

Form **990-PF**

Department of the Treasury

EXTENDED TO MAY 15, 2019
Return of Private Foundation

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

Form **990-PF** (2017)

► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning JUL 1. 2017 and ending JUN 2018 Name of foundation A Employer identification number MSC_FOUNDATION, INC. 20-3506500 Room/suite Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number 100 S. WASHINGTON BLVD. 941-953-7900 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 34236 SARASOTA, FL Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization. If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) (Part I, column (d) must be on cash basis.) ▶\$ 18,559. Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purpose (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) N/A 115,948. 1 Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 115.948. 0. 12 Total. Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 23 Other expenses
24 Total operating and administrative 22 Printing and publications 0. 0. 0. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 110,585. 110,585. 26 Total expenses and disbursements. 0 110,585. 110,585. Add lines 24 and 25 27 Subtract line 26 from line 12: 5,363. & Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A

c Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

18,509.

18,509.

Form 990-PF (2017)

Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

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

	FOUNDATION, INC.		V			20-	-3506	<u>5500</u>	Page 3
<u> </u>	the kind(s) of property sold (for exar			(b) i	low acquired - Purchase	(c) Date acc	nured T	(d) Dat	e sold
	rehouse, or common stock, 200 shs		c,	D	- Purchase - Donation	(mo., day,		(mo., d	
<u>1a</u>									
b NOM	NR			\vdash			1		
d									
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain ((e) plus (f	or (loss)) minus (
<u>a</u>								.	
b c	<u> </u>	 		\dashv					
d		<u> </u>						-	
e		Ī .		\Box					
Complete only for assets showing	g gain in column (h) and owned by t	T		\dashv		(I) Gains (Col. ol. (k), but not			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex over	cess of col. (i) col. (j), if any			Losses (fr			· <u></u>
<u>a</u>									
b c									
d									
e	·= ···							.	
2 Capital gain net income or (net cap	pital loss) { If gain, also enter One of the order of t			}	2				
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		nd (6).		}	3				
Part V Qualification Un	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Inc	come			
(For optional uso by domostic private	foundations subject to the section 4	1940(a) tax on	net investment in	como	.)			N/A	
If section 4940(d)(2) applies, leave th	us part blank.								
Was the foundation liable for the soct		nount of any vo	ar in the bace nor	riod2				Yes	No
If "Yes," the foundation doesn't qualify			•	100					
1 Enter the appropriate amount in e	ach column for each year; see the ir	nstructions bef	ore making any e	ntries.	•				
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchai	ritable-use asse	ts (co	Distrib ol. (b) div	(d) ution ratio ided by col.	. (c))
2016									
2015 2014									
2013									
2012									
2 Total of line 1, column (d)	E was base period - duude the total o	on line 1 hij E () or hutho numb	or of	/00r0	2		-	
3 Average distribution ratio for the the foundation has been in existen	5-year base period - divide the total (nee if less than 5 years	on line 2 by 5.0	o, or by the numb	ier or y	years	3			
	oo n 1000 man o youro								
4 Enter the net value of noncharitable	le-use assets for 2017 from Part X,	line 5				4			
5 Multiply line 4 by line 3						5			
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			
7 Add lines 5 and 6						7			
8 Enter qualifying distributions from	n Part XII, line 4 I line 7, check the box in Part VI, line	a th and same	late that part use	na 2 11	% tay rate	8			
See the Part VI instructions.	THE T, CHECK THE DOX III FAIT VI, IIIIE	o io, and comp	more mar harr asi	ny a 1	/v tax rate.				DE ::

	h 990-PF (2017) MSC FOUNDATION, INC.			<u> 350650</u>			age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 - s	see instr	ucti	ons	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1	Ì					
	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 🕒 🔲 and enter 1%	•	1				<u>0.</u>
	of Part I, line 27b						1
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	J					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2		3			_	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				<u>0.</u>
6	Credits/Payments ⁻		1 1	•			.
a	2017 estimated tax payments and 2016 overpayment credited to 2017	0.	1				
b	Exempt foreign organizations - tax withheld at source	0.	1 1	•			
C	: Tax paid with application for extension of time to file (Form 8868)	0.					
d	Backup withholding erroneously withheld 6d	0.					
7	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	>	10				
		ınded ►	11				
Pa	art VII-A Statements Regarding Activities	-					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate o	r intervene	ın	_	Y	'es	No
	any political campaign?			1.	a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for	or the defin	ition	_1	<u> </u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	or			1		ł
	distributed by the foundation in connection with the activities.				_ -	-	
C	Did the foundation file Form 1120-POL for this year?			1_1	<u>-</u>	_	<u>x</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•		1		,	
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.	-		٠		l
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	ation			,	-1	
_	managers. ▶ \$ 0.			- <u>-</u>	- -	— ·	 X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-4	┧.	\dashv	<u>^</u>
	If "Yes," attach a detailed description of the activities.				- 1	- -	1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incor	poration, o	"	-;	_ -	·	X
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4	\neg	+	<u>X</u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		N,		-	\dashv	
	olf "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		14/	'	_		x
J	If "Yes," attach the statement required by General Instruction T			一一	+	\dashv	<u> </u>
6							
v	By language in the governing instrument, or						ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict will	th the state	e law		_ 1		_
	remain in the governing instrument?			7	- -	X	
7		rt XV				х	
•	, , , , , , , , , , , , , , , , , , , ,				T		1
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions. 🏲			١.		_	- 1
	FL						
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designation)	ate)		_	_[_	[
•	of each state as required by General Instruction G2 If "No," attach explanation	•		8	b	X	
9		(5) for cale	ndar				آب
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	•					<u>x</u> '
10	Did any persons become substantial contributors during the tax year? If "Yos," attach a schedule listing their names and adopted	SSAS		1			X
				Form 9	190-	PF /	2017\

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Form 990-PF (2017)

3b

4a

N/A

Form 990-PF (2017) MSC FOUNDATION, INC.			<u> 20-35065</u>	00	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired _{(contini}	ued)	- 154	
5a During the year, did the foundation pay or incur any amount to:				Υe	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	• •			ŧ
any voter registration drive?			s X No		-
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1 1
4945(d)(4)(A)? See instructions		Y6	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo				.
the prevention of cruelty to children or animals?		Y6	es 🗶 No		1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations			_
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere				1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it maintai	ned	İ		´
expenditure responsibility for the grant?	N	Γ/A	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				l.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			ľ	
a personal benefit contract?		Y6	s X No _	_	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					.
7a At any time during the tax year, was the foundation a party to a prohibited tax of	holter transaction?		s X No	7	`
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Truste		nagers, Highly	· · · · · · · · · · · · · · · · · · ·		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and the	· · · · · · · · · · · · · · · · · · ·	L (-) Componentian	(d) Contributions to		<u> </u>
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	employee benefit plans and deferred	accoi	Expense unt, other
	to position	`enter -0-)	compensation	allo	wances
MICHAEL SAUNDERS	PRESIDENT				
100 S. WASHINGTON BLVD					•
SARASOTA, FL 34236	0.00	0.	0.		0.
DRAYTON SAUNDERS	VICE PRESIDEN	T & SECRE	L'ARY		
100 S. WASHINGTON BLVD					•
SARASOTA, FL 34236	0.00	0.	0.		0.
CINDY RAMOS	TREASURER				
307 S ORANGE AVE		_	_		_
SARASOTA, FL 34236	0.00	0.	0.		0.
PAULA REES	VICE PRESIDEN	Tr end			
100 S. WASHINGTON BLVD]				
SARASOTA, FL 34236	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other wances
NONE					
				L	
					-
	1				
					
	1	_			
Total number of other employees paid over \$50,000					0

Form 990-PF (2017) MSC FOUNDATION, INC.	20-	3506500	Page 7
Part VIII	Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly		
3 Five high	est-paid independent contractors for professional services. If none, e	nter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
ľ	IONE		1	
			i	
			1	
Total number	of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities		<u> </u>	0
	1			
List the found	ation's four largest direct charitable activities during the tax year. Include relevant panizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expense:	S
	· · · · · · · · · · · · · · · · · · ·	produced, etc.		
11	I/A	-		
		-		
2				
3				
4				
~ <u> </u>				
	•			
Part IX-B	Summary of Program-Related Investments			
	two largest program related investments made by the foundation during the tax yes	ar on lines 1 and 2.	Amount	
1 l	N/A			
2				
All other prog	ram-related investments. See instructions.			
3				
				
T-4-1 Andella	and through 2	—		

Form **990-PF** (2017)

Page 8

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, see	instructions.)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		_
a A	verage monthly fair market value of securities	18	<u>36,003.</u>
b A	verage of monthly cash balances	1b	<u>36,003.</u>
c F	air market value of all other assets	1c	
d T	otal (add lines 1a, b, and c)	1d	36,003.
e P	eduction claimed for blockage or other factors roportod on lines 1a and]	
1	c (attach detailed explanation)		_
2 A	cquisition indebtedness applicable to line 1 assets	2	0.
3 S	ubtract line 2 from line 1d	3	36,003.
4 C	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	540.
5 N	let value of noncharitable use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	35,463.
	finimum investment return. Enter 5% of line 5	6	1,773.
Pai	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ► and do not complete this part.)	id certain	
1 N	Minimum investment return from Part X, line 6	1	1,773.
	ax on investment income for 2017 from Part VI, line 5		
b li	ncome tax for 2017. (This does not include the tax from Part VI.)	1	
	add lines 2a and 2b	2c	0.
3 C	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,773.
4 F	lecoveries of amounts treated as qualifying distributions	4	0.
5 A	add lines 3 and 4	5	1,773.
6 E	Deduction from distributable amount (see instructions)	6	0.
7 0	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,773.
	t XII Qualifying Distributions (see instructions)		
1 4	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
a E	xpenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	110,585.
b F	rogram-related investments - total from Part IX-B	1b	0.
2 /	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 <i>F</i>	mounts set aside for specific charitable projects that satisfy the:		
a 5	Suitability test (prior IRS approval required)	3a	
b 0	Cash distribution test (attach the required schedule)	3b	
4 (tualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	110,585.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
11	ncome. Enter 1% of Part I, line 27b	5	0.
	djusted qualifying distributions. Subtract line 5 from line 4	6	110,585.
٨	lote: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section

Form **990-PF** (2017)

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,				1 772
line 7				1,773.
2 Undistributed income, if any, as of the end of 2017				}
a Enter amount for 2016 only			0.	
b Total for prior years		0		
, , , , , , , , , , , , , , , , , , ,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 58,465.				
b From 2013 52,623.				
c From 2014 98,278.				
d From 2015 110, 184.				
e From 2016 103,068.	400 610			
f Total of lines 3a through e	422,618.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 110,585.				
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.			1 772
d Applied to 2017 distributable amount	100 010			1,773.
e Remaining amount distributed out of corpus	108,812.			
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:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	531,430.			
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 instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012		1		
not applied on line 5 or line 7	58,465.	۸		
9 Excess distributions carryover to 2018.		•		
Subtract lines 7 and 8 from line 6a	472,965.	1		
10 Analysis of line 9:				
a Excess from 2013 52,623.				
b Excess from 2014 98,278.				
c Excess from 2015 110 , 184 .				
d Excess from 2016 103,068.				
e Excess from 2017 108,812.		=		1

Form 990-PF (2017) MSC FOU	NDATION, INC	2.		20-35	06500 Page 10
Part XIV Private Operating For			A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatin	g foundation described in	section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		. /
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					1
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				<u> </u>	
e Qualifying distributions made directly			/		
for active conduct of exempt activities.			l /		
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)			/	<u> </u>	
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)		/			I
(2) Support from general public		/			
and 5 or more exempt	1	ĺ			
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 Info			f the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)		<u></u>	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o havo contributed more	than 2% of the total contr	ibutions received by the	foundation before the clos	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE				_	
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here ► X if the foundation of				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of th	o porson to whom applic	ations should be address	sed;	
b The form in which applications should t	e submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors.	

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year PUBLIC CHARITY SUPPORT CHARITABLE ALL FAITHS FOOD BANK NONE ACTIVITIES 8171 BLAIKIE CT 1,545. SARASOTA, FL 34240 ALSO FOR GAY YOUTH, INC. NONE PUBLIC CHARITY SUPPORT CHARITABLE 1470 BLVD OF THE ARTS ACTIVITIES 2,000. SARASOTA, FL 34236 ALZHEIMERS ASSOCIATION NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 225 N. MICHIGAN AVE. FLOOR 17 1,500. CHICAGO, IL 60601 PUBLIC CHARITY SUPPORT CHARITABLE AMERICAN NATIONAL RED CROSS -NONE SOUTHWEST FLORIDA ACTIVITIES 10311 MALACHITE DR BRADENTON, FL 34211 1,500. NONE PUBLIC CHARITY SUPPORT CHARITABLE ANNA MARIA ISLAND COMMUNITY ACTIVITIES 407 MAGNOLIA AVENUE PO BOX 253 1,000. ANNA MARIA, FL 34216 SEE CONTINUATION SHEET(S) ➤ 3a 110,585. b Approved for future payment NONE **▶** 3b Total

Part XVI-A	Analyeie	of Income	-Producina	Activities
Fait Vila	Milaiyələ	OI IIICOIIIC	Frioducilla	MULLIA ILLES

nter gross amounts unless otherwise indicated.	Ünrelate	d business income		ded by section 512, 513, or 514	(e)
·	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	Code		1000		
a			 		
b			 		
d			<u> </u>		
			 		
t			 		
g Fees and contracts from government agencies		***			· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments		•••			
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		·	1		
a Debt-financed property					
b Not debt-financed property		-			
6 Net rental income or (loss) from personal				"-	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					-
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a			<u> </u>		
b					
c					
d			L		
e			ļ		
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	
3 Total. Add line 12, columns (b), (d), and (e)				13 _	0.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
II. N. Control below because he had not been been been been been been been bee					
Line No. Explain below how each activity for which incolude the foundation's exempt purposes (other than I			COME	nuted importantly to the accom	ipiisiiiieiit oi
with the touridation's exempt purposes (other than t	by providing fur	ius for such purposes;.			<u> </u>
					_
			_		
		-			
			_	· · -	
·					
					<u> </u>

Form 990-PF (2017) MS	SC FOUNDATION, INC.		20-350	06500	Pa	ige 13
		nd Transactions and	d Relationships With Noncha	ritable		
Exempt C	Organizations			, 1		
 Did the organization directly 	y or indirectly engage in any of the followi	ng with any other organization	n described in section 501(c)		Yes	No
, ,,,	3) organizations) or in section 527, relatin	• •				
a Transfers from the reporting	g foundation to a noncharitable exempt or	ganization of:				
(1) Cash				1a(1)		X
(2) Other assets				1a(2)		X
b Other transactions:					—	- 37
	ncharitable exempt organization			1b(1)		X
• •	om a noncharitable exempt organization			1b(2)		X
(3) Rental of facilities, equi				1b(3)		X
(4) Reimbursement arrang				1b(4)		X
(5) Loans or loan guarante				1b(5)		X
` '	es or membership or fundraising solicitation			1b(6)		X
	nent, mailing lists, other assets, or paid en		ays show the fair market value of the goods			
= ·	-	• •	in any transaction or sharing arrangement,		613 ,	
	goods, other assets, or services received.		in any transaction of sharing arrangement,	311041 111		
(a) Line no (b) Amount involve			(d) Description of transfers, transactions, an	d sharing arre	ngemen	nts
· · · · · · · · · · · · · · · · · · ·	N/A		1			
						-
	r indirectly affiliated with, or related to, on	e or more tax-exempt organiza	ations described			-
	n section 501(c)(3)) or in section 527?			Yes	[X	∐ No
b If "Yes," complete the follow		(b) Type of organization	(a) Description of relation	nchin		
	ne of organization N/A	(b) Type of organization	(c) Description of relatio	usuib		
	N/A					
		 				
	7	 				
Under penalties of perjury, I	I declare that I have examined this return, including		tements, and to the best of my knowledge	4. 4. 156		
Sign and belief, it is true, correct	, and complete Declaration of preparer (other than	n taxpayer) is based on all information	on or which preparer has any knowledge	May the IRS of return with the shown below?	prepare	er
Here			PRESIDENT	X Yes		_ No
Signature of office of	arustee	Date	Title			
Print/Type prepa	arer's name / Preparer's	signature	Date Check If PTII	N		
MICHAEL	J. PEREZ,	hall are	112/7/2019 self- employed			
Paid CPA			<i> '04 00 </i> P	00272	<u> 784</u>	
Preparer Firm's name ▶	SKODA MINOTTI & CO).	Firm's EIN ► 34-	19452	06	
Use Only		- -	••			

Firm's address ► 201 E. KENNEDY BLVD. #1500

TAMPA, FL 33602-5865

MSC FOUNDATION, INC.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Y		T	, 	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		-
DEAMS OF GRACE, INC 126 PINEBROOK RD VENICE, FL 34285	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1,00
OIG BROTHERS BIG SISTERS OF THE SUNCOAST 01 W VENICE AVE #34	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
VENICE, FL 34285				1,00
BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY 21450 GIBRALTER DRIVE, SUITE 10	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
PORT CHARLOTTE, FL 33952		 		1,50
BOYS AND GIRLS CLUB OF SARASOTA COUNTY 3130 FRUITVILLE ROAD	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
SARASOTA, FL 34237				1,50
CENTER FOR ABUSE AND RAPE EMERGENCIES 1501 COOPER ST. PUNTA GORDA, FL 33950	ИОИЕ	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1,50
CHARLOTTE COUNTY HOMELESS COALITION, INC. 1476 KENESAW ST PORT CHARLOTTE, FL 33948	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	2,50
FORT CHARDOTTE, FE 33540	-			2,30
CHILDREN FIRST, INC. 1723 N. ORANGE AVE. SARASOTA, FL 34234	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1,50
	- 			
CHILDREN'S GUARDIAN FUND PO BOX 49722	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1,00
SARASOTA, FL 34230				1,00
COEXISTENCE, INC. D/B/A EMBRACING OUR DIFFERENCES 126 PARTRIDGE CIRCLE	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
SARASOTA, FL 34236				1,00
COMMUNITY COALITION ON HOMELESSNESS 701 17TH AVE	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1 50
BRANDENTON, FL 34205 Total from continuation sheets			<u> </u>	1,50

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient COMMUNITY FOUNDATION OF SARASOTA NONE PUBLIC CHARITY SUPPORT CHARITABLE COUNTY, INC. CTIVITIES 2635 FRUITVILLE RD SARASOTA, FL 34237 2,500. COMMUNITY HAVEN FOR ADULTS AND NONE PUBLIC CHARITY SUPPORT CHARITABLE CHILDREN WITH DISABILITIES INC. ACTIVITIES 4405 DESOTO RD 1,500. SARASOTA, FL 34235 CROSSROADS HOPE ACADEMY NONE PUBLIC CHARITY SUPPORT CHARITABLE 45991 BERMONT ROAD ACTIVITIES PUNTA GORDA, FL 33982 2,500. PUBLIC CHARITY SUPPORT CHARITABLE EARLY LEARNING COALITION OF MANATEE NONE COUNTY ACTIVITIES 600 8TH AVE W SUITE 100 PALMETTO, FL 34221 1,000. EASTER SEALS OF SOUTHWEST FLORIDA. NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES INC. 350 BRADEN AVE 1,000. SARASOTA, FL 34243 EDUCATION FOUNDATION OF SARASOTA NONE PUBLIC CHARITY SUPPORT CHARITABLE COUNTY INC. ACTIVITIES 1960 LANDINGS BLVD # 120 SARASOTA SARASOTA, FL 34231 1,000. ENGLEWOOD AREA CANCER FOUNDATION, NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES PO BOX 318 ENGLEWOOD, FL 34295 1,500. FEEDING EMPTY LITTLE TUMMIES, INC NONE PUBLIC CHARITY SUPPORT CHARITABLE 936 14TH STREET WEST ACTIVITIES BRADENTON , FL 34205 1,500. NONE SUPPORT CHARITABLE FIRST STEP OF SARASOTA, INC. PUBLIC CHARITY 1750 17TH ST ACTIVITIES SARASOTA, FL 34234 2,500. FLORIDA VETERANS FOR COMMON SENSE NONE PUBLIC CHARITY SUPPORT CHARITABLE FUND, INC. ACTIVITIES 100 WALLACE AVENUE SUITE 240 SARASOTA, FL 34237 2,500. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor SUPPORT CHARITABLE FORTY CARROTS FAMILY CENTER NONE PUBLIC CHARITY 2688 FRUITVILLE RD ACTIVITIES SARASOTA, FL 34237 1,500. NONE PUBLIC CHARITY SUPPORT CHARITABLE GALATIANS 6-2, INC DBA HOPE KIDS ACTIVITIES COMMINITEY C/O UBS FINANCIAL SERVICES 1819 MAIN 1,000. STREET SUITE 900 SARASOTA, FL 34236 GIRLS INCORPORATED OF SARASOTA NONE PUBLIC CHARITY SUPPORT CHARITABLE 201 S TUTTLE AVE ACTIVITIES SARASOTA, FL 34237 2,500. GLOBAL GIVING FOUNDATION NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 1110 VERMONT AVE. NW SUITE 550 2,650. WASHINGTON, DC 20005 HABITAT FOR HUMANITY SOUTH SARASOTA PUBLIC CHARITY NONE SUPPORT CHARITABLE 280 ALLIGATOR DRICE ACTIVITIES VENICE, FL 34293 2,400. HOPE FAMILY SERVICES NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES PO BOX 1624 BRADENTON, FL 34206 2,500. PUBLIC CHARITY SUPPORT CHARITABLE INSTRIDE THERAPY, INC. NONE ACTIVITIES 1629 RANCH RD NOKOMIS, FL 34275 1,000. ITN SARASOTA, INC. NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 1226 N. TAMIAMI TRAIL SUITE 300 SARASOTA, FL 34236 1,000. JEWISH FAMILY & CHILDREN'S SERVICE OF NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES THE SUNCOAST, INC. 2688 FRUITVILLE ROAD 1,500. SARASOTA, FL 34237 KIWANIS CLUB OF BRADENTON PUBLIC CHARITY SUPPORT CHARITABLE NONE 1401 21ST AVE W ACTIVITIES 1,000. BRADENTON, FL 34205 Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor PUBLIC CHARITY SUPPORT CHARITABLE LAUREL CIVIC ASSOCIATION, INC. NONE 509 COLLINS RD ACTIVITIES NOKOMIS, FL 34275 1,000. NONE PUBLIC CHARITY SUPPORT CHARITABLE MANASOTA OPERATION TROOP SUPPORT ACTIVITIES (MOTS) 4301 32ND STREET WEST SUITE C20 3,000. BRADENTON, FL 34205 MANATEE COUNTY GIRLS CLUB NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 10211 21ST STREET EAST BRADENTON, FL 34208 2,500. MANATEE RIVER PRAM NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 4307 13TH ST W 490. PALMETTO, FL 34221 PUBLIC CHARITY SUPPORT CHARITABLE MEALS ON WHEELS OF SARASOTA, INC. NONE ACTIVITIES 421 N LIME AVE SARASOTA, FL 34237 2,500. NONE PUBLIC CHARITY SUPPORT CHARITABLE MEALS ON WHEELS PLUS OF MANATEE, INC. ACTIVITIES - THE FOOD 811 23RD AVE E BANK OF MANATEE 3,000. BRADENTON, FL 34208 MENTAL HEALTH COMMUNITY CENTER NONE PUBLIC CHARITY SUPPORT CHARITABLE SARASOTA ACTIVITIES 240B S TUTTLE AVE SARASOTA, FL 34237 1,000. NEURO CHALLENGE FOUNDATION NONE PUBLIC CHARITY SUPPORT CHARITABLE 722 APEX RD UNIT A ACTIVITIES SARASOTA, FL 34240 1,500. PUBLIC CHARITY SUPPORT CHARITABLE OPERATION SECOND CHANCE NONE ACTIVITIES 20251 CENTURY BLVD. STE. 130 1,500. GERMANTOWN, MD 20874 PACE CENTER FOR GIRLS, INC. PUBLIC CHARITY SUPPORT CHARITABLE NONE 1933 E HILLSBOROUGH AVE ACTIVITIES 1,500. TAMPA, FL 33610 Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient NONE PUBLIC CHARITY SUPPORT CHARITABLE PINES OF SARASOTA FOUNDATION 1501 N. ORANGE AVENUE ACTIVITIES SARASOTA , FL 34236 1,500. NONE PUBLIC CHARITY SUPPORT CHARITABLE REMNANT CHURCH OF SARASOTA ACTIVITIES 2895 ASHTON ROAD 1,000. SARASOTA, FL 34231 ROTARY CLUB OF LAKEWOOD RANCH NONE PUBLIC CHARITY SUPPORT CHARITABLE 7650 LEGACY BLVD ACTIVITIES LAKEWOOD RANCH, FL 34202 1,500. SARASOTA COALITION ON SUBSTANCE ABUSE NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 2340 COLSON AVE 1,000. SARASOTA, FL 34234 SARASOTA COUNTY SCHOOL BOARD SUPPORT CHARITABLE NONE PUBLIC CHARITY 1960 LANDINGS BLVD CTIVITIES 1,000. SARASOTA, FL 34231 NONE PUBLIC CHARITY SUPPORT CHARITABLE SARASOTA FAMILY YMCA, INC. ACTIVITIES 1075 S EUCLID AVE 1,000. SARASOTA, FL 34237 SARASOTA FAMILY YOUNG NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 1084 S. BRIGGS AVE SARASOTA, FL 34237 1,500. SUPPORT CHARITABLE SARASOTA MANATEE ASSOCIATION FOR NONE PUBLIC CHARITY RIDING THERAPY ACTIVITIES 4640 CR 675 E BRADENTON, FL 34211 1,000. NONE SARASOTA ROTARY CLUB FOUNDATION PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 777 N TAMIAMI TRAIL 1,000. SARASOTA , FL 34236 SELAH FREEDOM, INC PUBLIC CHARITY SUPPORT CHARITABLE NONE PO BOX 21415 ACTIVITIES 1,000. SARASOTA, FL 34276 Total from continuation sheets

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SENIOR FRIENDSHIP CENTERS, INC.	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE	
1888 BROTHER GEENEN WAY SARASOTA, FL 34236	1		ACTIVITIES	2,50
SOAR LEARNING CENTER	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE	
P.O. BOX 51917 SARASOTA , FL 34232			ACTIVITIES	1,50
SS PETER & PAUL THE APOSTLES CONFERENCE, SVDP 2850 75TH STREET WEST	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
BRADENTON, FL 34209				2,50
ST. JOSEPH FOOD PANTRY 2704 33RD AVENUE WEST BRADENTON, FL 34205	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1,50
TAKE STOCK IN CHILDREN OF MANATEE COUNTY 2501 63RD AVENUE EAST	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
BRADENTON, FL 34203				1,50
TEEN COURT OF SARASOTA, INC. 101 S. WASHINGTON BLVD SARASOTA, FL 34236	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	2,50
THE FLORIDA CENTER FOR EARLY CHILDHOOD, INC. 4620 17TH STREET	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
SARASOTA, FL 34235				1,50
THE LIBRARY FOUNDATION FOR SARASOTA COUNTY		PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	
P.O. BOX 17903 SARASOTA, FL 34276-0903				1,00
THE MARIE SELBY BOTANICAL GARDENS 811 S PALM AVE SARASOTA, FL 34236	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE ACTIVITIES	1,0
THE SARASOTA CUBAN BALLET SCHOOL	NONE	PUBLIC CHARITY	SUPPORT CHARITABLE	
501 N. BENEVA RD., SUITE 700 SARASOTA , FL 34232 Total from continuation sheets			ACTIVITIES	1,0

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of Name and address (home or business) recipient SUPPORT CHARITABLE THE YAH YAH GIRLS, INC. DBA BACK PACK PUBLIC CHARITY KIDZ ACTIVITIES 1133 BAL HARBOR BLVD PUNTA GORDA, FL 33950 1,500. NONE PUBLIC CHARITY SUPPORT CHARITABLE TRULY VALUED, INC ACTIVITIES PO BOX 381 PALMETTO, FL 34220 1,500. WE CARE MANATEE INC. NONE PUBLIC CHARITY SUPPORT CHARITABLE ACTIVITIES 300 RIVERSIDE DR E #4500 BRADENTON, FL 34208 1,500. PUBLIC CHARITY SUPPORT CHARITABLE WEST BRADENTON BAPTIST CHURCH NONE 1305 43RD ST W ACTIVITIES BRADENTON, FL 34209 1,000. PUBLIC CHARITY SUPPORT CHARITABLE YUMMY STUFF CLUB, INC. NONE ACTIVITIES 1809 LOMA LINDA ST SARASOTA, FL 34239 3,000. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2017

Employer identification number

MSC FOUNDATION, INC. 20-3506500 Organization type (check one) Filers of: Section: □ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** X 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 property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

MSC	FOU	NDA	TIC	N,	INC
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20-3506500

Part ()%	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	MICHAEL SAUNDERS & CO 100 S. WASHINGTON BLVD SARASOTA, FL 34236	\$ 115,948.	Person X Payroll X Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash 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 Omniant II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions)			
723452 11-01	11-01-17 Schedule B (Form 990, 990-EZ, or 990-PF) (2					

Employer identification number

MSC FOUNDATION, INC.

20-3506500

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			
		\$				
(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			
		\$				

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) **Employer identification number** Name of organization 20-3506500 MSC FOUNDATION, 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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