HURRICANE MICHAEL

Form £9,90-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public

Open to Public Inspection

F			Revenue Service	► Go to www.irs.	gov/Form	990PF for instr	uctions and t	he latest info	ormatio	n	Op	en to Public Ins	pection
	F	or ca	alendar year 2017	or tax year beginning			, 2017	, and endii	ng				20
		Name	of foundation						Α	Emplo	yer identifi	cation number	
		THE	BEATITUDE F	OUNDATION, INC.						59-	363620	6	
	_	Numb	er and street (or P O	box number if mail is not delivered	to street a	ddress)		Room/suite	В	Telep	hone numbe	er (see instructions))
			_										
		207		E DRIVE, SUITE 15	55					(8	50) 21	9-5000	
	-			ce, country, and ZIP or foreign por						, -	,		
		•	•						c	C If exemption application is			
		тат.	LAHASSEE, FL	. 32317						pendin	g, check here		
	<u>-</u>		eck all that apply	Initial return	[-]	Initial return	of a former r	ublic chari	D 1 Foreign organizations, check here				
	Final return			\vdash	Amended re	•	ADIIO CITATI	ים ן יי			tions, check here tions meeting the		
	Address change				-	Name chang				85%	test, check h	ere and attach	\Box
		Che	ack type of organi		(c)(3) ev	11/					putation .		
	ï	_			-	her taxable <u>p</u> r		J.	/ E			n status was terminate	d
	Ţ		market value o	nonexempt charitable trust		nethod X C		rual	<u>'</u>)(1)(A), check here .	
	ı				-		asn Acc	ituai	F			in a 60-month termina	
		end of year (from Part II, col (c), line Other (specify))(1)(B), check here	
3			<u> </u>		,	nust be on ca	isn basis)					(d) Disburser	ments
4,	Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)			(0) 1	(a) Revenue and (b) Net inves		vestment (c)		djuste	ed net	for charita		
Y	may not necessarily equal the amounts in column (a) (see instructions)				enses per books	incon			ncom		purposes (cash basis only		
ı	_	т —				. 525 633						(Casii basis	Orliy)
		1		ts, etc., received (attach schedule) . e foundation is not required to		5,535,632.							
		2		ch Sch B									
		3	Interest on savings a	nd temporary cash investments.									
		4	Dividends and inte	erest from securities							D	ECEIVE	-n-
		5a	Gross rents		<u> </u>							LULIVE	<u> </u>
		l .	Net rental income or	(loss)		0.704					8		19 0
	ne	6a		m sale of assets not on line 10		2,794.					99	FEB 0 4 20	19 5
	Revenue	b	Gross sales price for assets on line 6a	all									
	ě	7	Capital gain net in	come (from Part IV, line 2) .				0.					 -)-
	œ	8	Net short-term cap	oital gain								JUEN.	<u>U I</u>
		9		ons									
		10 a	Gross sales less return and allowances			<u> </u>							
		b	Less Cost of goods se	old									
		С	Gross profit or (los	s) (attach schedule)									
		11	Other income (atta	ach schedule) ATCH. 1		513,140.					3,140.		
	_	12	Total. Add lines 1	through 11	7	,051,566.		0.		51	3,140.		
		13	Compensation of office	cers, directors, trustees, etc		0.							
至	Ses		Other employee sa	alaries and wages									
20		15	Pension plans, em	ployee benefits									
H	Ž		Legal fees (attach:	schedule)		254,682.							7,341.
8	Ш	b	Accounting fees (a	attach schedule)		19,120.							<u>9,120</u> .
	Š	С	Other professional	fees (attach schedule)		28,295.							8,295.
₹	rat	17	Interest		<u> </u>	196,323.						19	6 , 323.
_	ist	18	Taxes (attach sche	dule) (see instructions)									
品	Ē	19	Depreciation (attac	ch schedule) and depletion.		450,584.							
SCANNED MAR	þ	17 18 19 20	Occupancy			6,541.							6,541.
Z	9	21	Travel, conference	s, and meetings		425.							425.
δ	ā	21 22	Printing and public	cations									
Š			• .	ttach schedule) ATCH .2.		196,495.						18	8,876.
	Operating	24	• •	nd administrative expenses.									
	era			gh 23	1	,152,465.						56	6,921.
	Ö	25		s, grants paid		871,419.						87	1,419.
	_	26	. •	oursements Add lines 24 and 25	2	,023,884.				-		1,43	8,340.
	_	27	Subtract line 26 fr						,				
		1		expenses and disbursements	5	,027,682.							
		l	•	come (if negative, enter -0-)				0.					
		l .		me (if negative, enter -0-).	_			- 1		51	3,140.		
	_			,									

JSA For Paperwork Reduction Act Notice, see instructions.

59-3636206

Ιъ	art II	Delenes Charte descrition column should be for and of year	beginning or year	Life	i yeai
F	aftii	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1,	Cash - non-interest-bearing	164,765.	215,631.	215,631
	2	Savings and temporary cash investments			
		Accounts receivable ► 21,678.			
		Less allowance for doubtful accounts ▶	336,584.	21,678.	21,678.
	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	•		
S					
Assets	8	Inventories for sale or use		•	
Ş	9	Prepaid expenses and deferred charges			
`		Investments - U S and state government obligations (attach schedule), .			
	1	Investments - corporate stock (attach schedule)			
	11	Investments - corporate bonds (attach schedule)			
		(attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule)			ATCH 3
		Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 18,178,578. 1,560,141.	10 761 072	16 610 427	
		(attach schedule)		16,618,437.	
		Other assets (describe ► ATCH 4)	856,753.	496,850.	606,932
		Total assets (to be completed by all filers - see the	10 100 074	17 252 506	17 460 670
4		instructions Also, see page 1, item I)		17,352,596.	17,462,678.
	17	Accounts payable and accrued expenses	61,817.	6,250.	
	18	Grants payable			
ies	19 20 21 22	Deferred revenue		0.50 400	
ij	20	Loans from officers, directors, trustees, and other disqualified persons	260,100.		
iab	21	Mortgages and other notes payable (attach schedule)	4,655,397.	4,915,804.	
-	22	Other liabilities (describe ▶)			
4	23	Total liabilities (add lines 17 through 22)	4,9//,314.	5,182,154.	
Balances		Foundations that follow SFAS 117, check here			
an	24	Unrestricted			
쿒	25	Temporarily restricted			
	76	Permanently restricted			
5	27 28 29 30	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	7,142,760.	12,170,442.	
šet	28	Paid-in or capital surplus, or land, bldg , and equipment fund	_		
Ş	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances (see instructions)	7,142,760.	12,170,442.	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	12,120,074.	17,352,596.	
		Analysis of Changes in Net Assets or Fund Balan			
1		al net assets or fund balances at beginning of year - Part II		-	
		-of-year figure reported on prior year's return)			7,142,760.
		er amount from Part I, line 27a		 	5,027,682
3					
4		lines 1, 2, and 3		<u>4</u>	12,170,442
5	Dec	reases not included in line 2 (itemize) ▶		5	
6	<u>To</u> ta	al net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)	, line 30 6	12,170,442
					Form 990-PF (2017)

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income							
	(a) List and de	scribe the kind(s) of property sold (for e	example, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold				
	2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr)				
1 a										
b										
С										
d										
е										
	(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))						
а										
b										
С	•									
d										
e				ļ						
	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus				
(i) FMV as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less to Losses (from co	han -0-') or					
а										
b										
c										
<u>d</u>										
е										
2	Capital gain net income	or (not canital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2						
3	Net short-term capital g	ain or (loss) as defined in sections	1222(5) and (6)							
	If gain, also enter in F	Part I, line 8, column (c) See ins	structions If (loss), enter -0- in							
	Part I, line 8									
Par			duced Tax on Net Investment li	ncome						
Was			outable amount of any year in the ba	ase period	1? <u> </u>	Yes X No				
1			ar, see the instructions before maki	ng anv en	tries					
<u> </u>	(a)		l i	ing any on	(d)					
Cale	Base penod years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))				
	2016	664,433.	36,415. 54,251.			8.246135				
	2015	362,149.				6.675435				
	2014	511,043.	392,941.			1.300559 6.380809				
	2013	2,089,179.	327,416.							
	2012	947,122.	191,812.	 		4.937762				
					2	7 540700				
2		(d)		2	3	7.540700				
3		io for the 5-year base period - divid				7 500140				
	the number of years the	foundation has been in existence	ıf less than 5 years	3		7.508140				
4	Enter the net value of n	4		183,378.						
_	Marilandia line A his line C			5	1.	376,828.				
5					+/					
6	Enter 1% of net investm	6								
7	Add lines 5 and 6			7 1,376,828.						
8	Enter qualifying distribu	tions from Part XII, line 4		8 that part		438,340.				
	Part VI instructions	grouter than into 7, check the box	arc vi, inio 15, and complete	and pur	g u 170 tc	,				

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here X and enter 1% of Part I, line 27b			
` с	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		_	
3	Add lines 1 and 2		_	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			_
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
•	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes_	No X
	participate or intervene in any political campaign?	10		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1b		х
	Instructions for the definition	-10		 ,
	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			
_		1c		Х
	Did the foundation file Form 1120-POL for this year?	_:-		
u	(1) On the foundation \blacktriangleright \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
Ū	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. FL,			
ь	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 ² If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
_	names and addresses	10		Х
		.m 99	0-PF	2017)

Pai	Statements Regarding Activities (continued)			
		Π	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>		
12	person had advisory privileges? If "Yes," attach statement See instructions	12		x
42	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	27.17			<u> </u>
4.4	Website address ► N/A The books are in care of ► KIM GARNER Telephone no ► 850-219	522	1	
14	Located at ▶1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL ZIP+4 ▶ 32317	<u> </u>		
4.5				ТТ
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			· L
40	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	16		X
	over a bank, securities, or other financial account in a foreign country?	1	I	^
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Dai	the foreign country ▶ t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
га		т —	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	163	110
1a	During the year, did the foundation (either directly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	İ		
	(1)			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(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)			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		<u> </u>
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		
	were not corrected before the first day of the tax year beginning in 2017?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	1		
	6e, Part XIII) for tax year(s) beginning before 2017?			1
	,			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2b	_	
	all years listed, answer "No" and attach statement - see instructions)	20		ī
C				
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
зa				
D	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	3 h		
۸.	foundation had excess business holdings in 2017)	3b 4a		X
		70		<u> </u>
D	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	_	
	chantable perpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017.	1 70	ı	

Pa	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	*(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	Yes X No			
	(2) Influence the outcome of any specific public ele	ection (see section 4	955), or to carry on	,			
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or o						
	(4) Provide a grant to an organization other than a	, ,					1
	section 4945(d)(4)(A)? See instructions						1
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children						,
b	If any answer is "Yes" to 5a(1)-(5), did any of the				- 1		
Ü	Regulations section 53 4945 or in a current notice regar			•	5b		
	• =	=	-			\vdash	
	Organizations relying on a current notice regarding disas						
С	If the answer is "Yes" to question 5a(4), does the						
	because it maintained expenditure responsibility for the	=	• • • • • • • • • •	Yes X No			
	If "Yes," attach the statement required by Regulations se	, ,			İ		
6a	Did the foundation, during the year, receive any fun	•	*				
	on a personal benefit contract?				-	-	
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct [?]	6b		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a pa					_	
b	If "Yes," did the foundation receive any proceeds or have				7b		X
Pai	Information About Officers, Director and Contractors	rs, Trustees, Fou	ndation Managers	, Highly Paid Emp	loyees,		
1	List all officers, directors, trustees, foundation n	nanagers and their	compensation. See	instructions.			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expen	se accou	unt,
		devoted to position	enter -0-)	and deferred compensation	other al	lowance	es
			_				_
ATC	H 5		0.	0.			0.
		1					
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instruction	ons). If n	one,	enter
(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) Expension		
	•						
	NONE		,				
Total	number of other employees paid over \$50,000				_		
					Form 99	0-PF	(2017)
							/

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

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Pa	rt XIII Undistributed Income (see instr	uctions)			
4	Distributable assessed for 2017 from Dark VI	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI,				9,169.
	line 7			-	<u> </u>
	Undistributed income, if any, as of the end of 2017				1
	Enter amount for 2016 only.				
	Total for pnor years 20 15 ,20 14 ,20 13				
	Excess distributions carryover, if any, to 2017				. ,
	From 2012 937, 531.				,
	From 2013 2,072,808.				;
С	From 2014				,
	From 2015				i
е	From 2016 662,612.				
f	Total of lines 3a through e	4,523,783.			
4	Qualifying distributions for 2017 from Part XII,	i			
	line 4 ▶ \$ 1,438,340.				
	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
				-	9,169.
	Applied to 2017 distributable amount	1,429,171.			3,1031
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2017	1/323/1/10			
5	(If an amount appears in column (d), the same amount must be shown in column (a))				r
6	Enter the net total of each column as			İ	
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,952,954.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
А	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount - see instructions		`		
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2018				
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)				
	·				•
٥	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	937,531.			
9	Excess distributions carryover to 2018.	5,015,423.			
	Subtract lines 7 and 8 from line 6a	3,013,423.			
	Analysis of line 9 Excess from 2013 2, 072, 808.				
	401 306				
	250 426				
	662 612				
	Excess from 2016 662, 612 .				!
е	Excess from 2017 1,429,171.				

	(t VIV Private On		/see instructions	· -	ion (I)	NOT APPL	TCAPTE
		erating Foundations				NOT APPL	TCABLE
٦а	If the foundation has foundation, and the ruling	-			-	/	
	Check box to indicate v	•	•			4942(J)(3) or 4	942(J)(5)
U	Check box to indicate v		is a private operating	_	section	4942()(3) 01 7 4	342(J)(3)
2 a	Enter the lesser of the ad-	Tax year	(b) 2046	Prior 3 years	(4) 204 4	(e) Tota	ai
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014		
	I or the minimum investment return from Part X for each						
	year listed				ļ ,		
b	85% of line 2a						
c	Qualifying distributions from Part						
	XII, line 4 for each year listed .						
d	Amounts included in line 2c not used directly for active conduct		lu				
	of exempt activities						
е	Qualifying distributions made				4		
	directly for active conduct of exempt activities Subtract line						
	2d from line 2c						
3	Complete 3a, b, or c for the						
а	"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 invest-						
	ment return shown in Part X			d			
c	"Support" alternative test - enter						
Ī	(1) Total support other than						
	gross investment income						
	(interest, dividends, rents, payments on securities						
	loans (section 512(a)(5)),						
	or royalties)				_		
	public and 5 or more						
	exempt organizations as provided in section 4942						
	(j)(3)(B)(iii)		_/				
	(3) Largest amount of sup- port from an exempt		(
	organization						
D-	(4) Gross investment income .	ton Information (Lamplete this next	anly if the founds	tion had \$5 (000 or more in ac	ooto ot
۲a		ntary Information (Curing the year - see		only if the lounda	uon nau \$5,0	Juu or more in as	ssers ar
1	Information Regarding	<u>-</u>					
	List any managers of			re than 2% of the tot	al contributions	s received by the fo	undation
-	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000) (S	ee section 507	(d)(2))	andanon
	_		•				
h	RICHARD S. List any managers of		own 10% or more o	of the stock of a corr	oration (or an	equally large portio	n of the
U	ownership of a partner					equally large portio	ii oi tiic

	N/A						
2	Information Regarding	n Contribution Grant	Gift Loan Scholars	hin etc Programs:			
-		•					
	Check here ► X if t unsolicited requests for						
	complete items 2a, b, c			ants, etc., to mornidua	als of organizat	tions under other co	nullions,
				h tobom on		l be addressed	
а	The name, address, a	na telephone number	or email address of t	ne person to whom ap	plications should	i de addressed	
	The form in which and	leastions about the aut	and of and	en and materials they	abould raduda		
D	The form in which app	iications snould be sul	inintea and intormati	on and materials they	SHOULD INCIUDE		
	Any aubmicains de selli	000				_	
С	Any submission deadli	IIGS	•				
	Any contrictions of 1	mitations on awards	such as by acces	anhical areas short	able fields be	nde of institutions	or other
a	Any restrictions or li factors	mitations on awards	, such as by geogr	apriicai areas, charit	avie lielus, Kir	ius oi msututions, i	oi omer

Page 11

Part XV Supplementary Information	(continued)			Page 1
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appi	oved for F	uture Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	•
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE ATTACHMENT A				871,419
-				•
	,			
				1
•				
4				
				•
•		.		
~		1		
			1	
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	•			
•				
Total			▶ 3a	871,419
b Approved for future payment		,		
	·			
•	!			
]		
		j		
	1	1		

JSA 7E1491 1 000

Page **12**

Part XV	Analysis of Income-Prod	ucing Act	IVITIES			
	s amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	m service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a WCI	DC RENTAL HOUSING					478,495.
b INT	TEREST INCOME					27,500.
c				1		
f						
	and contracts from government agencies					
2 Membe	rship dues and assessments			_		
3 Interest	on savings and temporary cash investments -					
4 Dividen	ds and interest from securities		·			
5 Net ren	tal income or (loss) from real estate					
a Deb	t-financed property					
b Not	debt-financed property					
6 Net renta	al income or (loss) from personal property	ļ				
7 Other in	nvestment income				<u> </u>	
8 Gain or ((loss) from sales of assets other than inventory				2,794.	
9 Net inco	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other re	evenue a TAX REFUND					6,887.
b MIS	SCELLANEOUS					258.
c						
d						
е						
12 Subtota	al Add columns (b), (d), and (e)				2,794.	513,140.
13 Total. A	add line 12, columns (b), (d), and (e)				13	515,934.
(See works	sheet in line 13 instructions to verify calc					
Part XVI	-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	v for which	h income is reported	ın column (e) of Part XVI-A contribu	ited importantly to th
▼	accomplishment of the foundation	•	•	-	•	•
	THE FOUNDATION'S EXEM	ממומ יים	ACE TO TO DROWER	or chance	ут т∧	
1A _	THE COMMUNITY'S MOST					
	CAUSES, AND INDIVIDUA ABUSED, AND OTHER DIS					
	SERVICE RENTAL INCOME					
	THE FOUNDATION CONSTR					
<u> </u>	OTHERWISE INDIGENT IN					<u> </u>
			GEMENT OF THE HO			
	PERFORMED BY THE KEAR					
	THRESIGNED BY THE REAR	NOT COM	101() 11 301(0)(3)	ORGINIZ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	<u>-</u> -					
				·		
	 					

Form 99						DATION, I					59-363			ge 1 3
Part	XVII	Information F Exempt Orga		ransfe	rs to an	d Transac	tions a	and R	Relation	ships	With None	charit	table	t
1 1	old the	organization direc	tly or indirectly	y engag	e in any c	of the follow	ing with	any c	ther org	anizatio	n described		Yes	No
П	n sec	tion 501(c) (other	r than section	n 501(c	(3) orga	anizations) (or in se	ection	527, r	elatıng	to political			l
	-	ations?												İ
аΤ	ransfe	ers from the reporti	ng foundation t	to a non	charitable	exempt org	anızatıor	n of						ĺ
		ih												X
		er assets										1a(2)		X
		ransactions												
		es of assets to a no											_	X
		chases of assets fr												Х
		ntal of facilities, equ	•											X
		mbursement arrang												X
		ns or loan guarante												X
		formance of service												X
		of facilities, equip												X
		enswer to any of the												
		f the goods, other n any transaction o												
(a) Line		(b) Amount involved				organization					actions, and sha			
- tay care	,110	N/A	(c) Name of	i ilolicitati	table exempt	Organization	N/		tion of train	Siers, trairs	actions, and sna	ing ana	ingenie	
		11/ А	+				N/	Λ						
			+							 .				
			1											
														
				•										
							-							
							1							
		-												
			1											
d	escrib	oundation directly ed in section 501(c " complete the follows:) (other than so owing schedule	ection 50	01(c)(3)) c	or in section					l		es X] No
		(a) Name of organization)T1	1	(b) Type	of organization		+		(c) Descr	ption of relations	srHP		
-								+						
-		_		<u> </u>	··			+						
				1										
				 				+						
	Under	penalties of penjury, I decl	are that I have exar	mined this i	return, indudi	ng accompanying	schedules	and state	ements, and	to the bes	t of my knowledg	e and t	elief, it	is true
		, and complete Declaration of												
Sign	R.	ICHARD KEARNE	Υ .		10/15/	/2018	PRI	ESIDE	'NT			discus		retum
Here	'	ature officer or trustee			Date		Title	301.01	-		. With the pre See instruction	eparer s	Yes	below? No
		Kish !	X 71	_	J-1-	1					occ manuchor	<u> </u>	_ دی، ر	
	<u> </u>	Print/Type preparer's na	ame/ Com) PR	parer's solo	Tre ,, /	411	<u> </u>	Date/ /		heck if	PTIN		
Paid	1	WINSTON K HOW		· MII	W K-1	BusUL	OM		///4/1	1 <i>0</i>	""ecr	P013	4740	9
Prepa	arer		HOMAS HOWE	LL / FER	RGUSON	H.A.	•	1_	'/ '}/	Firm's E				
Use C	L		515 CENTEN			SUITE 20)			1				
										1				

850-668-8100

TALLAHASSEE, FL

Phone no

32308

Schedule B

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

Schedule of Contributors

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

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

OMB No 1545-0047

2017

Name of the organization	ARTION INC	Employer identification number								
THE BEATTIONE FOUND	THE BEATITUDE FOUNDATION, INC.									
Organization type (check or	ie)									
Filers of:	Section:									
Form 990 or 990-EZ	501(c)() (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation								
	527 political organization									
Form 990-PF	X 501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a pri	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation									
General Rule X For an organization	(7), (8), or (10) organization can check boxes for both the General n filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II secontributions.	ear, contributions totaling \$5,000								
Special Rules										
regulations under 13, 16a, or 16b, a \$5,000, or (2) 2%	n described in section 501(c)(3) filing Form 990 or 990-EZ that mesections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule And that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-on described in section 501(c)(7), (8), or (10) filing Form 990 or 990.	A (Form 990 or 990-EZ), Part II, line contributions of the greater of (1) -EZ, line 1 Complete Parts I and II								
	the year, total contributions of more than \$1,000 <i>exclusively</i> for onal purposes, or for the prevention of cruelty to children or anim	=								
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										
990-EZ, or 990-PF), but it m	It isn't covered by the General Rule and/or the Special Rules doe ust answer "No" on Part IV, line 2, of its Form 990, or check the to certify that it doesn't meet the filing requirements of Schedule F	box on line H of its Form 990-EZ or on its								

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 59-3636206

Part I	Contributors (see instructions) Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAINLINE INFORMATION SYSTEMS, INC: 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	\$5,660,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SECURENET SOLUTIONS GROUP, LLC 3425 BANNERMAN RD, SUITE 105-428 TALLAHASSEE, FL 32312	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	SUMMIT HOLDINGS V, LLC 3425 BANNERMAN RD, SUITE 105-428 TALLAHASSEE, FL 32312	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RICHARD S KEARNEY 6949 MCBRIDE POINT TALLAHASSEE, FL 32312	\$ 452,271.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE BEATITUDE FOUNDATION, INC.

Employer identification number 59-3636206

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
1	REAL ESTATE	s 260,000.	09/07/2017
			0370772017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			. <u>-</u>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			_
		\$	

ne of or	Form 990, 990-EZ, or 990-PF) (2017) ganization THE BEATITUDE FOUNDATIO	N TNC	Employer identification number
	THE BEATTIONE FOUNDATION	A, INC.	59-3636206
	(10) that total more than \$1,000 for th	e year from any one controls completing Part III, enter to	ons described in section 501(c)(7), (8), or ibutor. Complete columns (a) through (e the total of exclusively religious, charitable
	Use duplicate copies of Part III if addition	nal space is needed	once See instructions) = 4
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) (a) pess of girl		(c) ecocription of now girt is not
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
) No. rom art 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
			
) No rom art 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
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		 	
		(e) Transfer of gift	

FORM 990PF, PART I - OTHER INCOME

TOTALS

REVENUE AND EXPENSES PER BOOKS 478, 495 27, 500 6, 887	
--	--

ADJUSTED NET INCOME 478,495 27,500 6,887	
---	--

ATTACHMENT 1 PAGE 19 ţ

OTHER EXPENSES PART FORM 990PF,

•	
	REVENUE
	AND
	EXPENSES
DESCRIPTION	PER BOOKS
HOUSING SERVICES	144,053
OFFICE EXPENES	3,143
LICENSES & PERMITS	6,810
LANDSCAPING	008,6
INSURANCE	21,608
PEST CONTROL	10,300
MISCELLANEOUS	1,281

סאק	EXPENSES	PER BOOKS	144,053.	3,143.	6,810.	.008,6	21,608.	10,300.	1,281.	
					rs .					
			CES	m	RMITS					

PURPOSES	, 05	3,143.	25	9,300.	21,608.	0,30	222.	

CHARITABLE

188,876.

196,495.

TOTALS

THE BEATITUDE FOUNDATION, INC

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

59-3636206

£11 ...

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ATTACHMENT 3

2,150 2,883 3,210 BALANCE 157 25,783 63,911 9,397 21,469 14,204 613 613 6,090 47,946 46,556 734,185 58,203 . 57,477 ENDING PAGE 21 ATTACHMENT 3 ADDITIONS DISPOSALS, 440 3,949 1,439 1,440 215 4,545 16,228 16,433 16,676 16,676 27 13,967 1,975 34 34 271,070 BEGINNING 29,880 463,115 2,443 21,834 20,029 41,249 41,770 BALANCE 2,150 7,958 2,995 49,944 9,659 4,115 31,270 130 579 579 965,860 2,150 4,930 44,225 16,119 3,448 BALANCE 384,123 23,054 125,000 451,964 59,255 458,635 458,635 ENDING 804 880 446,320 880 7,455,180 65530 BF ADDITIONS DISPOSALS BEGINNING BALANCE 2,150 4,930 44,225 384, 123 16,119 3,448 125,000 451,964 59,255 965,860 458,635 23,054 804 880 446,320 880 7,455,180 458,635 12 45 58 PM METHOD/ CLASS M27 M27 M15 M27 M15 M27 M27 M27 M27 SISIΔ Σ Μ7 ζ. M7 SL 12/17/2018 ASSET DESCRIPTION ORGANIZATION COSTS FURNITURE - UNIT#1 FURNITURE PORTABLE LOAN FEE - HANCOCK WCDC FURNITURE #2 FURNITURE - TEMP WCDC #2 FENCING WCDC #3 FENCING FURNITURE - BP WCDC - UNIT #1 WCDC - UNIT #2 WCDC - UNIT #3 WCDC - UNIT #5 WCDC - UNIT #4 BP - BUILDING MODULAR UNITS PH5817 M726 LOAN FEES LAND

		ᆌ	AND, BUILDINGS, EQUIPMEN	LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT		•		
			•				ATTACHMENT 3 (CONT'D)	(CONT.D)
			FIXED ASSET DETAIL		ACC	ACCUMULATED DEPRECIATION DETAIL	SIATION DETAIL	
	МЕТНОБ/	BEGINNING			BEGINNING			ENDING
ASSET DESCRIPTION	CLASS	BALANCE	ADDITIONS DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
BP FURNITURE	М7	346,163		346,163	282,590	30,272		312,862
WCDC FURNITURE #4	Υ.	13,684		13, 684	11,171	1,197		12,368
WCDC FURNITURE #5		32,946		32,946	26,895	2,881		29,776
ENTRANCE GATE	MS	31,785		31,785	29,242	2,543		31,785
MODULAR UNITS	M27	202,344		202,344	11,343	7,357		18,700
LAND - FLORESTA	ы	375, 799		375, 799				
PHOTO & VIDEO EQUI	MS		13,845	13,845		2,769		2,769
WCDC - UNIT #12	M27		544,284	544,284		, 10,722		10,722
WCDC - UNIT #13	M27		544,284	544, 284		10,722		10,722
WCDC FURNITURE #12	M7		23,809	23,809		3,402		3,402
WCDC FURNITURE #13	M7		23,809	23,809		3,402		3,402
WCDC FURNITURE #3	M7	3,105	3,105		2,697	76	2,794	
WCDC FURNITURE #3	M7	31,513		31,513	27,379	1,968		29,347
LOAN FEE - FCCU	$_{ m SL}$		10,702	10,702		268		268
FLORESTA - HOMES	M27		5,155,057	5,155,057		7,836		7,836
BRE - LAND	,ì		1	٦				
TOTALS		11938801		18251487	1,121,016		1 71	1,568,806_

ATTACHMENT 3 PAGE 22

PH5817 M726 12/17/2018

65530 BF

FORM 990PF, PART II - OTHER ASSETS

	,
DESCRIPTION	ORGANIZATIONAL COSTS ACCUMULATED AMORTIZATION LOAN FEES CONSTRUCTION IN PROGRESS DUE FROM H3LP INVESTMENT IN SUBSIDIARY

TOTALS

ENDING <u>FMV</u>		70,761.	461,171.	25,000.	20,000.	606,932.
ENDING BOOK VALUE	2,150.	-8,665. 70,761.	357,604.	25,000.	.000,05	496,850.

ATTACHMENT 5	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES				0. 0.
	COMPENSATION		.0	. 0	0.
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/DIRECTOR 2.00	VICE PRESIDENT/DIRECTOR	DIRECTOR 2.00	, GRAND TOTALS
	NAME AND ADDRESS	RICHARD S. KEARNEY 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	SHERRY THOMPSON 2073 SUMMIT LAKE DRIVE, SUITE 155 TALLAHASSEE, FL 32317	KIMBERLY D GARNER 2073 SUMMIT LAKE DRIVE, SUITE 155 TALLAHASSEE, FL 32317	· •