

For calendar year 2017, or tax year beginning 06-01-2017, and ending 05-31-2018

Name of foundation THE BERNARD A EGAN FOUNDATION INC		A Employer identification number 65-0501660	
Number and street (or P O box number if mail is not delivered to street address) 1900 OLD DIXIE HIGHWAY		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code FORT PIERCE, FL 34946		B Telephone number (see instructions) (772) 465-7555	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 136,661,906		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	4,937,927			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,349,340	1,349,340		
	4 Dividends and interest from securities	1,742,521	1,742,521		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,437,836			
	b Gross sales price for all assets on line 6a 19,771,322				
	7 Capital gain net income (from Part IV, line 2)		1,437,836		
	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)	413,710	487,351		
	12 Total. Add lines 1 through 11	9,881,334	5,017,048		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,000			
	c Other professional fees (attach schedule)	500,596	498,463		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	55,954	3,954		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	399,230	387,887		
	24 Total operating and administrative expenses. Add lines 13 through 23	962,780	890,304		0
	25 Contributions, gifts, grants paid	5,452,212			5,452,212
	26 Total expenses and disbursements. Add lines 24 and 25	6,414,992	890,304		5,452,212
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	3,466,342			
	b Net investment income (if negative, enter -0-)		4,126,744		
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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	3,928,302	4,261,060	4,261,060
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	116,796,871	119,419,887	132,400,846
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	120,725,173	123,680,947	136,661,906	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	120,725,173	123,680,947	
30	Total net assets or fund balances (see instructions)	120,725,173	123,680,947		
31	Total liabilities and net assets/fund balances (see instructions) .	120,725,173	123,680,947		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	120,725,173
2	Enter amount from Part I, line 27a	2	3,466,342
3	Other increases not included in line 2 (itemize) ▶ _____	3	323,593
4	Add lines 1, 2, and 3	4	124,515,108
5	Decreases not included in line 2 (itemize) ▶ _____	5	834,161
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	123,680,947

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	1,437,836
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	484,026

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	4,278,660	109,228,877	0 039172
2015	3,548,720	86,036,627	0 041247
2014	2,814,988	72,254,526	0 038959
2013	2,247,037	56,751,614	0 039594
2012	1,588,600	45,769,406	0 034709

2 Total of line 1, column (d)	2	0 193681
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 038736
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	132,870,217
5 Multiply line 4 by line 3	5	5,146,861
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	41,267
7 Add lines 5 and 6	7	5,188,128
8 Enter qualifying distributions from Part XII, line 4	8	5,452,212

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	41,267
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	41,267
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	41,267
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	49,981
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	54,981
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	13,714
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of KIM BOLIN CPA Telephone no (772) 489-7276			

Located at **1900 OLD DIXIE HIGHWAY FORT PIERCE FL** ZIP+4 **34946**

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

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

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

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a			No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? 4b			No

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

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

2

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

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

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

▶

3

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

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

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

▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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

Total. Add lines 1 through 3

▶

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	129,940,302
b	Average of monthly cash balances.	1b	4,953,319
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	134,893,621
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	134,893,621
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,023,404
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	132,870,217
6	Minimum investment return. Enter 5% of line 5.	6	6,643,511

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

1	Minimum investment return from Part X, line 6.	1	6,643,511
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	41,267
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	41,267
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	6,602,244
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	6,602,244
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	6,602,244

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	5,452,212
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	5,452,212
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	41,267
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	5,410,945

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				6,602,244
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			5,451,198	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>5,452,212</u>				
a Applied to 2016, but not more than line 2a			5,451,198	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				1,014
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
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—see instructions				
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				6,601,230
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).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
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.				

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 <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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))

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	5,452,212
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

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

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

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

b If "Yes," complete the following schedule

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-04-15	*****
	Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	VELIA FLORES		2019-04-19		P01951330
	Firm's name ▶ BERMAN HOPKINS WRIGHT LAHAM CPAS & ASSOC				Firm's EIN ▶ 59-1152714
Firm's address ▶ 8035 SPYGLASS HILL RD MELBOURNE, FL 32940					Phone no (321) 757-2020

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
SUNTRUST 83	P		
SUNTRUST 83	P		
MERRILL LYNCH 88	P		
MERRILL LYNCH 88	P		
K1 PASSTHROUGH SHORT TERM GAINS	P		
K1 PASSTHROUGH LONG TERM GAINS	P		
SALE OF EGAN RANCH LAND	P	2017-11-30	2018-05-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
5,384,033		5,412,438	-28,405
6,238,682		5,714,828	523,854
4,658,155		4,507,717	150,438
1,556,737		1,645,797	-89,060
119,699			119,699
480,042			480,042
1,295,000		1,052,706	242,294

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			-28,405
			523,854
			150,438
			-89,060
			119,699
			480,042
			242,294

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

(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
BERNADETTE EMERICK 465 12TH SE PLACE VERO BEACH, FL 32962	PRESIDENT 10 00	0	0	0
MARY R SHINN 2570 SUNNY SLOPES DRIVE PARK CITY, UT 84060				
GREGORY P NELSON 1806 OCEAN DRIVE VERO BEACH, FL 32963	ASSISTANT SE 2 00	0	0	0
JJ GILET 4872 S HARBOR DRIVE APT 402 VERO BEACH, FL 32967				
CATHERINE ROHM 2627 N INDIAN RIVER DRIVE FORT PIERCE, FL 34946	VICE PRESIDE 2 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIVE LIKE COLE FOUNDATION INC 601 21ST STREET SUITE 3 VERO BEACH, FL 32960			GENERAL SUPPORT - CHARITY	2,400
ADORER MISSIONARY SISTERS OF THE P PO BOX 19895 WEST PALM BEACH, FL 33416			FR MARK MLAY'S TANZANIA ORPHANAGE	55,000
ADORER MISSIONARY SISTERS OF THE P PO BOX 19895 WEST PALM BEACH, FL 33416			FR MARK MLAY'S TANZANIA ORPHANAGE	70,000
Total ▶ 3a				5,452,212

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>				
ALZHEIMER AND PARKINSON ASSN 2300 5TH AVENUE SUITE 15 VERO BEACH, FL 32960			CAREGIVER FUND PARKINSON'S DISEASE	9,000
ALZHEIMER'S COMMUNITY CARE 800 NORTHPOINT PARKWAY SU WEST PALM BEACH, FL 33407			ST PETER LUTHERAN CHURCH FACILITY	9,000
AMERICAN CANCER SOCIETY 3375 20TH STREET SUITE 10 VERO BEACH, FL 32960			RELAY FOR LIFE	9,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN CANCER SOCIETY 3375 20TH STREET SUITE 1 VERO BEACH, FL 32960			"RESTRICTED - ACCESS TO CARE" PROGRA	20,000
AMERICAN CANCER SOCIETY 621 CLEARWATER PARK RD WEST PALM BEACH, FL 33401			HLG CAMPAIGN (GENERAL)	15,000
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD N ST PETERSBURG, FL 337163721			CPR IN TREASURE COAST AREA	55,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS 335 SW 27TH AVENUE MIAMI, FL 33135			HURRICANE IRMA/MARIA - FL & PR	5,000
AMERICAN RED CROSS2506 17TH AVE VERO BEACH, FL 32960			DISASTERS RESPONSE	4,800
BIG BROTHER BIG SISTER OF SLC 403 N US HIGHWAY 1 FORT PIERCE, FL 34950			GENERAL SUPPORT CHARITY	4,500
Total ▶ 3a				5,452,212

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>				
BIG HEART BRIGADE OF THE TREASURE C PO BOX 21 STUART, FL 34995			THANKSGIVING MEALS	1,400
BOYS AND GIRLS CLUB OF IRC 1729 17TH AVE VERO BEACH, FL 32960			FELLSMERE - EDUCATION	4,500
BOYS AND GIRLS CLUB OF SLC 3104 AVENUE J FORT PIERCE, FL 34947			GENERAL SUPPORT - CHARITY	4,500
Total ▶ 3a				5,452,212

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>				
BUREAU OF CATHOLIC INDIAN MISS 2021 H STREET NW WASHINGTON, DC 20006			AMERICAN INDIAN EDUCATION & ASSIST	88,500
CAMP HAVEN INC3256 US HWY 1 VERO BEACH, FL 32960			HOMELESS	15,000
CAMP HOB INCORPORATED PO BOX 520755 SALT LAKE CITY, UT 841520755			GENERAL SUPPORT CHARITY	9,250
Total ▶ 3a				5,452,212

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				
CATHOLIC CHARITIES USA PO BOX 17066 BALTIMORE, MD 212971066			USA RELIEF SERVICES	16,000
CATHOLIC COMMUNICATION CAMPN PO BOX 96278 WASHINGTON, DC 200906278			GENERAL SUPPORT	4,720
CATHOLIC MEN FOR JESUS CHRIST 1605 MAJORCA PLACE VERO BEACH, FL 32967			ANNUAL EVENT - RELIGIOUS	6,500
Total ▶ 3a				5,452,212

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>				
CHILDCARE RESOURCES OF IRC 2300 5TH AVE SUITE149 VERO BEACH, FL 32960			GENERAL OPERATIONS	42,000
CHILDREN'S HOME SOCIETY OF FL 650 10TH ST VERO BEACH, FL 32960			HOMELESS IN HIGH SCHOOL	47,000
COLORADO STATE UNIVERSITY FNDN 1101 CAMPUS DELIVERY FORT COLLINS, CO 805231101			SCHOLARSHIP ENDOWMENT SUPPORT	8,500
Total ▶ 3a				5,452,212

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				
DASIE BRIDGEWATER HOPE CENTER 8445 64TH AVE WABASSO, FL 32970			YOUTH MENTORING - EDUCATION	3,500
DIOCESE OF PALM BEACH P O BOX 109650 PALM BEACH GARDENS, FL 33410			MEMO CATHOLIC CHARITIES	8,000
DISCOVERING AMISTAD 129 CHURCH STREET SUITE NEW HAVEN, CT 06510			GENERAL SUPPORT CHARITY	9,750
Total ▶ 3a				5,452,212

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				
DIVINE MERCY COMMUNICATIONS 2020 EAU GALLIE BLVD SUI MELBOURNE, FL 32935			RADIO EXPANSION PROJECT	11,800
EQUESTRIAN ORDER OF THE HOLY SEP 2955 RIDGELAKE DRIVE SUI METAIRIE, LA 70002			AID & ASSISTANCE TO CHRISTIANS IN HO	7,000
EXCHANGE CLUB OF IRC FNDN PO BOX 93 VERO BEACH, FL 329610093			PREVENTION OF CHILD ABUSE	4,000
Total ▶ 3a				5,452,212

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>				
EXECUTIVE ROUNDTABLE OF IRC PO BOX 5054 VERO BEACH, FL 32960			GENERAL SUPPORT - CHARITY	2,000
FAMILY RENEW COMMUNITY INC PO BOX 250123 HOLLY HILL, FL 321250123			GENERAL SUPPORT	9,250
FLORIDA CHAMBER OF COMM FNDN 136 S BRONOUGH ST TALLAHASSEE, FL 323017706			GENERAL SUPPORT - RESEARCH	1,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORIDA CITRUS HALL OF FAME PO BOX 1576 BARTOW, FL 338311576			FLORIDA CITRUS HALL OF FAME - EDUCAT	1,000
FLORIDA CITRUS RESEARCH FNDN PO BOX 941058 MAITLAND, FL 32794			RESEARCH CONF - HLB	30,000
FLORIDA K OF C CHARITIES INC 829 GROVESMERE LOOP OCOE, FL 34761			HELPING LIFE FUND	3,500
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015698			FLORIDA SOUTHERN COLLEGE- FCHOF FELL	500
FLORIDA SPECIALTY CROP FNDN PO BOX 948153 MAITLAND, FL 327948153			MIGRANT EDUCATION/ MATCHING FUNDS	4,500
FLORIDA'S NATURAL GROWERS FNDN 20205 US HIGHWAY 27 LAKE WALES, FL 338533080			SUPPORT OF COMMUNITY PROGRAMS	1,500
Total ▶ 3a				5,452,212

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>				
FRANCISCAN UNIVERSITY OF STEUBEN 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 439521763			BERNARD A EGAN ENDOWED SCHOLARSHIP	10,000
FRIENDS OF HARBOR BRANCH 5600 US 1 NORTH FORT PIERCE, FL 34946			CANCER RESEARCH PROGRAM	5,000
FSU MEDICAL SCHOOL 2498 S 35TH STREET FT PIERCE, FL 349815573			MEDICAL STUDENT SCHOLARSHIP	10,000
Total ▶ 3a				5,452,212

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>				
GIFFORD YOUTH ACHIEVEMENT CNTR 4875 43RD AVE VERO BEACH, FL 32967			20TH ANNIVERSARY GALA EVENT SPONSOR	5,000
HAITI CLINIC INC865 37TH PLACE VERO BEACH, FL 32960			GENERAL SUPPORT - MEDICAL CHARITY	23,000
HIBISCUS CHILDREN'S CENTER PO BOX 1742 VERO BEACH, FL 329619904			SUPPORT CHILD ABUSE COUNSELING	19,000
Total ▶ 3a				5,452,212


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				
HOLY CROSS CATHOLIC CHURCH 2605 HIGHWAY A1A VERO BEACH, FL 32963			CATHOLIC CHURCH	7,500
HOLY CROSS CATHOLIC CHURCH PO BOX 999 INDIANTOWN, FL 34956			CATHOLIC CHURCH	7,500
HOLY FAMILY CHURCH 2330 SE MARIPOSA AVENUE PT ST LUCIE, FL 34952			FR TRI'S MISSION - VIETNAM	18,000
Total ▶ 3a				5,452,212

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>				
HOLY FAMILY CHURCH 2330 SE MARIPOSA AVENUE PT ST LUCIE, FL 34952			FATHER TRI'S JOURNEY WITH THE LEPERS	18,300
HOPE FOR FAMILIES CENTER 720 4TH STREET VERO BEACH, FL 32962			HOMELESS SHELTER	14,000
INDIAN RIVER COMMUNITY FNDN PO BOX 643968 VERO BEACH, FL 329643968			VB ROWING COMM BOATHOUSE FUND	2,950
Total ▶ 3a				5,452,212

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>				
IRC HEALTHY START COALITION 1555 INDIAN RIVER BOULEVA VERO BEACH, FL 32960			GENERAL SUPPORT - MEDICAL CHARITY	14,000
IRC MEDICAL SOCIETY FNDN PO BOX 573 VERO BEACH, FL 32961			WE CARE GALA FOR WE CARE CLINIC	36,912
IRC HABITAT FOR HUMANITY 4568 N US HIGHWAY 1 VERO BEACH, FL 32960			LAND DONATION FOR HOUSING CHARITY	1,295,000
Total ▶ 3a				5,452,212

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>				
INDIAN RIVER MEDICAL CENTER FNDN 1000 36TH STREET VERO BEACH, FL 32960			PAY IT FORWARD - MEDICAL CHARITY	345,000
INDIAN RIVER STATE COLLEGE FNDN 4075 VIRGINIA AVENUE FT PIERCE, FL 34981			LIGHTHOUSE FOUNDATION SCHOLAR	10,000
INTL WALDENSTROMS MACROGL FNDN 6144 CLARK CENTER AVE SARASOTA, FL 34238			GENERAL SUPPORT	5,000
Total ▶ 3a				5,452,212

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				
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FT PIERCE, FL 34947			EDUCATION	62,000
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FT PIERCE, FL 34947			CATHOLIC TUITION ASSISTANCE	50,000
JOHN CARROLL CATHOLIC HIGH SCHOOL 3402 DELAWARE AVENUE FT PIERCE, FL 34947			ATHLETICS PROGRAM	5,000
Total ▶ 3a				5,452,212

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>				
JOHN CARROLL EDUCATIONAL FNDN 311 SOUTH SECOND STREET FT PIERCE, FL 34954			RESTRICTED USE ENDOWMENT	23,600
JUAN DIEGO MISSIONPO BOX 1197 FT PIERCE, FL 34947			OPERATIONS	35,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			UNITED DISASTER RELIEF CHARITY	15,000
Total 				5,452,212
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>				
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			DISASTER RELIEF - KEYS - CHURCHES	70,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			CATHOLIC SCHOLARSHIPS	76,500
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			VOCATION TO PRIESTHOOD	76,500
Total ▶ 3a				5,452,212

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>				
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			CULTURE OF LIFE	65,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			UNITED IN CHARITY	80,000
KNIGHTS OF COLUMBUS CHARITIES PO BOX 1966 NEW HAVEN, CT 06510			CHRISTIAN REFUGEE RELIEF	8,500
Total ▶ 3a				5,452,212

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>				
KNIGHTS OF COLUMBUS CNCL 5629 2300 INDIAN CREEK BLVD W VERO BEACH, FL 32966			DISABILITIES DRIVE	7,000
LEARN TO READ OF ST LUCIE COUNTY 809 DELAWARE AVENUE FORT PIERCE, FL 34950			GENERAL SUPPORT	37,000
LEGIONARIES OF CHRIST SEMINARY 30 MANSELL CT SUITE 103 ROSWELL, GA 30076			SEMINARY SCHOLARSHIPS	141,000
Total ▶ 3a				5,452,212

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>				
LEUKEMIA & LYMPHOMA SOCIETY 341 N MAITLAND AVE SUI MAITLAND, FL 32751			LIGHT THE NIGHT WALK - RESEARCH	500
LITERACY SERVICES OF IRC 1600 21ST STREET VERO BEACH, FL 32960			GENERAL SUPPORT - EDUCATION	3,000
MARCH OF DIMES REGIONAL OFFICE P O BOX MARIETTA, GA 30006			MEDICAL RESEARCH - TEAM ELLIOTT	750
Total ▶ 3a				5,452,212

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				
MARY'S SHELTER OF THE TREASURE C PO BOX 958 STUART, FL 34995			HOUSING FOR PREGNANT WOMEN	14,000
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 18509			SCHOLARSHIP ENDOWMENT SUPPORT	11,000
MAYO CLINIC4500 SAN PABLO ROAD JACKSONVILLE, FL 32224			CAPITAL EXPANSION SUPPORT IN FL	90,000
Total ▶ 3a				5,452,212

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>				
MCKEE BOTANICAL GARDEN 350 US HIGHWAY 1 VERO BEACH, FL 32962			CHILDREN'S GARDEN	2,000
MENTAL HEALTH ASSOCIATION IN IRC 37TH PLACE VERO BEACH, FL 32960			LOCAL SERVICES	11,000
MIRAVIAPO BOX 11499 CHARLOTTE, NC 282201400			HOUSING FOR PREGNANT COLLEGE STUDENT	18,000
Total ▶ 3a				5,452,212

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>				
MISC & MEMORIALS1900 OLD DIXIE HIGHWAY, FL 34946			VARIOUS	6,350
MISSIONARY FLIGHTS INTERNATIONAL 3170 AIRMANS DRIVE FT PIERCE, FL 34946			GENERAL SUPPORT - CHARITY	21,000
MORTALES INCORPORATED 300 NORTH END AVENUE APT NEW YORK, NY 102820000			GENERAL SUPPORT	9,250
Total ▶ 3a				5,452,212

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>				
MOTHER THERESA CATH EDUC FNDN 3420 CARDINAL DRIVE SUIT VERO BEACH, FL 32963			BUILDING IMPROVEMENTS- EDUCATION	300,000
NATIONAL NAVY UDT-SEAL MUSEUM 3300 N HIGHWAY A1A FORT PIERCE, FL 349498520			GENERAL SUPPORT	850
NEW HORIZONS4500 W MIDWAY ROAD FT PIERCE, FL 34981			4 OUR KIDS/CHILDREN MENTAL HEALTH	6,000
Total ▶ 3a				5,452,212

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>				
NOTRE DAME CATHOLIC MISSION 217 NORTH US HIGHWAY 1 FORT PIERCE, FL 34950			HAITIAN EDUCATION	17,700
NOTRE DAME CATHOLIC MISSION 1701 INDIAN CREEK PARKWAY JUPITER, FL 33458			FR JEAN'S HAITIAN MISSION	18,000
OCN RESEARCH AND CONSERV ASSN 1420 SEAWAY DRIVE FORT PIERCE, FL 34949			MIDDLE SCHOOL EDUCATION	9,750
Total ▶ 3a				5,452,212

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				
OPEN HEARTS ART CENTER 217 COXE AVE ASHEVILLE, NC 28801			GENERAL SUPPORT	9,250
OPEN HEARTS ART CENTER 217 COXE AVE ASHEVILLE, NC 28801			HANDICAPPED PROGRAMS	6,000
OPERATION HOPE12285 CO RD 512 FELLSMERE, FL 32948			BACK PACKS	1,500
Total ▶ 3a				5,452,212

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>				
OUR LADY OF GUADALUPEPO BOX 9 FELLSMERE, FL 32948			CHRISTIAN EDUCATION & ASSIST	90,000
PAULIST FATHERS1225 20TH AVENUE VERO BEACH, FL 32960			FOR LOCAL RETIRED PRIESTS	21,000
PREGNANCY CARE CENTER INC 1119 DELAWARE AVE FORT PIERCE, FL 34950			SLC - GENERAL SUPPORT	23,000
Total ▶ 3a				5,452,212

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>				
REDLANDS CHRISTIAN MIGRANTS ASSN 402 W MAIN STREET IMMOKALEE, FL 341423933			EDUCATION	45,000
SAMARITAN CENTER3650 41ST STREET VERO BEACH, FL 32967			HOMELESS CHARITY	25,000
SAMARITAN CENTER3650 41ST STREET VERO BEACH, FL 32967			BAE GOLF TOURNAMENT	10,000
Total ▶ 3a				5,452,212


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>				
SAMARITAN CENTER3650 41ST STREET VERO BEACH, FL 32967			HOMELESS SHELTER	125,000
SAMARITAN CENTER3650 41ST STREET VERO BEACH, FL 32967			CONTRIBUTION - HOMELESS CHARITY	46,000
SARAH'S KITCHEN OF THE TREASURE C 295 NW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983			ADAM'S PLACE - CHARITY HOUSING	40,000
Total ▶ 3a				5,452,212

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>				
SCHOLARSHIP FOUNDATION OF IRC PO BOX 1820 VERO BEACH, FL 32961			2017 GOLF CLASSIC - EDUCATION	600
SCHOLARSHIP FOUNDATION OF IRC PO BOX 1820 VERO BEACH, FL 32961			GENERAL SUPPORT	7,000
SPECIAL EQUESTRIANS OF TREASURE C PO BOX 651312 VERO BEACH, FL 32965			FOR INDIAN RIVER	18,500
Total ▶ 3a				5,452,212

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>				
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE, AL 36608			EDUCATION - (J B EGAN) SCHOLARSHIP	10,000
ST ANASTASIA SCHOOL ENDOWMENT 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			MEDIA CENTER LOAN PRINCIPAL	38,000
ST ANASTASIA CATHOLIC CHURCH 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			RESTRICTED - NET MINISTRIES	10,500
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST ANASTASIA CATHOLIC CHURCH 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			GENERAL - RELIGIOUS	47,000
ST ANASTASIA CATHOLIC SCHOOL 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			EDUCATION	49,000
ST ANASTASIA CATHOLIC SCHOOL 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			CATHOLIC TUITION ASSISTANCE	70,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST ANASTASIA CATHOLIC SCHOOL 407 SOUTH 33RD STREET FORT PIERCE, FL 34947			CORPUS	9,000
ST BALDRICK'S FOUNDATION 1333 S MAYFLOWER AVENUE MONROVIA, CA 91016			GENERAL SUPPORT CANCER RESEARCH	2,000
ST BERNADETTE CATHOLIC CHURCH 350 NW CALIFORNIA BLVD PORT ST LUCIE, FL 34986			FUNDRAISER FOR TUITION ASSISTANCE	2,300
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST FRANCES XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10114			EDUCATION/SCHOLARSHIPS	94,400
ST FRANCIS MANOR OF VERO BEACH 1750 20TH AVENUE VERO BEACH, FL 32960			LOW INCOME SENIOR APARTMENTS	100,000
ST HELEN CATHOLIC CHURCH PERSPECTIVES - P O BOX VERO BEACH, FL 32961			PERSPECTIVES	9,000
Total 				5,452,212
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			CATHOLIC TUITION ASSISTANCE RESTRICT	55,000
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			ST JUNIPERO SERRA VOCATIONS CLUB	7,000
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			CHURCH	94,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST HELEN CATHOLIC CHURCH PO BOX 2927 VERO BEACH, FL 32961			DIOCESAN SERVICE APPEAL (DSA)	11,500
ST HELEN CATHOLIC SCHOOL PO BOX 2927 VERO BEACH, FL 32961			EDUCATION	70,800
ST HELEN CATHOLIC SCHOOL PO BOX 2927 VERO BEACH, FL 32961			CATHOLIC TUITION ASSISTANCE	65,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST HELEN CATHOLIC SCHOOL PO BOX 2927 VERO BEACH, FL 32961			BUILDING FUND/RENOVATIONS	65,000
ST JOHN OF THE CROSS CATHOLIC CH 2355 82ND AVENUE VERO BEACH, FL 32966			CHURCH	18,000
ST JOSEPH'S REGIONAL MC FNDN 315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009			ST JOSEPH'S HEALTHCARE AND REHAB CN	20,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST LUCIE HABITAT FOR HUMANITY 702 SOUTH 6TH STREET FT PIERCE, FL 34950			NEIGHBORHOOD REVITALIZATION - 2 HOME	25,000
ST MARK THE EVANGELIST CHURCH 1924 ZEPHYR AVENUE FORT PIERCE, FL 34982			FUNDRAISER CHARITY DINNER AUCTION	1,000
ST MARK THE EVANGELIST CHURCH 1924 ZEPHYR AVENUE FORT PIERCE, FL 34982			CHURCH	18,000
Total ▶ 3a				5,452,212

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST MARK THE EVANGELIST CHURCH 1924 ZEPHYR AVENUE FORT PIERCE, FL 34982			ST VINCENT DE PAUL	33,000
ST MARY'S GABRIEL PROJECT 1505 W WHITE PINE CANYON PARK CITY, UT 84060			CHILDCARE ASSISTANCE	5,900
ST VINCENT DE PAUL SOCIETY 1745 14TH AVENUE VERO BEACH, FL 32960			GENERAL SUPPORT	33,000
Total ▶ 3a				5,452,212

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>				
SUBSTANCE AWARENESS CENTER 1507 20TH STREET VERO BEACH, FL 32960			WOMEN'S HOMES	27,000
SUBSTANCE AWARENESS CENTER 1507 20TH STREET VERO BEACH, FL 32960			ST HELEN'S SCHOOL EDUCATION PROGRAM	12,000
SUNSHINE PHYSICAL THERAPY CLINIC 1705 17TH AVENUE VERO BEACH, FL 32960			ANNUAL GALA - PEDIATRIC PHYSICAL THE	14,000
Total ▶ 3a				5,452,212

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 ARC OF INDIAN RIVER COUNTY 1375 16TH AVENUE VERO BEACH, FL 32960			GENERAL SUPPORT	6,000
THE ARC OF ST LUCIE COUNTY PO BOX 1016 FORT PIERCE, FL 349541016			ABILITY RESOURCE CENTER	5,000
THE BUGGY BUNCH 1940 58TH AVE SUITE D VERO BEACH, FL 32966			CHARITY	10,000
Total ▶ 3a				5,452,212

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>				
KIWANIS CLUB OF VERO TREASURE C PO BOX 6381 VERO BEACH, FL 32961			GENERAL SUPPORT - CHARITY	2,500
THE LEUKEMIA & LYMPHOMA SOC 3 INTERNATIONAL DRIVE SU MAITLAND, FL 32851			LIGHT THE NIGHT - RESEARCH	4,000
THE SISTERS OF ST JOSEPH-ST AUG PO BOX 3506 ST AUGUSTINE, FL 32085			RETIREMENT FUND - RELIGIOUS	7,080
Total ▶ 3a				5,452,212

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 SOURCEPO BOX 2458 VERO BEACH, FL 329612458			GENERAL SUPPORT	9,250
THE SOURCEPO BOX 2458 VERO BEACH, FL 329612458			BUDGET ASSISTANCE	23,600
TREASURE COAST HOMELESS SERV 2525 ST LUCIE AVENUE VERO BEACH, FL 32960			NAOMI'S HOUSE	5,000
Total ▶ 3a				5,452,212

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>				
TRINITY MISSIONS 9001 NEW HAMPSHIRE AVENUE SILVER SPRING, MD 209033626			SEMINARY - RELIGIOUS	5,000
UNITED AGAINST POVERTY 2050 40TH AVENUE SUITE 9 VERO BEACH, FL 32960			TURKEY TROT FUNDRAISER - CHARITY	1,500
UNITED AGAINST POVERTY OF IRC 2050 40TH AVENUE SUITE 9 VERO BEACH, FL 32960			INDIAN RIVER CAMPUS	9,250
Total ▶ 3a				5,452,212

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>				
UNITED WAY OF INDIAN RIVER CO PO BOX 1960 VERO BEACH, FL 329611960			CITRUS GOLF TOURNAMENT	3,000
UNITED WAY OF INDIAN RIVER CO PO BOX 1960 VERO BEACH, FL 329611960			ANNUAL CAMPAIGN	33,000
UNITED WAY OF ST LUCIE CO 4800 S US 1 FORT PIERCE, FL 34982			2012/2013 CAMPAIGN SLC	37,000
Total ▶ 3a				5,452,212

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>				
VERO HERITAGE INC2140 14TH AVENUE VERO BEACH, FL 32960			VB 2019 CENTENNIAL CELEBRATION	1,000
VETERANS COUNCIL OF IRC P O BOX 1354 VERO BEACH, FL 32961			MEMORIAL DAY/VB AIR SHOW	2,000
VISITING NURSE ASSN & HOSP FNDN 1110 35TH LANE VERO BEACH, FL 32960			LOCAL SERVICES	17,000
Total ▶ 3a				5,452,212

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>				
WOMEN'S CARE CENTER OF IRC 1986 31ST AVE SUITE 100 VERO BEACH, FL 32960			GENERAL SUPPORT	21,000
WOMEN'S CARE CENTER OF IRC INC 1986 31ST AVE SUITE 100 VERO BEACH, FL 32960			FEB EVENT FUNDRAISER - MEDICAL CHARI	1,500
WOMEN'S REFUGE OF VERO BEACH 1850 LEMON AVENUE VERO BEACH, FL 32960			CARE FOR ABUSED WOMEN	5,000
Total ▶ 3a				5,452,212

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>				
YOUTH GUIDANCE MENT AND ACT PO BOX 121 VERO BEACH, FL 32961			GENERAL SUPPORT - EDUCATION	3,000
YOUTH ON A MISSIONPO BOX 2927 VERO BEACH, FL 32961			GENERAL SUPPORT - YOUTH ON A MISSION	15,000
Total ▶ 3a				5,452,212

Form 990PF Part XVI-A Line 11 - Other revenue:

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions)
11 Other revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
a SECURITY SETTLEMENT PROCEED			1	-109	
b K1 - SECTION 1231 INCOME			18	1,141	
c K1 - BAE CAPITAL			14	-45,069	
d K1 - CCA BLACK			14	63,701	
e K1 - MULTI STRATEGY-GENSPRI			14	-131	
f K1 - KAYNE ANDERSON RE II			14	-6,243	
g K1 - KAYNE ANDERSON RE L P			14	-21,314	
h K1 - ACL			14	-49,202	
i K1 - APOLLO MANAGEMENT			14	-1,010	
j K1 - SILVER CREEK LOW			14	-14,373	

TY 2017 Accounting Fees Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,000			

TY 2017 Investments - Other Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BONDS	AT COST	8,453,249	8,258,798
BOND FUNDS	AT COST	23,734,658	22,759,553
EQUITY FUNDS	AT COST	25,871,453	29,015,961
EQUITIES	AT COST	11,505,266	16,680,725
OTHER FUNDS	AT COST	29,659,112	32,615,430
OTHER INTERESTS	AT COST	7,053,512	8,307,584
ETF FUNDS	AT COST	12,657,025	14,277,183
MM CAYMAN PORTFOLIO	AT COST	485,612	485,612

TY 2017 Other Decreases Schedule

Name: THE BERNARD A EGAN FOUNDATION INC
EIN: 65-0501660

Description	Amount
BOOK TO TAX VARIANCE	834,161

TY 2017 Other Expenses Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ANNUAL REPORT FEE	61			
ADMIN FEES	399,169	387,887		

TY 2017 Other Income Schedule

Name: THE BERNARD A EGAN FOUNDATION INC

EIN: 65-0501660

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RENTS - BAE CAPITAL	-18	-18	
RENTS - SILVER CREEK LOW	295	295	
MM CAYMAN PORTFOLIO	485,612	485,612	
K1 - APOLLO MANAGEMENT	338	338	
K1 - SILVER CREEK LOW VO	92	92	
SECURITY SETTLEMENT PROCEEDS	-109	-109	
K1 - SECTION 1231 INCOME	1,141	1,141	
K1 - BAE CAPITAL	-45,069		
K1 - CCA BLACK	63,701		
K1 - MULTI STRATEGY-GENSPRING	-131		
K1 - KAYNE ANDERSON RE II	-6,243		
K1 - KAYNE ANDERSON RE L P	-21,314		
K1 - ACL	-49,202		
K1 - APOLLO MANAGEMENT	-1,010		
K1 - SILVER CREEK LOW	-14,373		

TY 2017 Other Increases Schedule

Name: THE BERNARD A EGAN FOUNDATION INC
EIN: 65-0501660

Description	Amount
OTHER INCREASE	323,593

TY 2017 Other Professional Fees Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSES	500,596	498,463		

TY 2017 Taxes Schedule**Name:** THE BERNARD A EGAN FOUNDATION INC**EIN:** 65-0501660

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PAYMENTS	52,000			
FOREIGN TAX PAID	3,954	3,954		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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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	EGAN FAMILY CHARITABLE LD ANN TR 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946	\$ 4,937,927	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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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	SECURITIES	\$ 4 782,855	2017-11-30
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	PROMISSORY NOTE	\$ 45,328	2017-12-29
(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 THE BERNARD A EGAN FOUNDATION INC	Employer identification number 65-0501660
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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
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div> <div></div>	<div></div> <div></div>	