

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

Name of foundation THE ST JOE COMMUNITY FOUNDATION INC		A Employer identification number 59-3576402	
Number and street (or P O box number if mail is not delivered to street address) 133 SOUTH WATERSOUND PARKWAY		Room/suite	B Telephone number (see instructions) (850) 231-6435
City or town, state or province, country, and ZIP or foreign postal code WATERSOUND, FL 32461		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,553,586	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)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	207,000			
	2 Check <input checked="" type="checkbox"/> If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	26,743	26,743		
	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				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	2,390,040	0		
	12 Total. Add lines 1 through 11	2,623,783	26,743		
	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)	12,000	0		0
	c Other professional fees (attach schedule)	3,290	0		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings	2,121	0		0
	22 Printing and publications	451	0		0
	23 Other expenses (attach schedule)	135,182	101		0
	24 Total operating and administrative expenses. Add lines 13 through 23	153,044	101		0
	25 Contributions, gifts, grants paid	2,135,625			2,135,625
	26 Total expenses and disbursements. Add lines 24 and 25	2,288,669	101		2,135,625
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	335,114			
	b Net investment income (if negative, enter -0-)		26,642		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets 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
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	4,218,472	4,431,586	4,431,586
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	122,000	122,000
	14 Land, buildings, and equipment basis ▶ _____ 16,422 Less accumulated depreciation (attach schedule) ▶ 16,422			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,218,472	4,553,586	4,553,586	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	4,218,472	4,553,586	
30 Total net assets or fund balances (see instructions)	4,218,472	4,553,586		
31 Total liabilities and net assets/fund balances (see instructions) .	4,218,472	4,553,586		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,218,472
2 Enter amount from Part I, line 27a	2	335,114
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	4,553,586
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,553,586

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)
1a			

(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)
a			
b			
c			
d			
e			

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	
a			
b			
c			
d			
e			

2 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 }	2	
3 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 { }	3	

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	1,217,202	3,882,970	0.313472		
2015	1,027,747	3,194,404	0.321734		
2014	1,097,979	2,446,988	0.448706		
2013	892,266	1,735,869	0.514017		
2012	1,798,926	1,469,356	1.224296		
2 Total of line 1, column (d)				2	2.822225
3 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				3	0.564445
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5				4	4,609,191
5 Multiply line 4 by line 3				5	2,601,635
6 Enter 1% of net investment income (1% of Part I, line 27b)				6	266
7 Add lines 5 and 6				7	2,601,901
8 Enter qualifying distributions from Part XII, line 4				8	2,135,625

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)

1a	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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	533
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	533
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	533
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	4
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	537
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0		
2 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>	2	No
3 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>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 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>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> FL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW STJCF COM	13	Yes	
14	The books are in care of APRIL WILKES Telephone no (850) 231-6435			

Located at **133 S WATERSOUND PKWY WATERSOUND FL** ZIP+4 **32461**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) 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 (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) 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 (5) 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 If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	5b		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a 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 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a 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 If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KEN BORICK 133 S WATERSOUND PKWY WATERSOUND, FL 32461	BOARD MEMBER 1 00	0	0	0
JORGE GONZALEZ 133 S WATERSOUND PKWY WATERSOUND, FL 32461	BOARD MEMBER 1 00	0	0	0
APRIL WILKES 133 S WATERSOUND PKWY WATERSOUND, FL 32461	EXECUTIVE DIRECTOR 1 00	0	0	0
RHEA GOFF 133 S WATERSOUND PKWY WATERSOUND, FL 32461	BOARD MEMBER 1 00	0	0	0

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

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

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".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	4,679,382
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,679,382
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,679,382
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	70,191
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,609,191
6	Minimum investment return. Enter 5% of line 5.	6	230,460

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.)

1	Minimum investment return from Part X, line 6.	1	230,460
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	533
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	533
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	229,927
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	229,927
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	229,927

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	2,135,625
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, etc., purposes.	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).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	2,135,625
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,135,625

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
1 Distributable amount for 2017 from Part XI, line 7				229,927
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	1,725,458			
b From 2013.	805,473			
c From 2014.	975,630			
d From 2015.	868,027			
e From 2016.	1,035,083			
f Total of lines 3a through e.	5,409,671			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>2,135,625</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				229,927
e Remaining amount distributed out of corpus	1,905,698			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,315,369			
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 amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must 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 may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	1,725,458			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	5,589,911			
10 Analysis of line 9				
a Excess from 2013.	805,473			
b Excess from 2014.	975,630			
c Excess from 2015.	868,027			
d Excess from 2016.	1,035,083			
e Excess from 2017.	1,905,698			

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

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.)

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

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.

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	2,135,625
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-11-13	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TIMOTHY FULMER		2018-11-13		P00173708
	Firm's name ► CARR RIGGS & INGRAM LLC				Firm's EIN ► 72-1396621
	Firm's address ► 500 GRAND BOULEVARD SUITE 210 MIRAMAR BEACH, FL 32550				Phone no (850) 837-3141

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)				
a <i>Paid during the year</i>				
30A 10K INC251 GROVE LANE FREEPORT, FL 32439	NONE	PC	HEALTHCARE/EDUCATION	5,000
AIR FORCE ASSOCIATION EDUCATION FOUNDATION P O BOX 176 SHALIMAR, FL 32579	NONE	PC	EDUCATION	10,000
IN MEMORY OF ALAN RIEHL 288 BRUSHED DUNES CIRCLE FREEPORT, FL 32459	NONE	PF	HEALTHCARE	2,500
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
AMERICAN LEGION POST 356 400 ABERDEEN PARKWAY PANAMA CITY, FL 32444	NONE	PC	CULTURAL ARTS	5,000
AMERICAN RED CROSS 222 N BAYLEN STREET PENSCOLA, FL 32502	NONE	PC	HEALTHCARE	25,000
AMERICAN RED CROSS - NW FLORIDA CHAPTER 222 N BAYLEN STREET PENSACOLA, FL 32502	NONE	PC	HEALTHCARE	20,000
Total 3a				2,135,625

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)				
a <i>Paid during the year</i>				
AMIKIDS PANAMA CITY MARINE INSTITUTE PO BOX 268 PANAMA CITY, FL 32402	NONE	PC	EDUCATION	25,000
ANCHORAGE CHILDREN'S HOME OF BAY COUNTY 2121 LISEBY AVENUE PANAMA CITY, FL 32401	NONE	PC	HEALTHCARE	14,000
ANGEL HOUSE BEREAVEMENT CENTER 1015 GRACE AVENUE UNIT C PANAMA CITY, FL 32401	NONE	PC	HEALTHCARE	3,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
APALACHICOLA RIVER COMMUNITY OF INDIANS 6928 BAYOU GEORGE DRIVE PANAMA CITY, FL 32404	NONE	PC	CULTURAL ARTS	1,425
BAY COUNTY AUDUBON SOCIETY P O BOX 1182 PANAMA CITY, FL 32402	NONE	PC	ENVIRONMENT	8,180
BAY EDUCATION FOUNDATION 1311 BALBOA AVENUE PANAMA CITY, FL 32401	NONE	PC	EDUCATION	97,500
Total ► 3a				2,135,625

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)				
a <i>Paid during the year</i>				
BAY HIGH QUARTERBACK CLUB PO BOX 30625 PANAMA CITY, FL 32412	NONE	PC	HEALTHCARE	15,000
BEACH CARE SERVICES INC 6816 THOMAS DRIVE PANAMA CITY, FL 32408	NONE	PC	HEALTHCARE	10,000
BEACH DOLPHINS BOOSTER CLUB 2116 PEBBLE BEACH PLACE PANAMA CITY, FL 32408	NONE	PC	HEALTHCARE	5,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB OF THE EMERALD COAST 923 DENTON BOULEVARD FORT WALTON BEACH, FL 32547	NONE	PC	EDUCATION	42,300
BOZEMAN BASEBALL BOOSTER CLUB P O BOX 8385 SOUTHPORT, FL 32409	NONE	PC	HEALTHCARE	300
CARING & SHARING OF SOUTH WALTON 112 LYNN DRIVE SANTA ROSA BEACH, FL 32459	NONE	PC	HEALTHCARE	20,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
CHAUTAUQUA CHARTER SCHOOL 1118 MAGNOLIA AVENUE PANAMA CITY, FL 32401	NONE	PC	EDUCATION	25,000
CHILDREN'S ADVOCACY CENTER 210 EAST 11TH STREET PANAMA CITY, FL 32401	NONE	PC	HEALTHCARE	17,000
CHILDREN'S VOLUNTEER HEALTH NETWORK P O BOX 2142 SANTA ROSA BEACH, FL 32459	NONE	PC	HEALTHCARE	17,000
Total ► 3a				2,135,625

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)				
a <i>Paid during the year</i>				
CHOCTAWHATCHEE BASIN ALLIANCE 109 GREENWAY TRAIL SANTA ROSA BEACH, FL 32459	NONE	PC	ENVIRONMENT	33,000
COVENANT CARE 107 WEST 19TH STREET PANAMA CITY, FL 32405	NONE	PC	HEALTHCARE	50,000
EASY ON 30A142 POND CYPRESS WAY SANTA ROSA BEACH, FL 32459	NONE	PC	CULTURAL ARTS	10,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
EMERALD COAST CHILDREN'S ADVOCACY CENTER PO BOX 1237 NICEVILLE, FL 325881237	NONE	PC	HEALTHCARE	10,000
EMERALD COAST SCIENCE CENTER 31 SW MEMORIAL PARKWAY FORT WALTON BEACH, FL 32548	NONE	PC	EDUCATION	18,000
EMERALD COAST THEATRE COMPANY P O BOX 9175 MIRAMAR BEACH, FL 32459	NONE	PC	CULTURAL ARTS	20,100
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
FLORIDA STATE UNIVERSITY FOUNDATION INC 4750 COLLEGIATE DRIVE PANAMA CITY, FL 32405	NONE	PC	EDUCATION	170,000
FOOD FOR THOUGHT OUTREACH 174 WATERCOLOR WAY SUITE 2013 286 SANTA ROSA BEACH, FL 32459	NONE	PC	HEALTHCARE	37,000
FOOD4KIDZ 22811 PANAMA CITY BEACH PARKWAY 26 PANAMA CITY, FL 32413	NONE	PC	HEALTHCARE	3,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
FORE HER INC54 W SHIPWRECK ROOAD SANTA ROSA BEACH, FL 32459	NONE	PC	HEALTHCARE	1,000
FREEPORT AREA YOUTH SPORTS ASSOCIATION 560 WATERVIEW COVE FREEPORT, FL 32439	NONE	PC	HEALTHCARE	10,000
GEORGE A BUTCHIKAS FOUNDATION FOR AUTISM P O BOX 9008 PANAMA CITY, FL 32417	NONE	PC	HEALTHCARE	20,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
GIRLS INC1100 FOUNTAIN AVENUE PANAMA CITY, FL 32401	NONE	PC	EDUCATION	10,000
GULF COAST CHIEF PETTY OFFICERS ASSOCIATION 2117 WILKINSON AVENUE PANAMA CITY BEACH, FL 32408	NONE	PC	ENVIRONMENT	2,500
GULF COAST CHILDREN'S ADVOCACY CENTER 210 EAST 11TH STREET PANAMA CITY, FL 32401	NONE	PC	HEALTHCARE	25,000
Total ► 3a				2,135,625

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)				
a <i>Paid during the year</i>				
GULF COAST COUNCIL BOY SCOUTS OF AMERICA 9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	PC	EDUCATION	48,000
GULF COAST STATE COLLEGE FOUNDATION 5230 WEST HIGHWAY 98 PANAMA CITY, FL 32401	NONE	PC	EDUCATION	112,500
GULF JAZZ SOCIETYPO BOX 1535 PANAMA CITY, FL 32401	NONE	PC	CULTURAL ARTS	4,000
Total ► 3a				2,135,625

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)				
a <i>Paid during the year</i>				
HABITAT FOR HUMANITY 110 S COUNTY HIGHWAY 393 SANTA ROSA BEACH, FL 32459	NONE	PC	HEATLHCARE	17,000
HISTORIC ST ANDREWS WATERFRONT PARTNERSHIP 1134 BECK AVENUE PANAMA CITY, FL 32401	NONE	PC	CULTURAL ARTS	5,000
HOUSEBOYS OF FLORIDA 2716 RAVENWOOD COURT LYNN HAVEN, FL 32444	NONE	PC	HEALTHCARE	2,000
Total ► 3a				2,135,625

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)				
a <i>Paid during the year</i>				
JUNIOR LEAGUE OF PANAMA CITY PO BOX 311 PANAMA CITY, FL 30402	NONE	PC	HEALTHCARE	10,000
KALEIDOSCOPE THEATREPO BOX 526 LYNN HAVEN, FL 32444	NONE	PC	CULTURAL ARTS	10,000
KINDRED SPIRIT THERAPY MINIS 5411 HILTON ROAD NORTH BAKER, FL 32531	NONE	PC	HEALTHCARE	4,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
LIFE MANAGEMENT CENTER OF NWFL 525 EAST 15TH STREET PANAMA CITY, FL 32405	NONE	PC	HEALTHCARE	50,000
MATRIX COMMUNITY OUTREACH CENTER 37 NORTH 9TH STREET DEFUNIAK SPRINGS, FL 32433	NONE	PC	HEALTHCARE	2,000
MUSCOGEE NATION OF FLORIDA 278 CHURCH ROAD BRUCE, FL 32455	NONE	PC	CULTURAL ARTS	13,000
Total ► 3a				2,135,625

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)				
a <i>Paid during the year</i>				
NATIONAL ALLIANCE ON MENTAL ILLNESS P O BOX 10642 PANAMA CITY, FL 32404	NONE	PC	HEALTHCARE	1,500
NATIONAL KIDNEY FOUNDATION 1040 WOODCOCK ROAD SUITE 119 ORLANDO, FL 32803	NONE	PC	HEALTHCARE	5,000
NORTH BAY HAVEN BOOSTERS INC 1 BUCCANEER DRIVE PANAMA CITY, FL 32504	NONE	PC	EDUCATION	1,900
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
NORTHWEST FLORIDA BALLET 310 PERRY AVENUE SE FORT WALTON BEACH, FL 32548	NONE	PC	CULTURAL ARTS	22,170
NORTHWEST FLORIDA GUARDIAN AD LITEM 19 IOWA DRIVE NE FORT WALTON BEACH, FL 32548	NONE	PC	HEALTHCARE	3,500
PANAMA CITY BEACH SENIOR SERVICES FOUNDATION INC 423 LYNDELL LANE PANAMA CITY, FL 32407	NONE	PC	HEALTHCARE	2,400
Total ▶ 3a				2,135,625


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)				
a <i>Paid during the year</i>				
PANAMA CITY COMMUNITY DEVELOPMENT COUNCIL 1000 BECK AVENUE PANAMA CITY, FL 32401	NONE	PC	CULTURAL ARTS	10,000
PANAMA CITY MUSIC ASSOCIATION P O BOX 133 PANAMA CITY, FL 32402	NONE	PC	CULTURAL ARTS	3,000
PANAMA CITY POPS ORCHESTRA PO BOX 744 PANAMA CITY, FL 32402	NONE	PC	CULTURAL ARTS	30,000
Total ▶ 3a				2,135,625

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)				
a Paid during the year				
PANAMA CITY RESCUE MISSION 609 ALLEN AVENUE PANAMA CITY, FL 32401	NONE	PC	HEALTHCARE	25,000
PARKWAY PRESBYTERIAN CHURCH 505 SOUTH TYNDALL PARKWAY PANAMA CITY, FL 32404	NONE	PC	HEALTHCARE	5,000
PYRAMID INC524 HARISON AVENUE PANAMA CITY, FL 32401	NONE	PC	HEALTHCARE	5,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
RONALD MCDONALD HOUSE CHARITIES OF NWFL 5200 BAYOU BOULEVARD PENSACOLA, FL 32503	NONE	PC	HEALTHCARE	1,500
ROSEMARY BEACH FOUNDATION INC 9440 UNIVERSITY PARKWAY PENSACOLA, FL 32514	NONE	PF	EDUCATION	5,000
ROTARY YOUTH CAMP OF NORTH FLORIDA PO BOX 10426 TALLAHASSEE, FL 32302	NONE	PC	HEALTHCARE	12,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
SACRED HEART FOUNDATION PO BOX 2700 PENSACOLA, FL 32513	NONE	PC	HEALTHCARE	600,000
SALVATION ARMYPO BOX 540 PANAMA CITY, FL 32402	NONE	PC	HEALTHCARE	5,000
SAMARITAN'S PURSEPO BOX 30000 BOONE, NC 26807	NONE	PC	HEALTHCARE	25,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
SEASIDE SCHOOL FOUNDATION PO BOX 4825 SANTA ROSA BEACH, FL 32459	NONE	PC	EDUCATION	10,000
SIGHT SAVERS AMERICA 337 BUSINESS CIRCLE PELHAM, AL 35124	NONE	PC	HEALTHCARE	12,000
SINFONIA GULF COAST 36468 EMERALD COAST PARKWAY SUITE 11102 DESTIN, FL 32541	NONE	PC	CULTURAL ARTS	30,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
SOUTH WALTON LITTLE LEAGUE 325 MOLL DRIVE SANTA ROSA BEACH, FL 32459	NONE	PC	HEALTHCARE	6,000
SOUTH WALTON YOUTH FOOTBALL INC PO BOX 2039 SANTA ROSA BEACH, FL 32459	NONE	PC	HEALTHCARE	850
ST ANDREW BAY CENTER INC 1804 CAROLINA AVENUE LYNN HAVEN, FL 32444	NONE	PC	HEALTHCARE	20,000
Total 				2,135,625
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)				
a <i>Paid during the year</i>				
ST ANDREW BAY RESOURCE MGMT ASSOCIATION INC P O BOX 15028 PANAMA CITY, FL 32406	NONE	PC	ENVIRONMENT	22,000
TAYLOR HAUGEN FOUNDATION P O BOX 5201 NICEVILLE, FL 32578	NONE	PF	HEALTHCARE	2,500
THE HISTORICAL MCKENZIE HOUSE FOUNDATION INC 1301 MASSACHUSETTS AVENUE LYNN HAVEN, FL 32444	NONE	PC	CULTURAL ARTS	3,500
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
THE NEMOURS FOUNDATION 5153 N 9TH AVENUE PENSACOLA, FL 32504	NONE	PC	HEALTHCARE	25,000
THE PRESCHOOL AT POINT WASHINGTON 1290 NORTH COUNTY HIGHWAY 395 SANTA ROSA BEACH, FL 32459	NONE	PC	EDUCATION	4,500
TOWN PLANTERS SOCIETY OF FREEPORT P O BOX 747 FREEPORT, FL 32439	NONE	PC	CULTURAL ARTS	5,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
WALTON ACADEMY INC 389 DORSEY AVENUE DEFUNIAK SPRINGS, FL 32435	NONE	PC	EDUCATION	6,000
WALTON COUNTY ATHLETIC LEAGUE INC 145 PARK STREET SUITE 5 DEFUNIAK SPRINGS, FL 32435	NONE	PC	HEALTHCARE	3,500
WALTON COUNTY EDUCATION FOUNDATION 145 PARK STREET SUITE 5 DEFUNIAK SPRINGS, FL 32435	NONE	PC	EDUCATION/HEALTHCARE	141,000
Total ▶ 3a				2,135,625

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)				
a <i>Paid during the year</i>				
WHS BAND BOOSTERS INCPOBOX 1565 DEFUNIAK SPRINGS, FL 32435	NONE	PC	EDUCATION	7,500
WOMEN'S CIVIC CLUB OF PANAMA CITY BEACH PO BOX 9759 PANAMA CITY, FL 32408	NONE	PC	CULTURAL ARTS	1,000
ZOOWORLD ZOOLOGICAL & BOTANICAL CONSERVATORY 9008 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407	NONE	PC	EDUCATION	7,000
Total ► 3a				2,135,625

TY 2017 Accounting Fees Schedule**Name:** THE ST JOE COMMUNITY FOUNDATION INC**EIN:** 59-3576402**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	12,000	0		0

TY 2017 Investments - Other Schedule

Name: THE ST JOE COMMUNITY FOUNDATION INC

EIN: 59-3576402

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS - HELD-FOR-SALE	FMV	122,000	122,000

TY 2017 Other Expenses Schedule**Name:** THE ST JOE COMMUNITY FOUNDATION INC**EIN:** 59-3576402**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	101	101		0
DUES & SUBSCRIPTIONS	39	0		0
LICENSES & FEES	1,294	0		0
MANAGEMENT FEES	94,721	0		0
OFFICE SUPPLIES	685	0		0
PROFESSIONAL DEVELOPMENT	3,282	0		0
INSURANCE	3,735	0		0
ADVERTISING	5,811	0		0
MEALS AND ENTERTAINMENT	61	0		0
REPAIRS AND MAINTENANCE	12,203	0		0

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FUNDRAISING EXPENSES	13,250	0		0

TY 2017 Other Income Schedule

Name: THE ST JOE COMMUNITY FOUNDATION INC

EIN: 59-3576402

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FEE ASSESSMENT	2,390,040		2,390,040

TY 2017 Other Professional Fees Schedule**Name:** THE ST JOE COMMUNITY FOUNDATION INC**EIN:** 59-3576402

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WEBSITE DESIGN	2,600	0		0
COMMUNICATION CONSULTANT	690	0		0