------------------------|------|------------------------------------|---------------------------|-----|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVES<br>MENT INCO |      | (C)<br>ADJUSTED<br>NET INCOM       |                           |     |
| AGENCY FEES-FIDELITY  | 27,323.                      | 27,3                          | 323. |                                    |                           | 0.  |
| TO FORM 990-PF, PG 1, LN 23                                 | 27,323.                      | ,323. 27,                     |      | =                                  | 0.                        |     |
| FORM 990-PF   | CORPORAT                     | E STOCK                       |      |                                    | STATEMENT                 | 7   |
| DESCRIPTION   |                              |                               | вос  | OK VALUE                           | FAIR MARKE<br>VALUE       | T   |
| MUTUAL FUNDS-STOCK FUNDS EXCHANGE TRADED FUNDS COMMON STOCK |                              | _                             | 2    | 2,075,878.<br>721,209.<br>131,422. | 2,133,9<br>864,2<br>116,7 | 70. |
| TOTAL TO FORM 990-PF, PART II                               | , LINE 10B                   | =                             | 2    | 2,928,509.                         | 3,114,9                   | 20. |
| FORM 990-PF   | CORPORAT                     | E BONDS                       |      |                                    | STATEMENT                 | 8   |
| DESCRIPTION   |                              |                               | вос  | OK VALUE                           | FAIR MARKE<br>VALUE       | т   |
| MUTUAL FUNDS-BOND FUNDS                                     |                              |                               |      | 2,459,445.                         | 2,451,212.                |     |
| TOTAL TO FORM 990-PF, PART II, LINE 10C                     |                              |                               |      | 2,459,445. 2,451,2                 |                           |     |

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

NAME OF CONTRIBUTOR
ADDRESS
GARY AND AMY NORCROSS
4548 ORTEGA ISLAND DR N

JACKSONVILLE, FL 32210

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

GARY A. NORCROSS AMANDA M. NORCROSS