

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

Name of foundation LIDDY FAMILY FOUNDATION C/O ELWOOD B DAVIS		A Employer identification number 65-6449530	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 2630		Room/suite	B Telephone number (see instructions) (203) 226-8997
City or town, state or province, country, and ZIP or foreign postal code WESTPORT, CT 068800630		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2 Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,351,574		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	167,311			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	21,633	21,633		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	108,493			
	b Gross sales price for all assets on line 6a _____ 428,805				
	7 Capital gain net income (from Part IV, line 2) . . .		108,493		
	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)	440	440		
	12 Total. Add lines 1 through 11	297,877	130,566		
	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)	2,150	1,075		1,075
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	2,600	327		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	178	178		0
	24 Total operating and administrative expenses. Add lines 13 through 23	4,928	1,580		1,075
	25 Contributions, gifts, grants paid	110,850			110,850
	26 Total expenses and disbursements. Add lines 24 and 25	115,778	1,580		111,925
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	182,099			
	b Net investment income (if negative, enter -0-)		128,986		
	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
1	Cash—non-interest-bearing			
2	Savings and temporary cash investments	421,052	121,902	121,902
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) ▶ _____			

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)
1 a PUBLICLY TRADED SECURITIES			
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(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 422,612		320,312	102,300
b 6,193			6,193
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			102,300
b			6,193
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	108,493
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 4940 tax on the distributable amount of any year in the base period?

☐ Yes
 ☒ 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

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
RICHARD A LIDDY 4201 GULF SHORE BLVD N APT 902 NAPLES, FL 34103	DIRECTOR 1 00	0	0	0
JOANNE S LIDDY 4201 GULF SHORE BLVD N APT 902 NAPLES, FL 34103	DIRECTOR 1 00	0	0	0
ELWOOD B DAVIS 22 DELWOOD	TRUSTEE 1 00	0	0	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	847,145
b	Average of monthly cash balances.	1b	359,471
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,206,616
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	1,206,616
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	18,099
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,188,517

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

2a	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.					
b 85% of line 2a.					
c Qualifying distributions from Part XII, line 4 for each year listed.					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
e Qualifying distributions made directly for active conduct of exempt activities.					

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				58,136
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.	17,127			
b From 2013.	20,713			
c From 2014.	36,073			
d From 2015.	70,696			
e From 2016.	43,004			
f Total of lines 3a through e.	187,613			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>111,925</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.				58,136
e Remaining amount distributed out of corpus	53,789			
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	241,402			
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

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

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

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

a "Assets" alternative test—enter

(1) Value of all assets

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

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

c "Support" alternative test—enter

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

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

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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	Foundation	Purpose of grant or	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Enter gross amounts unless otherwise indicated

[illegible]

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			

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total

assets of the foundation before the close of the tax year, but only if they have contributed more

than 2% of the total assets of the foundation before the close of the tax year, but only if they have contributed more

than 2% of the total assets of the foundation before the close of the tax year, but only if they have contributed more

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than 2% of the total assets of the foundation before the close of the tax year, but only if they have contributed more

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>				
ABRAHAM LINCOLN PRESIDENTIAL		DC	UNRESTRICTED GENERAL	300

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>				
BASCOM PALMER EYE INSTITUTE 3880 TAMIAMI TRAIL NORTH NAPLES, FL 34103		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000
BERKSHIRE SCHOOL ANNUAL FUND 245 NORTH UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,500
CAPE COD SYMPHONY 1060 FALMOUTH ROAD SUITE A HYANNIS, MA 02601		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	150
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,500
COMMUNITY FOUNDATION 1110 PINE RIDGE ROAD SUITE 200 NAPLES, FL 34108		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
Total ▶ 3a				110,850

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>				
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000
DANIEL DANFORTH PLANT SCIENCE CENTER 975 N WARSON RD ST LOUIS, MO 63132		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
FAITH IN PRACTICE 7500 BEECHNUT STREET STE 208 HOUSTON, TX 77074		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
FRANCIS OUIMET SCHOLARSHIP FUND 300 ARNOLD PALMER BOULEVARD NORTON, MA 02766		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	50
HABITAT FOR HUMANITY 11145 TAMIAMI TRAIL E NAPLES, FL 34113		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
Total ► 3a				110,850

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>				
LIBERTY YOUTH RANCH PO BOX 366206		DC	UNRESTRICTED GENERAL	1,500

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 <i>Paid during the year</i>				
NANTUCKET HISTORICAL ASSOCIATION 15 BROAD STREET NANTUCKET, MA 02554		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
NATIONAL AIR AND SPACE SOCIETY PO BOX 98091 WASHINGTON, DC 20090		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	150
NATIONAL PATROLMANS FOUNDATION 1549 RINGLING BLVD FL 6 SARASOTA, FL 34236		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	50
NATIONAL TRUST FOR HISTORIC PRESERVATION 2600 VIRGINIA AVENUE NW SUITE 1100 WASHINGTON, DC 20037		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
NCH HEALTHCARE FOUNDATION PO BOX 234 NAPLES, FL 34106		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000
Total 				110,850
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>				
NYU LANGONE MEDICAL CENTER 40 E 24TH ST 3 NEW YORK, NY 10016		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	12,000
OPERA NAPLES2408 LINWOOD AVE NAPLES, FL 34112		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	15,000
OPERA THEATRE OF ST LOUIS 210 HAZEL AVENUE ST LOUIS, MO 63119		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
RENBROOK SCHOOL2865 ALBANY AVE WEST HARTFORD, CT 06117		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000
Total ► 3a				110,850

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>				
RERUN INC263A WATERS ROAD EAST GREENBUSH, NY 12061		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	5,000
SALVATION ARMY1010 CURRIE AVENUE MINNEAPOLIS, MN 55403		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,500

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 <i>Paid during the year</i>				
THE EILEEN KRAUS SCHOLARSHIP 320 FITCH ST SCHWARTZ HALL B-3 NEW HAVEN, CT 06515		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	400
THE FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVE WASHINGTON, DC 20009		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000
THE NAPLES PLAYERS SNYDEN THEATRE 701 5TH AVE S NAPLES, FL 34102		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	2,000
THE SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 10102		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
Total 				110,850
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>				
THE TRINITY FORUM 2011 PENNSYLVANIA AVENUE NW 250 WASHINGTON, DC 20006		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	150
THORTON W BURGEEES SOCIETY 6 DISCOVERY HILL RD EAST SANDWICH, MA 02537		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	100
UNITED WAY OF COLLIER COUNTY 9015 STRADA STELL CT 204 NAPLES, FL 34109		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	400
UNIVERSITY OF WISCONSIN 625 PEARL STREET OSHKOSH, WI 54901		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	500
UROLOGICAL RESEARCH FOUNDATION PO BOX 855 MANCHESTER, MO 63011		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	150
Total ► 3a				110,850

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>				
USOPO BOX 96860 WASHINGTON, DC 20077		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
WASHINGTON UNIVERSITY 1 BROOKINGS DR ST LOUIS, MO 63130		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	300
WCAI3 WATER STREET PO BOX 82 WOODS HOLE, MA 02543		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	150
WEBSTER UNIVERSITY		PC	UNRESTRICTED GENFRAI	300

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>				
WGPU10501 FGCU BLVD SOUTH FORT MYERS, FL 33965		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	200
WOUNDED WARRIOR PROJECT PO BOX 758516 TOPEKA, KS 66675		PC	UNRESTRICTED GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				110,850

TY 2017 Accounting Fees Schedule**Name:** LIDDY FAMILY FOUNDATION

C/O ELWOOD B DAVIS

EIN: 65-6449530**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,150	1,075		1,075

TY 2017 Investments Corporate Stock Schedule**Name:** LIDDY FAMILY FOUNDATION

C/O ELWOOD B DAVIS

EIN: 65-6449530

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BANK OF AMERICA CORP - 3,858 SHS	76,222	113,898
BERKSHIRE HATHAWAY - 560 SHS	100,648	111,003
JPMORGAN CHASE & CO - 1,000 SHS	41,450	106,940
KRAFT HEINZ COMPANY - 78 SHS	16,002	41,446

TY 2017 Investments - Other Schedule**Name:** LIDDY FAMILY FOUNDATION

C/O ELWOOD B DAVIS

EIN: 65-6449530**Investments Other Schedule 2**

TY 2017 Other Expenses Schedule

Name: LIDDY FAMILY FOUNDATION
C/O ELWOOD B DAVIS

EIN: 65-6449530

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEMBERSHIP FEES	150	150		0
BANK FEES	28	28		0

TY 2017 Other Income Schedule**Name:** LIDDY FAMILY FOUNDATION

C/O ELWOOD B DAVIS

EIN: 65-6449530**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER	440	440	440

TY 2017 Taxes Schedule**Name:** LIDDY FAMILY FOUNDATION

C/O ELWOOD B DAVIS

EIN: 65-6449530

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PAID	327	327		0
FEDERAL TAX	2,273	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2017
Name of the organization LIDDY FAMILY FOUNDATION C/O ELWOOD B DAVIS		Employer identification number 65-6449530

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization
LIDDY FAMILY FOUNDATION
C/O ELWOOD B DAVIS

Employer identification number
65-6449530

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD A LIDDY 4201 GULF SHORE BLVD N APT 902 NAPLES, FL 34103	\$ 167,311	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)
(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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Name of organization LIDDY FAMILY FOUNDATION C/O ELWOOD B DAVIS	Employer identification number 65-6449530
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	2,340 SHS OF GABELLI ASSET FUND	\$ 150,228	2017-12-26
(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
		\$	
(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
		\$	

Name of organization LIDDY FAMILY FOUNDATION C/O ELWOOD B DAVIS	Employer identification number 65-6449530
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee