

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

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

OMB No 1545-0052

**2017**

**Open to Public Inspection**

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

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation GULF POWER FOUNDATIONINC		A Employer identification number 59-2817740	
Number and street (or P O box number if mail is not delivered to street address) 500 BAYFRONT PARKWAY		Room/suite	
B Telephone number (see instructions) (850) 444-6206		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32501		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,442,634		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	400,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	316	316		
	4 Dividends and interest from securities	85,285	85,285		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 <b>Total.</b> Add lines 1 through 11	485,601	85,601			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,700	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	974	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	337	0		0
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	3,011	0		0
	25 Contributions, gifts, grants paid	482,621			482,621
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	485,632	0		482,621	
27 Subtract line 26 from line 12					
a <b>Excess of revenue over expenses and disbursements</b>	-31				
b <b>Net investment income</b> (if negative, enter -0-)		85,601			
c <b>Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	116,691	31,375	31,375
	<b>2</b> Savings and temporary cash investments . . . . .	104,560	105,389	105,389
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	2,405,940	2,915,261	2,915,261
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	1,342,834	1,390,609	1,390,609
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,970,025	4,442,634	4,442,634	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	3,970,025	4,442,634	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	3,970,025	4,442,634		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	3,970,025	4,442,634		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	3,970,025
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-31
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	472,640
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	4,442,634
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	4,442,634

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	356,764	3,854,679	0.092553
2015	354,905	4,158,174	0.085351
2014	327,165	4,212,921	0.077658
2013	360,369	4,015,362	0.089748
2012	351,862	3,626,117	0.097035

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.442345
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.088469
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	4,263,163
<b>5</b> Multiply line 4 by line 3	<b>5</b>	377,158
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	856
<b>7</b> Add lines 5 and 6	<b>7</b>	378,014
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	482,621

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	856
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	856
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	<b>5</b>	856
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	839
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	839
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	17
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation ▶ \$ _____ 0 <b>(2)</b> On foundation managers ▶ \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

Part VII-A Statements Regarding Activities (continued)

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

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

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

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

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

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

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

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances.

Total number of other employees paid over \$50,000. . . . . 0

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation.

Total number of others receiving over \$50,000 for professional services. . . . . 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

Table with 2 columns: Description of activities, Expenses.

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Table with 2 columns: Description of investments, Amount.

Total. Add lines 1 through 3 . . . . . 0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,042,961
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	285,123
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	4,328,084
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	4,328,084
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	64,921
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	4,263,163
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	213,158

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	213,158
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	856
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	856
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	212,302
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	212,302
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	212,302

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	482,621
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	482,621
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	856
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	481,765

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

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				212,302
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	172,202			
<b>b</b> From 2013. . . . .	161,159			
<b>c</b> From 2014. . . . .	118,290			
<b>d</b> From 2015. . . . .	148,714			
<b>e</b> From 2016. . . . .	165,656			
<b>f</b> Total of lines 3a through e. . . . .	766,021			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>482,621</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				212,302
<b>e</b> Remaining amount distributed out of corpus	270,319			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,036,340			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .		0		
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	172,202			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	864,138			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	161,159			
<b>b</b> Excess from 2014. . . . .	118,290			
<b>c</b> Excess from 2015. . . . .	148,714			
<b>d</b> Excess from 2016. . . . .	165,656			
<b>e</b> Excess from 2017. . . . .	270,319			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

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

MR WENDELL SMITH  
ONE ENERGY PLACE  
PENSACOLA, FL 325200100  
(850) 444-6380

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

THE ORGANIZATION IS REQUIRED TO COMPLETE GRANT APPLICATIONS, INCLUDING COPY OF THE FORM 990-PF (IF APPLICABLE)

**c** Any submission deadlines

FEBRUARY 15, MAY 15, AUGUST 15, AND NOVEMBER 15 FOR THE RESPECTIVE QUARTERLY BOARD MEETINGS

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

GRANTS ARE MADE EXCLUSIVELY FOR CHARITABLE, HUMAN NEEDS, COMMUNITY VITALITY, CIVIC, EDUCATION AND ENVIRONMENTAL STEWARDSHIP

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3b</b>				444,125





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

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
MICHAEL L BURROUGHS 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	TRUSTEE 0 50	0	0	0
JIM FLETCHER 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	TRUSTEE 0 50	0	0	0
WENDELL SMITH 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	CHAIRMAN 0 50	0	0	0
PAUL TRIPPE 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	TREASURER 0 50	0	0	0
ROBIN BOREN 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	TRUSTEE 0 50	0	0	0
ADRIANNE COLLINS 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	TRUSTEE 0 50	0	0	0
JEFFREY STONE 500 BAYFRONT PARKWAY PENSACOLA, FL 32501	SECRETARY 0 50	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALIGNMENT BAY COUNTY 5230 WEST HIGHWAY 98 PANAMA CITY, FL 32401	NONE	PUBLIC CHARITY 509 (A)	YOUTH COMMUNITY SERVICES	10,000
AMERICAN CANCER SOCIETY 5401 CORPORATE WOODS DRIVE 100 PENSACOLA, FL 32504	NONE	PUBLIC CHARITY 509 (A)	CANCER RESEARCH	723
AMERICAN CANCER SOCIETY 3709 W JETTON AVENUE TAMPA, FL 33629	NONE	PUBLIC CHARITY 509 (A)	CANCER RESEARCH	879
<b>Total . . . . .</b> ▶				482,622
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 99 EGLIN PARKWAY NE SUITE 37 FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509 (A	CANCER RESEARCH	300
AMERICAN HEART ASSOCIATION 548 MARY ESTHER PARKWAY UNIT 18 BOX 343 FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509 (A	HEART DISEASE RESEARCH	300
AMERICAN CANCER SOCIETY 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	PUBLIC CHARITY 509 (A	HEART DISEASE RESEARCH	1,490
<b>Total . . . . .</b> ▶				482,622
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BAY EDUCATION FOUNDATION 1311 BALBOA AVENUE PANAMA CITY, FL 32401	NONE	PUBLIC CHARITY 509 (A	SCHOLARSHIPS	4,400
BELIEF FOUNDATION 130 EAST JOHN CARPENTER FREEWAY IRVING, TX 75062	NONE	PUBLIC CHARITY 509 (A	SCHOLARSHIPS	1,800
BLADDER CANCER ADVOCACY NETWORK 4915 ST ELMO AVE SUITE 202 BETHESDA, MD 20814	NONE	PUBLIC CHARITY 509 (A	BLADDER CANCER RESEARCH	300
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S HOME SOCIETY OF FLORIDA 1300 NORTH PALAFOX STREET SUITE 103 PENSACOLA, FL 32501	NONE	PUBLIC CHARITY 509 (A)	YOUTH SERVICES/EDUCATION	5,000
CHIPOLA COLLEGE FOUNDATION 3094 INDIAN CIRCLE MARIANNA, FL 32446	NONE	PUBLIC CHARITY 509 (A)	GENERAL SCHOLARSHIP	4,400
COMMUNITIES CARING AT CHRISTMAS 4990 MOBILE HIGHWAY PENSACOLA, FL 32506	NONE	PUBLIC CHARITY 509 (A)	PROVIDE NEEDS TO UNDERPRIVILEGED	350
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COVENANT CARE HOSPICE 107 WEST 19TH STREET PANAMA CITY, FL 32405	NONE	PUBLIC CHARITY 509 (A)	SERVICES TO THOSE WITH LIFE LIMITING ILLNESS	1,250
DIXON SCHOOL OF THE ARTS 2601-A WEST STRONG STREET PENSACOLA, FL 32505	NONE	PUBLIC CHARITY 509 (A)	YOUTH EDUCATION	448
ELDER SERVICES OF OKALOOSA COUNTY 207 HOSPITAL DRIVE FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509 (A)	ELDERLY CARE AND SERVICES	800
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ELEANOR J JOHNSON YOUTH CENTER 27 ROBINWOOD DRIVE SW FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509 (A	AFTER SCHOOL CARE	948
EMMAUS ROAD OUTREACH MINISTRIES POST OFFICE BOX 601 GONZALEZ, FL 32560	NONE	PUBLIC CHARITY 509 (A	YOUTH MENTORING SERVICES	2,000
ESCAMBIA COUNTY PUBLIC SCHOOLS FOUNDATION 30 EAST TEXAR DRIVE PENSACOLA, FL 32503	NONE	PUBLIC CHARITY 509 (A	ENDOWMENT FUND	500
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ESCAMBIA COUNTY PUBLIC SCHOOLS FOUNDATION 30 EAST TEXAR DRIVE PENSACOLA, FL 32503	NONE	PUBLIC CHARITY 509 (A)	GENERAL SCHOLARSHIP	4,400
ESCAMBIA COUNTY PUBLIC SCHOOLS FOUNDATION 30 EAST TEXAR DRIVE PENSACOLA, FL 32503	NONE	PUBLIC CHARITY 509 (A)	EDUCATION SERVICES	100
FEEDING THE GULF COAST 5709 INDUSTRIAL BLVD MILTON, FL 32583	NONE	PUBLIC CHARITY 509 (A)	COMMUNITY FOOD PANTRY	3,000
<b>Total . . . . .</b>  <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FLORIDA STATE UNIVERSITY 4750 COLLEGIATE DRIVE PANAMA CITY, FL 32405	NONE	GOVERNMENTAL UNIT 50	CAPTIAL CAMPAIGN	50,000
FLORIDA STATE UNIVERSITY FOUNDATION 2010 LEVY AVE BUILDING B SUITE 300 TALLAHASSEE, FL 32310	NONE	PUBLIC CHARITY 509(A	ENDOWMENT FUND	5,000
GLOBAL ARTS SOCIETY CORPORATION 819 EAST 11TH STREET BUILDING 10 PANAMA CITY, FL 32401	NONE	PUBLIC CHARITY 509(A	COMMUNITY ACTIVITIES & PROGRAMS	448
<b>Total . . . . .</b>				<b>482,622</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GULF COAST KIDS HOUSE 3401 N 12TH AVENUE PENSACOLA, FL 32503	NONE	PUBLIC CHARITY 509(A)	CHILD ABUSE SERVICES	833
GULF COAST STATE COLLEGE 5230 WEST HIGHWAY 98 PANAMA CITY, FL 32401	NONE	GOVERNMENTAL UNIT 50	ENDOWMENT FUND	2,000
GULF COAST STATE COLLEGE FOUNDATION 5230 WEST HIGHWAY 98 STUDENT UNION WEST 325 PANAMA CITY, FL 32401	NONE	PUBLIC CHARITY 509(A)	ENDOWMENT FUND	4,000
<b>Total . . . . .</b>				482,622

**▶ 3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GULF POWER TRANSFORMERS ONE ENERGY PLACE PENSACOLA, FL 32520	NONE	PUBLIC CHARITY 509 (A)	COMMUNITY SERVICES	132
HABITAT FOR HUMANITY 300 WEST LEONARD STREET PENSACOLA, FL 32501	NONE	PUBLIC CHARITY 509 (A)	HOME CONSTRUCTION FOR THE LESS FORTUNATE	500
HOUSE OF RIGHTEOUSNESS MINISTRY 3676 MOBILE HIGHWAY PENSACOLA, FL 32505	NONE	PUBLIC CHARITY 509 (A)	COMMUNITY OUTREACH	300
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF NORTHWEST FLORIDA POST OFFICE BOX 15030 PENSACOLA, FL 32514	NONE	PUBLIC CHARITY 509 (A	YOUTH ECONOMIC PROGRAMS	9,000
KEEPING ABREAST FOUNDATION POST OFFICE BOX 6 PENSACOLA, FL 32591	NONE	PUBLIC CHARITY 509 (A	BREAST CANCER SUPPORT AND AWARENESS	250
KIWANIS CLUB OF BIG LAGOON FOUNDATION 16335 PERDIDO DRIVE PENSACOLA, FL 32507	NONE	PUBLIC CHARITY 509 (A	COMMUNITY OUTREACH	100
<b>Total . . . . .</b> ▶				482,622
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LMC IMPRESSIONS INC 5236 HIGHWAY 273 CAMPBELLTON, FL 32426	NONE	PUBLIC CHARITY 509 (A)	COMMUNITY OUTREACH FOR CREATIVITY	448
MANNA FOOD PANTRY 116 EAST GONZALEZ STREET PENSACOLA, FL 32501	NONE	PUBLIC CHARITY 509 (A)	COMMUNITY FOOD PANTRY	250
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY 509 (A)	IMPROVEMENT OF INFANT HEALTH AND CARE	-300
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MARGARET K LEWIS SCHOOL 230 NORTH EAST AVENUE PANAMA CITY, FL 32401	NONE	GOVERNMENTAL UNIT 50	EDUCATION	1,250
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY SUITE 311 MAITLAND, FL 32751	NONE	PUBLIC CHARITY 509(A)	ENVIRONMENTAL CONSERVATION	8,750
NEMOURS FOUNDATION 5153 NORTH 9TH AVENUE PENSACOLA, FL 32504	NONE	PUBLIC CHARITY 509(A)	SPECIALIZED HEALTH SERVICES FOR INFANTS AND CHILDREN	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OKALOOSA COUNTY SCHOOL BOARD 120 LOWERY PLACE FORT WALTON BEACH, FL 32548	NONE	GOVERNMENTAL UNIT 50	GENERAL SCHOLARSHIP	-500
OKALOOSA COUNTY SCHOOL DISTRICT 120 LOWERY PLACE FORT WALTON BEACH, FL 32548	NONE	GOVERNMENTAL UNIT 50	ENDOWMENT FUND	1,000
OKALOOSA PUBLIC SCHOOLS FOUNDATION 120 LOWERY PLACE FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509(A)	GENERAL SCHOLARSHIP	4,400
<b>Total . . . . .</b>				482,622

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PANAMA CITY RESCUE MISSION 609 ALLEN AVENUE PANAMA CITY, FL 32401	NONE	PUBLIC CHARITY 509 (A)	HOMELESS SERVICES	1,000
PENSACOLA OPERA 75 SOUTH TARRAGONA STREET PENSACOLA, FL 32502	NONE	PUBLIC CHARITY 509 (A)	CULTURAL ENRICHMENT	4,800
PHOENIX RISING RESCUE 2451 LA LAR LANE PENSACOLA, FL 32534	NONE	PUBLIC CHARITY 509 (A)	DOG RESCUE	25
<b>Total . . . . .</b> ▶				482,622
<b>3a</b>				

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RHODES ELEMENTARY SCHOOL 5563 BRYOM STREET MILTON, FL 32570	NONE	GOVERNMENTAL UNIT 50	EDUCATION	300
RONALD MCDONALD HOUSE CHARITIES 5200 BAYOU BOULEVARD PENSACOLA, FL 32503	NONE	PUBLIC CHARITY 509(A)	SUPPORT PROGRAMS FOR SICK CHILDREN AND THEIR PARENTS	10,833
SALVATION ARMY OF OKALOOSA COUNTY 425 MARY ESTHER CUT-OFF NW FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509(A)	HUMAN NEEDS SERVICES	300
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANTA ROSA COUNTY SCHOOL DISTRICT 5086 CANAL STREET MILTON, FL 32570	NONE	GOVERNMENTAL UNIT 50	GENERAL SCHOLARSHIP	500
SANTA ROSA EDUCATION FOUNDATION 5086 CANAL STREET MILTON, FL 32570	NONE	PUBLIC CHARITY 509(A)	GENERAL SCHOLARSHIP	4,400
SAVE OUR COCKER SPANIELS 192 SW SAGEWOOD GLEN LAKE CITY, FL 32024	NONE	PUBLIC CHARITY 509(A)	DOG RESCUE	25
<b>Total . . . . .</b>				482,622

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SECOND CHANCE OF NW FLORIDA INC 819 EAST 11TH STREET PANAMA CITY, FL 32401	NONE	PUBLIC CHARITY 509 (A)	SPECIALIZED PROGRAMS FOR THOSE WITH BRAIN INJURIES	3,000
STUDER COMMUNITY INSTITUTE 121 SOUTH PALAFOX PLACE PENSACOLA, FL 32502	NONE	PUBLIC CHARITY 509 (A)	COMMUNITY SERVICES	12,000
TOM P HANEY EDUCATION FOUNDATION 3016 HIGHWAY 77 PANAMA CITY, FL 32405	NONE	PUBLIC CHARITY 509 (A)	GENERAL SCHOLARSHIP	500
<b>Total</b> . . . . . 				482,622
<b>3a</b>				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TROY UNIVERSITY FOUNDATION 301 ADAMS ADMINISTRATION BUILDING TROY, AL 36082	NONE	PUBLIC CHARITY 509 (A	ENDOWMENT FUND	5,000
UNITED WAY OF ESCAMBIA COUNTY 1301 W GOVERNMENT ST PENSACOLA, FL 32501	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	86,911
UNITED WAY OF NW FLORIDA (BAY COUNTY) POST OFFICE BOX 586 PANAMA CITY, FL 32402	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	22,320
<b>Total . . . . .</b> <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF NW FLORIDA (CALHOUN COUNTY) POST OFFICE BOX 586 PANAMA CITY, FL 32402	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	1,081
UNITED WAY OF NW FLORIDA (GULF COUNTY) POST OFFICE BOX 586 PANAMA CITY, FL 32402	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	781
UNITED WAY OF NW FLORIDA (HOLMES COUNTY) POST OFFICE BOX 586 PANAMA CITY, FL 32402	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	981
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF NW FLORIDA (JACKSON COUNTY) POST OFFICE BOX 586 PANAMA CITY, FL 32402	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	3,760
UNITED WAY OF NW FLORIDA (WASHINGTON COUNTY) POST OFFICE BOX 586 PANAMA CITY, FL 32402	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	3,194
UNITED WAY OF OKALOOSAWALTON COUNTY 107-B TUPELO AVENUE FORT WALTON BEACH, FL 32548	NONE	PUBLIC CHARITY 509 (A	COMMUNITY SERVICES	14,212
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF SANTA ROSA COUNTY POST OFFICE BOX 284 MILTON, FL 32572	NONE	PUBLIC CHARITY 509(A)	COMMUNITY SERVICES	27,716
UNIVERSITY OF FLORIDA FOUNDATION 2012 W UNIVERSITY AVE GAINESVILLE, FL 32604	NONE	PUBLIC CHARITY 509(A)	ENDOWMENT FUND	5,000
UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	GOVERNMENTAL UNIT 50	EDUCATION SERVICES	101,375
<b>Total . . . . .</b>				<b>482,622</b>

▶ 3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	GOVERNMENTAL UNIT 50	ENDOWMENT FUND	3,500
USO OF NORTHWEST FLORIDA POST OFFICE BOX 33135 PENSACOLA, FL 32508	NONE	PUBLIC CHARITY 509(A)	AMERICAN TROOPS AND FAMILY SUPPORT	1,716
WALTON EDUCATION FOUNDATION 145 S PARK STREET NORTH DEFUNIAK SPRINGS, FL 32435	NONE	PUBLIC CHARITY 509(A)	GENERAL SCHOLARSHIP	4,900
<b>Total . . . . .</b>				<b>482,622</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WASHINGTON-HOLMES TECHNICAL CENTER FOUNDATION POST OFFICE BOX 180 CHIPLEY, FL 32428	NONE	PUBLIC CHARITY 509 (A	GENERAL SCHOLARSHIP	500
WATERFRONT RESCUE MISSION 380 WEST HERMAN STREET PENSACOLA, FL 32505	NONE	PUBLIC CHARITY 509 (A	HOMELESS SERVICES	5,300
YMCA165 EAST INTENDENCIA STREET PENSACOLA, FL 32502	NONE	PUBLIC CHARITY 509 (A	CAPITAL CAMPAIGN	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AGNES SCOTT COLLEGE 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	1,000
AUBURN UNIVERSITYAUBURN AUBRUN, AL 36849	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	2,700
BAPTIST COLLEGE OF FLORIDA 5400 COLLEGE DRIVE GRACEVILLE, FL 32446	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	1,000
<b>Total . . . . .</b>				<b>482,622</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ECKERD COLLEGE 4200 54TH AVENUE SOUTH ST PETERSBURG, FL 32405	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	100
FLORIDA STATE UNIVERSITY 4750 COLLEGIATE DRIVE PANAMA CITY, FL 32306	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	1,650
GEORGIA TECH NORTH AVENUE NORTHWEST ATLANTA, GA 30332	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	150
<b>Total . . . . .</b>				<b>482,622</b>

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PENSACOLA STATE COLLEGE 1000 COLLEGE BLVD PENSACOLA, FL 32504	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	1,175
SOUTHERN ILLINOIS UNIVERSITY 1263 LINCOLN DRIVE CARBONDALE, IL 62901	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	100
UNIVERSITY OF ALABAMA TUSCALOOSA TUSCALOOSA, AL 30602	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	243
<b>Total . . . . .</b>				<b>482,622</b>

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF GEORGIAATHENS ATHENS, GA 30602	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	150
UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE HATTIESBURG, MS 39406	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	1,000
UNIVERSITY OF WEST FLORIDA 11000 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	GOVERNMENTAL UNIT 50	MATCHING GIFT	1,175
<b>Total . . . . .</b> ▶ <b>3a</b>				482,622

**TY 2017 Accounting Fees Schedule****Name:** GULF POWER FOUNDATIONINC**EIN:** 59-2817740**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAX PREP	1,700	0		0

**TY 2017 Investments Corporate Bonds Schedule****Name:** GULF POWER FOUNDATIONINC**EIN:** 59-2817740**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD BOND MARKET INDEX	1,390,609	1,390,609

**TY 2017 Investments Corporate Stock Schedule****Name:** GULF POWER FOUNDATIONINC**EIN:** 59-2817740

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD STOCK MARKET INDEX	2,915,261	2,915,261

**TY 2017 Other Expenses Schedule****Name:** GULF POWER FOUNDATIONINC**EIN:** 59-2817740**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE CORPORATION FILING FEE	122	0		0
BANK SERVICE CHARGES	215	0		0

**TY 2017 Other Increases Schedule****Name:** GULF POWER FOUNDATIONINC**EIN:** 59-2817740

<b>Description</b>	<b>Amount</b>
UNREALIZED GAINS/LOSSES	472,640

**TY 2017 Taxes Schedule****Name:** GULF POWER FOUNDATIONINC**EIN:** 59-2817740

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAXES	974	0		0

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

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

OMB No 1545-0047  
**2017**

**Name of the organization**  
GULF POWER FOUNDATIONINC

**Employer identification number**  
59-2817740

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

**General Rule**

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

**Special Rules**

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

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

<b>Name of organization</b> GULF POWER FOUNDATIONINC	<b>Employer identification number</b> 59-2817740
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<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GULF POWER COMPANY <hr/> 500 BAYFRONT PARKWAY <hr/> PENSACOLA, FL32501	\$ 400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
.	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> GULF POWER FOUNDATIONINC	<b>Employer identification number</b> 59-2817740
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

<b>Name of organization</b> GULF POWER FOUNDATIONINC	<b>Employer identification number</b> 59-2817740
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

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

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

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

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

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

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

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

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