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2017

OMB No 1545-0052

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-20	17 , a	nd er	nding 12-31-			
		ındatıon ıly Foundatıon Inc				entification numbe	r	
	STEVE				65-0783002			
		I street (or P O $$ box number if mail is not delivered to street address) ith Federal Highway	Room/suite		mber (see instructions)			
-		1775	(772) 288-6062					
	or town	i, state or province, country, and ZIP or foreign postal code 34994	<b>C</b> If exemption	application is pendin	g, check here			
G Ch	neck al	I that apply $\square$ Initial return $\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨 🗆	
		Final return Amended return				ganizations meeting k here and attach co		
		Address change Name change			· ·	undation status was t		
	,	pe of organization ✓ Section 501(c)(3) exempt private to				n 507(b)(1)(A), chec		
			e private foundation  Cash  Accru		E If the founds	ation is in a 60-monti	h termination —	
of '	year <i>(f</i>	rrom Part II, col (c),  \$ 844,175  CPart I, column (d) must		iai		n 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach	C					
	_	schedule)						
Revenue	2	Check ► ✓ If the foundation is <b>not</b> required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	22,603		22,603			
	5a	Gross rents						
	b	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	15,927					
	6a		,					
Sev.	b   7	Gross sales price for all assets on line 6a 158,818  Capital gain net income (from Part IV, line 2)			15,927			
œ	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	38,530	<u> </u>	38,530			
	13	Compensation of officers, directors, trustees, etc	3,000					
	14 15	Other employee salaries and wages						
156	16a	Legal fees (attach schedule)						
<u> </u>	ь	Accounting fees (attach schedule)	1,545		0	C	(	
Ĕ		Other professional fees (attach schedule)	<u> </u>					
tive	17	Interest						
tra	18	Taxes (attach schedule) (see instructions)	<b>9</b> 162		162			
<u>=</u>	19	Depreciation (attach schedule) and depletion						
≣	20	Occupancy						
Ψ D	21	Travel, conferences, and meetings						
a	22	Printing and publications						
E	23	Other expenses (attach schedule)	8,268		8,207			
Operating and Administrative Expenses	24	Total operating and administrative expenses.	10.075		0.252	_	]	
ă	25	Add lines 13 through 23	12,975 41,500	-	8,369	0	41,500	
	26	Total expenses and disbursements. Add lines 24 and						
	27	25 Subtract line 26 from line 12	54,475		8,369	0	41,500	
	a	Excess of revenue over expenses and	-15,945					
		disbursements			20.161			
	b c	Net investment income (If negative, enter -0-)  Adjusted net income(If negative, enter -0-)			30,161			
For		work Reduction Act Notice, see instructions.		<u> </u>	Cat No. 11289	<u> </u>	 -m <b>QQD-PF</b> (2017	

Page 2

844,175

Form 990-PF (2017)

Liabilities

Balances

Fund

5

Assets 27

19

20

21

22

23

24

25

26

28

29 Net 30

31 Part III

2

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 . . . . . . .

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other liabilities (describe -\_

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds . . . .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

	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 ▶			
S	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
S		Taylorday and all Country and about a service and about a least and a factor of	لد د داد د		

## Investments—U S and state government obligations (attach schedule) 10a 557,855 543,263 827,201 Investments—corporate stock (attach schedule) . . . . . b Investments—corporate bonds (attach schedule) . . . . . . . C Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) Investments—mortgage loans . . . . . .

### 11 12 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > \_ Total assets (to be completed by all filers—see the 16 576,182 instructions Also, see page 1, item I) 560,237 17 Accounts payable and accrued expenses . . . . 18

576,182

576,182

576,182

560,237

560,237

560,237

2

3

4

5

6

576,182

-15,945

560,237

560,237 Form **990-PF** (2017)

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1 a SEACOAST #7007 - SEE	ATTACHED				
<b>b</b> SEACOAST #7007 - SEE	ATTACHED				
c SEACOAST #7007 - SEE	ATTACHED				
d CAPITAL GAIN DIVIDEN	DS		Р		
e					
<b>(e)</b> Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)
a :	12,247	pras stip	11,793		454
	22,715		118,380		4,335
	23,025		12,718		10,307
d			•		831
e					
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	I)
(i) F M V as of 12/31/69	(j)	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col (l col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					454
b					4,335
c					10,307
d					
e					
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi		·	3	15,927
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net	Investment Inc	come	
(For optional use by domestic i	private foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	e )	
if section 4940(d)(2) applies, l	·	. ,		_	
	ne section 4942 tax on the distributal ot qualify under section 4940(e) Do		in the base period?	·	es 🔽 No
	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	( <b>d)</b> Distribution rati (col (b) divided by c	
2016	41,774		774,311		0 05395
2015	54,098		814,848		0 06639
2014	41,282		841,547		0 049055
2013	22,950		801,843		0 028622
2012	37,300		748,515	<u> </u>	0 049832
2 Total of line 1, column (	•		2		0 247849
	o for the 5-year base period—divide		′   ¬		0 04957
number of years the fou 4 Enter the net value of no	ndation has been in existence if less oncharitable-use assets for 2017 fron	than 5 years n Part X. line 5	: : : :   <del>3</del>		821,556
5 Multiply line 4 by line 3		•	5		40,725
• • •	ent income (1% of Part I, line 27b)		<u>5</u>		302
	ent income (170 of Part 1, line 275)		<del>  0</del>		41,027
	nons from Part XII, line 4 ,		8		41,500
	eater than line 7, check the box in Pa			g a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	Information About Officers, Dire	ectors Trustees F	Foundation Managers	Highly Daid Employees
Dowl VIII	Initination About Officers, Dire	ectors, rrustees, r	roundation managers,	nigiliy Palu Elliployees,
Lair Attt	and Contractors			

(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
R E Allen		ıdent	0	0	(
2400 South Federal Highway	2 0				
Suite 200 Stuart, FL 34994					
Richard S Allen	Dire 2 0	ctor	0	0	C
2400 South Federal Highway Suite 200	2 0				
Stuart, FL 34994					
Rex Allen	Trea 2 0	surer	0	0	
2400 South Federal Highway Suite 200					
Stuart, FL 34994	_				
Karen Allen 2400 South Federal Highway	Secr 2 0	etary	3,000	0	(
Suite 200					
Stuart, FL 34994  2 Compensation of five highest-p	aid ei	mnlovees (other than th	nose included on line 1	—see instructions). If no	e. enter "NONF."
(a) Name and address of each employee more than \$50,000		Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
Total number of other employees paid of Five highest-paid independent					E".
(a) Name and address of each pers	on pai	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
			_		
			-		
			-		
			1		
Total number of others receiving over \$	50,000	for professional services			
Part IX-A Summary of Direct					
List the foundation's four largest direct charitab organizations and other beneficiaries served, co				nation such as the number of	Expenses
1					
2					
					_
3					
-					
4					
•					
Part IX-B Summary of Progra	ım-R	elated Investments	(see instructions)		
Describe the two largest program-related in	vestme	ents made by the foundation d	uring the tax year on lines 1	and 2	Amount
1 NONE					
2					
All address one					
All other program-related investments					
3					
Fotal. Add lines 1 through 3					

3

4

5

6

1a

1b

2

3a 3b

4

5

40.776

40.776

40.776

41,500

41.500

41,198

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302

Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

3

4 5

6

1

2

3

4

5

Part XII

40,776

40,776

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(d)

2017

			٠,	_	_	_	_	
X	П	7	7		Π		ī	

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . . d From 2015. . . . .

e From 2016. . . . .

·PF (2	01/)		
1111	Und	istri	bute

3 Excess distributions carryover, if any, to 2017

same amount must be shown in column (a) )

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e 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) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

i	art XIII	Undistributed Income (see ills	itruct
	Distributable	e amount for 2017 from Part XI. line 7	

1	Distributable amount for 2017 from Part XI, line 7
2	Undistributed income, if any, as of the end of 2017

2015 , 2014 , 2013

a Enter amount for 2016 only. . . . . . .

8.990 3,510

8.990

3,510

724

(a)

Corpus

12.500

724

13,224

13,224

(b)

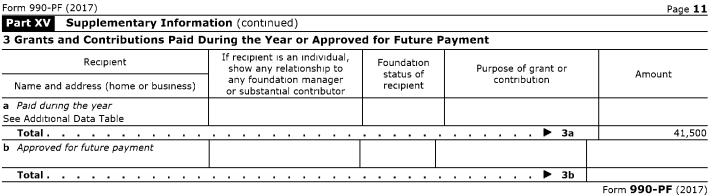
Years prior to 2016

(c)

2016

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election

orr	m 990-PF (2017)					Page <b>10</b>
ŀ	Private Operating Found	<b>ations</b> (see ınstr	uctions and Part \	VII-A, question 9)		
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	17, enter the date	of the ruling	▶∟_		
b	Check box to indicate whether the organization	on is a private oper	rating foundation des	scribed in section	☐ 4942(ر)(3) or ☐	(5)(5) 4942
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(6) 10141
b	85% of line 2a					_
	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income  Supplementary Information	(Complete this	nart only if the	organization ha	d &E 000 or more	
Pa	assets at any time during th			organization na	u \$5,000 or more	5 111
1 a	Information Regarding Foundation Man. List any managers of the foundation who have before the close of any tax year (but only if	e contributed more				ר
	NA	,		, ,	. , , , ,	
Ь	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the	
	NA					
•						<u> </u>
2	Information Regarding Contribution, Gr			_		
	Check here ► ☑ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr				der
а	The name, address, and telephone number of	or email address of	the person to whom	applications should	be addressed	
b	The form in which applications should be sul	omitted and informa	ation and materials t	they should include		
c	Any submission deadlines					
d	Any restrictions or limitations on awards, su factors	ch as by geographic	cal areas, charitable	fields, kinds of instit	cutions, or other	



art XVI	-A Analysis of Income-Producing	Activities				г
iter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	(d)	(e) Related or exemp function income
Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
-						
_	and contracts from government agencies ship dues and assessments.					
Interes	st on savings and temporary cash					
	ments			14	22,603	
	tal income or (loss) from real estate			14	22,003	
	inanced property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	vestment income					
invent	pry			18	15,927	
	ome or (loss) from special events rofit or (loss) from sales of inventory					
	evenue <b>a</b>					
b						
•						
d						
d e					38,530	
e Subtota Total. /	Add Ine 12, columns (b), (d), and (e)			1	38,530 <b>3</b>	
e Subtota Total. / (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu	lations )			· · · · · · · · · · · · · · · · · · ·	
e Subtota Total. / (See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d e Subtota Total. / (See wo art XVI ne No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d Subtota Total. / (See wo art XVI ine No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d Subtota Total. / (See wo art XVI ine No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	
d Subtota Total. / (See wo art XVI ine No.	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  rksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) ne Accomplish income is reporte	ment of Exem	<b>pt Purposes</b> f Part XVI-A contribu	3	38,53

orm 990-PF (	<u> </u>							Pa	ge <b>13</b>
Part XVII	Information Re Exempt Organiz		sfers To a	nd Transactio	ns and Relatio	nships With Non	charitable		
	ganization directly or inc Code (other than section						n 501	Yes	No
a Transfers	from the reporting found	dation to a nonch	naritable exer	mpt organization	of				
(1) Cash.							. 1a(1)		No
<b>(2)</b> Other	rassets						. 1a(2)		No
<b>b</b> Other tran	sactions								
<b>(1)</b> Sales	of assets to a noncharit	table exempt org	ganızatıon.				. 1b(1)		No
	nases of assets from a ne						. 1b(2)		No
	al of facilities, equipmen	•					. 1b(3)		No
	bursement arrangement						1b(4)		No
	s or loan guarantees						. 1b(5)		No
• •	mance of services or me	•	_				. 1b(6)		No
_	facılıtıes, equipment, m wer to any of the above	-					. <u>lc</u>		No
	ds, other assets, or servinsaction or sharing arran  (b) Amount involved		n column (d)	the value of the	goods, other asse		ed	ngemen	ıts
described	ndation directly or indire in section 501(c) of the omplete the following sc (a) Name of organization	Code (other than chedule	n section 501		ion 527?		. Yes	✓	No
	<b>(-,</b>		\	, ,		(-)			
of m	er penalties of perjury, I ny knowledge and belief, th preparer has any know	, it is true, correc					sed on all infor	mation	n of
Here	*****			2018-05-25	*****		May the IRS di return with the prepa		
	Signature of officer or tr	ustee	I	Date	Title	_	below (see instr )?	✓ Yes I	□ <sub>No</sub>
	Print/Type preparer's	name Pre	parer's Signa	ature	Date	Check if self-	TIN		
Paid	Ashlie S Forum				2018-11-07	employed ▶ □	P01365	590	
Preparer Jse Only		CUM LLP				F	ırm's EIN ▶		
•		IE SE THIRD AVE	NUE SUITE 1	100					
	MI	AMI, FL 33131				P	hone no (305	one no (305) 995-9600	

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paic	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Boys & Girls Club Of MartinPO Box 910 Hobe Sound, FL 33475	none	PC	To help serve Martin County youth with after-school and summer programs and to help improve grades, increase physical activity and provide youth with opportunities for community service and leadership roles	300
Bread Of Life Kitchen 2555 NE Savanna Rd Jensen Beach, FL 34957	none	PC	Give physical food for the body and spiritual food for the soul, through evangelism by sharing the good news of Jesus Christ Also, give non-perishable food to help the needs of the community	300
Council On Aging900 SE Salerno Stuart, FL 34997	none	PC	To enhance the quality of life for our aging community by providing services that promote well-being and maintain undersedence.	1,000

			community	
Council On Aging900 SE Salerno Stuart, FL 34997	none	PC	To enhance the quality of life for our aging community by providing services that promote well-being and maintain independence	1,000

41,500 Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

<u>-</u>				
Discovery RidersPO Box 217 Bellefontaine, OH 43311	none	PC	Help provide physically, mentally, and emotionally challenged people an opportunity to improve their lives through horsemanship	200
Fla Sherriff Youth RanchPO Box 2000 Boys Ranch, FL 32064	none	PC	To help prevent juvenile crime and delinquency by guiding youngsters to productive lives as	300

Guide Eyes For The BlindPO Box 709	none	PC	law-abiding citizens  To provide superbly bred and	300
Yorktown Heights, NY 10598			trained guide dogs to men and women who are blind or visually impaired	
Total				41,500

		law-abiding citizens	
Guide Eyes For The BlindPO Box 709 Yorktown Heights, NY 10598	none	To provide superbly bred and trained guide dogs to men and women who are blind or visually	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Hardın Cıty Soup Kıtchen215 E North St Kenton, OH 43326	none	PC	To serve the needs of Hardın County	300
Helping Hands OutreachPO Box 151 Kenton, OH 43326	none	PC	TO HELP FAMILIES RAISE UP FROM THE ECONOMIC STRUGGLES	300
Hibiscus Children's CenterPO Box 305 Jensen Beach, FL 34958	none	PC	To maintain a safe shelter for children who are abused, abandoned, and neglected by providing prevention, residential,	500

		1		1
Hibiscus Children's CenterPO Box 305 Jensen Beach, FL 34958	none	PC	To maintain a safe shelter for children who are abused, abandoned, and neglected by providing prevention, residential, assessment and recovery programs	500
Total				41,500

Hibiscus Children's CenterPO Box 305	none	PC	To maintain a safe shelter for	] >
Jensen Beach, FL 34958			children who are abused,	
			abandoned, and neglected by	
			providing prevention, residential,	
			assessment and recovery	
			programs	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

His Servants Place2450 E Ocean Blvd Stuart, FL 34995	none	PC	To gather people who believed in Jesus Christ and to reach out to the community as an expression of the love that God has for all of us	300
House of Hope Martin County	none	PC	To help provide basic human	1,000

			us	
House of Hope Martin County 2484 SE Bonita Street Stuart, FL 34997	none	PC	To help provide basic human needs for struggling people in Martin County, Florida	1,000
Humane Soc Of Treas Coast 4100 SW Leighton Farm Ave Palm City, FL 34990	none	PC	To assure a better life for companion animals by providing shelter, finding loving homes and	1,000

Stuart, FL 34997			Martin County, Florida	
Humane Soc Of Treas Coast 4100 SW Leighton Farm Ave Palm City, FL 34990	none	PC	To assure a better life for companion animals by providing shelter, finding loving homes and promoting respect for their place in our lives	1,000
Total	41,500			

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					
Ladle of Love10100 SE Federal Hwy Hobe Sound, FL 33455	none	PC	To make enthusiastic followers of Jesus Christ by joyfully sharing God's love	300	
Manna Kitchen1500 SE Kanner Hwy Stuart, FL 34995	none	PC	To serve a variety of persons in our community with a free hot meal, fellowship and distribute collected resources including	300	

Stuart, FL 34995			our community with a free hot meal, fellowship and distribute collected resources including bread, clothing, toys and small household items	
Mary's Kıtchen623 East Ocean Blvd Stuart, FL 34994	none	PC	To open the doors of the parish hall to serve a community dinner	300

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41,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
Military Order of Purple HeartBox 96188 Washington, DC 20077	none	To provide counsel, a wide range of support, unwavering advocacy, and a good measure of love to our warriors	300

			of love to our warriors	
Molly's House430 SE Ocean Blvd Stuart, FL 34994	none	PC	To help keep families together by providing short-term, affordable accommodations for the families of hospitalized loved ones and	500

Molly's House430 SE Ocean Blvd Stuart, FL 34994	none	PC	To help keep families together by providing short-term, affordable accommodations for the families of hospitalized loved ones and hospital outpatients	500
Neighborhood Center115 E Walnut St	none	PC	To assist in social services in	300

			accommodations for the families of hospitalized loved ones and hospital outpatients	
Neighborhood Center115 E Walnut St Kenton, OH 43326	none	PC	To assist in social services in Kenton, OH	300
l Transport				

			hospital outpatients	
Neighborhood Center115 E Walnut St Kenton, OH 43326	none	PC	To assist in social services in Kenton, OH	300
Total				41,500

Neighborhood Center115 E Walnut St Kenton, OH 43326	none	PC	To assist in social services in Kenton, OH	300
Total				41,500

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
New Horizons of Treasure Coast 4500 W Midway Rd Ft Pierce, FL 34981	none	PC	To help provide accessible behavioral and primary healthcare services to children, adults, and families to achieve mental and physical wellness to improve quality of life	1,000
Our Daily Bread223 Oakland Square Bellefontaine, OH 43311	none	PC	To help make the life-changing wisdom of the Bible understandable and accessible to all	300
Planned Parenthood 2300 N Florida Mango Rd West Palm Beach, FL 33409	none	PC	To help individuals throughout the world to manage his or her fertility regardless of the	1,000

Our Daily Bread223 Oakland Square Bellefontaine, OH 43311	none	PC	To help make the life-changing wisdom of the Bible understandable and accessible to all	300
Planned Parenthood 2300 N Florida Mango Rd West Palm Beach, FL 33409	none	PC	To help individuals throughout the world to manage his or her fertility regardless of the individual's income, marital status, race, ethnicity, sexual orientation, age, national origin, or residence	1,000

41,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Redeemer Soup Kitchen 2450 SE Ocean Blvd Stuart, FL 34996	none	PC	To provide nutritious meals in a safe, warm, and caring environment free of charge to anyone regardless of age, sex, race or financial qualification or religious beliefs	300

			religious beliefs	
Salvation ArmyPO Box 2475 Stuart, FL 34995	none	PC	To Help preach the gospel of Jesus Christ and to meet human needs in His name without discrimination	500
Special OlympicsPO Box 120128	none	PC	To help provide year-round	300

		discrimination	
Special OlympicsPO Box 120128 Clermont, FL 34712	none	To help provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities	300

			discrimination	
Special OlympicsPO Box 120128 Clermont, FL 34712	none	PC	To help provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities	3

Takal		44 500
	disabilities	

	disabilities	
		44 50

<sup>41,500</sup> Total .

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
The Safe Space632 SE Monterey Rd Palm City, FL 34990	none	PC	To offer victims of domestic violence safety, support, and education to empower them to create an independant life free from violence	500

500

500

41,500

The Smile TrainPO Box 96231 Washington, DC 20090	none	PC	Helping train, fund and resource to empower local doctors in 85+ developing countries to provide 100%-free cleft repair surgery and comprehensive cleft care in their own communiteis	
Transura Coast Food Bank	nono	DC.	To allowate hunger by entaining	

Total .

			and comprehensive cleft care in their own communities	
Treasure Coast Food Bank 3051 Industrial 25th St Ft Pierce, FL 34950	none	PC	To alleviate hunger by optaining and distributig food and other essentials in Indian River, Martin, St Lucie, and Okeechobee Counties	į

			and comprehensive cleft care in their own communiteis	
Treasure Coast Food Bank 3051 Industrial 25th St Ft Pierce, FL 34950	none	PC	To alleviate hunger by optaining and distributig food and other essentials in Indian River, Martin, St Lucie, and Okeechobee Counties	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or Amount If recipient is an individual, show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Treasure Coast Hospice PC To help individuals and families 500 none 1201 SE Indian St facing serious health issues Stuart, FL 34997 making choices to support and

			honor these choices	
Treasure Coast Wildlife Center 8626 SW Citrus Blvd Palm City, FL 34990	none	PC	To help in the rehabilitation and return to the wild of sick, injured, and orphaned wild animals as well as informational services directed toward the public at large	500
Visiting Nurse Assoc 2400 SE Monterey Blvd Stuart, FL 34996	none	PC	To help provide a wide spectrum of senior care aimed to keep patients and clients healthy and independent	500

41,500

Total.

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Form 990PF Part XV Line 3 - Gran	İ	<del>i</del>	1	•
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Volunteers in Medicine417 SE Balba Ave Stuart, FL 34994	NONE	PC	To promote, guide, and help sustain a national network of free clinics emphasizing the use of retired medical and community volunteers within a culture of caring to improve access to health care for Americas underserved and uninsured	1,000
Doctors without BordersPO Box 5023 Hagerstown, MD 21741	NONE	PC	To help people worldwide where the need is greatest, delivering emergency medical aid to people affected by conflict, epidemics, disasters, or exclusion from health care	300
Elliott Museum825 NE Ocean Blvd Stuart, FL 34996	NONE	PC	To Help enrich the community through its wide variety of exhibits, collections, classes and lectures, all designed to serve	300

			emergency medical aid to people affected by conflict, epidemics, disasters, or exclusion from health care	
Elliott Museum825 NE Ocean Blvd Stuart, FL 34996	NONE	PC	To Help enrich the community through its wide variety of exhibits, collections, classes and lectures, all designed to serve the interests of the people who live and visit the Treasure Coast	300

Total . . За

41,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year RE & JSA FoundationPO Box 1379 Affilated PF Charitable Purposes -3.000 Stuart, FL 34995 Scholarship

Barstow-Reed SocietyPO Box 9010 Stuart, FL 34995	NONE	PC	To help buy cutting-edge medical technologies and equipment, start new life-saving programs, build new facilities and educate skilled nursing team	20,000
The Carpenters Kitchen 1200 E 10th Street	none	PC	To help provide needed meals as a result of natural disasters or	200

Stuart, FL 34996			catastrophic events	44.500
1200 E 10th Street		1	a result of natural disasters or	
The Carpenters Kitchen	none	PC	To help provide needed meals as	;

41,500

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	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
Library Foundation 2351 SE Monterey Road Stuart, FL 34996	none	PC	To help enrich library services and facilities not met by public funding and to endow the library system for future generations	500	
Sandhill Cove Foundation1500 SW Capri	NONE	PC	To provide annual scholarship	1,000	

Sandhill Cove Foundation1500 SW Capri Palm City, FL 34990     NONE     PC     To provide annual scholarship assistance to employees and their children     1,000       Samaritan Center1490 SE COVE ROAD STUART, FL 34997     NONE     PC     To meet the basic physical, spiritual, and social needs of people in our area, using the ministry of Jesus as our model     500			system for future generations	
STUART, FL 34997 spiritual, and social needs of people in our area, using the	NONE		assistance to employees and	1,000
	NONE	PC	spiritual, and social needs of people in our area, using the	500

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41,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

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

or substantial contributor

a Paid during the year				
Hardin County Community Foundation PO Box 343 Kenton, OH 43326	none	PC	To be the vehicle for those interested in fostering the present and future needs of the people of all ages in Hardin County in the fields of arts, health, education, recreation,	500

and beautification

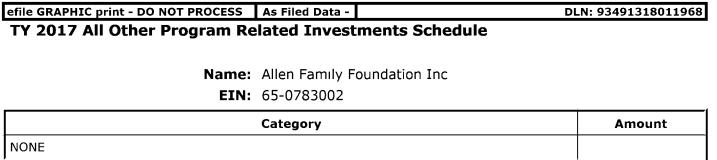
41,500

Total .

efile GRAPHIC print - DO NOT P	PROCESS A	As Filed Data -		D	LN: 93491318011968	
TY 2017 Accounting Fe	ees Sched	lule				
Name: Allen Family Foundation Inc EIN: 65-0783002						
Accounting Fees Schedule						
Category	Amour		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

1,545

ACCOUNTING FEES



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491318011968 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

# Name: Allen Family Foundation Inc

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318011968
TY 2017 Investments Corporat	e Stock Sche	dule

Name: Allen Family Foundation Inc

**EIN:** 65-0783002 Name of Stock Value

**EQUITY INVESTMENTS** 

**End of Year Book** End of Year Fair Market Value

543,263

827,201

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491318011968		
TY 2017 Other Expenses Schedule						
	Allen Family Fou	undation Inc				
Other Expenses Schedule	03-0783002					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
AGENCY FEES	8,207	8,207				
STATE FILING FEE	61					

DLN: 93491318011968

As Filed Data -

# **EIN:** 65-0783002

Other Income Schedule Description Revenue And Net Investment **Adjusted Net Income Expenses Per Books** Income FEDERAL TAX REFUND

efile GRAPHIC print - DO NOT PROC	CESS As Filed Data	-	DL	N: 93491318011968		
TY 2017 Taxes Schedule						
Na	ame: Allen Family	Foundation Inc				
	<b>EIN:</b> 65-0783002					
Category	Amount	Net Investment	Adjusted Net	Disbursements		
		Income	Income	for Charitable Purposes		
FOREIGN TAXES	162	162				