

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                                 |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Name of foundation<br>THE SEXTON FAMILY FOUNDATION<br>C/O O GRIFFITH SEXTON<br>% O GRIFFITH SEXTON                                                                                                                                                                                                             |                                                                                                                                                                                                      | A Employer identification number<br>13-7106277                                                                                                                                  |                                       |
| Number and street (or P O box number if mail is not delivered to street address)<br>410 COCONUT PALM ROAD                                                                                                                                                                                                      |                                                                                                                                                                                                      | Room/suite                                                                                                                                                                      | B Telephone number (see instructions) |
| City or town, state or province, country, and ZIP or foreign postal code<br>VERO BEACH, FL 32963                                                                                                                                                                                                               |                                                                                                                                                                                                      | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                    |                                       |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                      | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |                                       |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                                      | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                 |                                       |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 9,412,326                                                                                                                                                                                                               | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis ) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>                                                              |                                       |

| 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)                                    | 2,206,335                          |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                  | 163,597                            | 163,597                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                            | 32,781                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____ 75,038                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                          |                                    | 32,781                    |                         |                                                             |
|                                                                                                                                                                     | 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) . . . . .                                                         | 18,258                             |                           |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                          | 2,420,971                          | 196,378                   |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                               | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                       | 8,635                              | 4,318                     | 0                       | 4,317                                                       |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                             | 37,503                             | 1,745                     |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                   | 46,138                             | 6,063                     | 0                       | 4,317                                                       |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                      | 425,750                            |                           |                         | 425,750                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                            | 471,888                            | 6,063                     | 0                       | 430,067                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                 | 1,949,083                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                    |                                    | 190,315                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                      |                                                                                                     |                                    |                           |                         |                                                             |

| <b>Part II Balance Sheets</b>                                                                                                                |                                                                                                                                            | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                             |                                                                   |           |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------|
|                                                                                                                                              |                                                                                                                                            | Beginning of year<br><b>(a)</b> Book Value                                                                                                     | End of year<br><b>(b)</b> Book Value <b>(c)</b> Fair Market Value |           |
| <b>Assets</b>                                                                                                                                | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                               |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>2</b> Savings and temporary cash investments . . . . .                                                                                  | 287,147                                                                                                                                        | 126,729                                                           | 126,729   |
|                                                                                                                                              | <b>3</b> Accounts receivable ▶ <u>1,606</u>                                                                                                |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | Less allowance for doubtful accounts ▶ _____                                                                                               | 1,200                                                                                                                                          | 1,606                                                             | 1,606     |
|                                                                                                                                              | <b>4</b> Pledges receivable ▶ _____                                                                                                        |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | Less allowance for doubtful accounts ▶ _____                                                                                               |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>5</b> Grants receivable . . . . .                                                                                                       |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____                                                                        |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | Less allowance for doubtful accounts ▶ _____                                                                                               |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>8</b> Inventories for sale or use . . . . .                                                                                             |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                   |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>10a</b> Investments—U S and state government obligations (attach schedule)                                                              |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>b</b> Investments—corporate stock (attach schedule) . . . . .                                                                           | 3,725,263                                                                                                                                      | 4,101,428                                                         | 9,283,991 |
|                                                                                                                                              | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .                                                                           |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>11</b> Investments—land, buildings, and equipment basis ▶ _____                                                                         |                                                                                                                                                |                                                                   |           |
| Less accumulated depreciation (attach schedule) ▶ _____                                                                                      |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>12</b> Investments—mortgage loans . . . . .                                                                                               |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>13</b> Investments—other (attach schedule) . . . . .                                                                                      |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>14</b> Land, buildings, and equipment basis ▶ _____                                                                                       |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| Less accumulated depreciation (attach schedule) ▶ _____                                                                                      |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>15</b> Other assets (describe ▶ _____)                                                                                                    |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                  | 4,013,610                                                                                                                                  | 4,229,763                                                                                                                                      | 9,412,326                                                         |           |
| <b>Liabilities</b>                                                                                                                           | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                  |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>18</b> Grants payable . . . . .                                                                                                         |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>19</b> Deferred revenue . . . . .                                                                                                       |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons                                                         |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .                                                                    |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>22</b> Other liabilities (describe ▶ _____)                                                                                             |                                                                                                                                                |                                                                   |           |
|                                                                                                                                              | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                     | 0                                                                                                                                              | 0                                                                 |           |
|                                                                                                                                              | <b>Net Assets or Fund Balances</b>                                                                                                         | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                   |           |
| <b>24</b> Unrestricted . . . . .                                                                                                             |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>25</b> Temporarily restricted . . . . .                                                                                                   |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>26</b> Permanently restricted . . . . .                                                                                                   |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b> |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>27</b> Capital stock, trust principal, or current funds . . . . .                                                                         |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund                                                                      |                                                                                                                                            |                                                                                                                                                |                                                                   |           |
| <b>29</b> Retained earnings, accumulated income, endowment, or other funds                                                                   |                                                                                                                                            | 4,013,610                                                                                                                                      | 4,229,763                                                         |           |
| <b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                              |                                                                                                                                            | 4,013,610                                                                                                                                      | 4,229,763                                                         |           |
| <b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                         |                                                                                                                                            | 4,013,610                                                                                                                                      | 4,229,763                                                         |           |

| <b>Part III Analysis of Changes in Net Assets or Fund Balances</b>                                                                                                          |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> 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) . . . . . | <b>1</b> | 4,013,610 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .                                                                                                                       | <b>2</b> | 1,949,083 |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | <b>3</b> |           |
| <b>4</b> Add lines 1, 2, and 3 . . . . .                                                                                                                                    | <b>4</b> | 5,962,693 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | <b>5</b> | 1,732,930 |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | <b>6</b> | 4,229,763 |

**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,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a</b> 1,183 339 SHS VANGUARD TOTAL STOCK MARKET ADMIRAL                                                                         |                                                 | 2012-12-21                              | 2018-12-17                          |
| <b>b</b> CAPITAL GAIN DIVIDENDS                                                                                                      | P                                               |                                         |                                     |
| <b>c</b>                                                                                                                             |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                             |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                             |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 75,000          |                                               | 42,257                                             | 32,743                                          |
| <b>b</b>                 |                                               |                                                    | 38                                              |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | 32,743                                                                                          |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |   |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | 2 | 32,781 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | 3 |        |

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

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

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

Was the foundation liable for the section 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)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                     | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2017                                                                                                                                                                                     | 364,267                                  | 6,810,450                                    | 0 053486                                                  |
| 2016                                                                                                                                                                                     | 250,180                                  | 5,962,541                                    | 0 041959                                                  |
| 2015                                                                                                                                                                                     | 330,886                                  | 5,181,149                                    | 0 063863                                                  |
| 2014                                                                                                                                                                                     | 270,085                                  | 5,219,773                                    | 0 051743                                                  |
| 2013                                                                                                                                                                                     | 218,260                                  | 4,759,860                                    | 0 045854                                                  |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                     |                                          |                                              | 0 256905                                                  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the<br>number of years the foundation has been in existence if less than 5 years |                                          |                                              | 0 051381                                                  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5                                                                                                    |                                          |                                              | 8,273,004                                                 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                       |                                          |                                              | 425,075                                                   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                      |                                          |                                              | 1,903                                                     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                               |                                          |                                              | 426,978                                                   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                            |                                          |                                              | 430,067                                                   |

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)**

|           |                                                                                                                                                                                                                                   |           |        |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |        |
| <b>b</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 . . . . .                                                              | <b>1</b>  | 1,903  |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |        |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  |        |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 1,903  |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  |        |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 1,903  |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |        |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                 | <b>6a</b> | 18,258 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |        |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |        |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |        |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 18,258 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                               | <b>8</b>  |        |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>                                                                                                                    | <b>9</b>  |        |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>                                                                                                        | <b>10</b> | 16,355 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 16,355 <b>Refunded</b> <b>▶</b>                                                                                                                  | <b>11</b> |        |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                 | Yes       | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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? . . . . .                                                                                                                                                                        | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><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> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                  | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br><b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>(2)</b> On foundation managers <b>▶</b> \$ _____                                                                                                                                                |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____                                                                                                                                                                                                 |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> 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> . . . . .                                                                                                            | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                 | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                      | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .            | <b>6</b>  | Yes |
| <b>7</b> 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> . . . . .                                                                                                                                                                                                      | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br><b>▶</b> CT, FL _____                                                                                                                                                                                                                           |           |     |
| <b>b</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> .                                                                                                                                   | <b>8b</b> | Yes |
| <b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>                                                                                                                                                                                                             | <b>10</b> | Yes |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                     |           |            |                          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------------------------|
| <b>11</b> | 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. . . . .     | <b>11</b> |            | <b>No</b>                |
| <b>12</b> | 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. . . . .    | <b>12</b> |            | <b>No</b>                |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____                                                         | <b>13</b> | <b>Yes</b> |                          |
| <b>14</b> | The books are in care of ► <u>O GRIFFITH SEXTON</u> Telephone no ► <u>(206) 275-4600</u>                                                                                                            |           |            |                          |
|           | Located at ► <u>410 COCONUT PALM ROAD VERO BEACH FL</u> ZIP+4 ► <u>32963</u>                                                                                                                        |           |            |                          |
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .                                                                                 |           |            | <input type="checkbox"/> |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                           | <b>15</b> |            |                          |
| <b>16</b> | At any time during calendar year 2018, 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? . . . . . | <b>16</b> | <b>Yes</b> | <b>No</b>                |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► _____                                                            |           |            |                          |

**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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | <b>Yes</b> | <b>No</b> |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b>                                                                               | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |           |
|                                                                                         | (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? ( <b>Exception.</b> 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>b</b>                                                                                | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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"/>                                                                                                                                                                                                                                             | <b>1b</b> |            |           |
| <b>c</b>                                                                                | 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 2018? . . . . .                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            | <b>No</b> |
| <b>2</b>                                                                                | 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))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>                                                                                | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                            |           |            |           |
| <b>b</b>                                                                                | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>                                                                                | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                              |           |            |           |
| <b>3a</b>                                                                               | 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>b</b>                                                                                | If "Yes," did it have excess business holdings in 2018 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 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b>                                                                               | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</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 2018?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

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

|           |                                                                                                                                                                                                                                           |                                                                     |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                             |                                                                     | <b>Yes</b> | <b>No</b> |
| (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>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.             |                                                                     | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                       | <input type="checkbox"/>                                            |            |           |
| <b>c</b>  | 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?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
| <b>6a</b> | 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>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870                                                                                              |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                   |                                                                     |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address                                                                                                         | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation (If not paid, enter -0-) | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
| O GRIFFITH SEXTON<br>410 COCONUT PALM ROAD<br>VERO BEACH, FL 32963                                                                  | TRUSTEE<br>0                                                     | 0                                                | 0                                                                            | 0                                            |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                                  |                                                  |                                                                              |                                              |
| <b>(a)</b> Name and address of each employee paid more than \$50,000                                                                | <b>(b)</b> Title, and average hours per week devoted to position | <b>(c)</b> Compensation                          | <b>(d)</b> Contributions to employee benefit plans and deferred compensation | <b>(e)</b> Expense account, other allowances |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
|                                                                                                                                     |                                                                  |                                                  |                                                                              |                                              |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                                  |                                                  |                                                                              |                                              |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**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 |
|-------------------------------------------------------------------------------------|---------------------|------------------|
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
|                                                                                     |                     |                  |
| 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.

| 1 | Expenses |
|---|----------|
|   |          |
|   |          |
|   |          |
|   |          |
| 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                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| 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.)

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 8,085,334 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 313,655   |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 0         |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 8,398,989 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> |           |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 8,398,989 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 125,985   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 8,273,004 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 413,650   |

**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.)

|           |                                                                                                            |           |         |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 413,650 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.                                                    | <b>2a</b> | 1,903   |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 1,903   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 411,747 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 411,747 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 411,747 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                         | <b>1a</b> | 430,067 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                           | <b>2</b>  | 0       |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                      | <b>3a</b> | 0       |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                               | <b>3b</b> | 0       |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | <b>4</b>  | 430,067 |
| <b>5</b> | 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. | <b>5</b>  | 1,903   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                               | <b>6</b>  | 428,164 |

**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)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7                                                                                                                                |               |                            |             | 411,747     |
| <b>2</b> Undistributed income, if any, as of the end of 2018                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 2016, 2015, 2014                                                                                                                                            |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2015. . . . . 45,872                                                                                                                                                         |               |                            |             |             |
| <b>d</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2017. . . . . 31,224                                                                                                                                                         |               |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .                                                                                                                                              | 77,096        |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 430,067                                                                                                              |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .                                                                                                                                     |               |                            |             | 411,747     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 18,320        |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              |               |                            |             |             |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 95,416        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> 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. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> 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). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9</b> Excess distributions carryover to 2019.<br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                          | 95,416        |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2015. . . . . 45,872                                                                                                                                                  |               |                            |             |             |
| <b>c</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2017. . . . . 31,224                                                                                                                                                  |               |                            |             |             |
| <b>e</b> Excess from 2018. . . . . 18,320                                                                                                                                                  |               |                            |             |             |

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

|                                                                                                                                                                                                    |          |               |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶ |          |               |          |          |           |
| <b>b</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)          |          |               |          |          |           |
| <b>2a</b> 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) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |          |               |          |          |           |
| (1) Value of all assets . . . . .                                                                                                                                                                  |          |               |          |          |           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .                                                                                                                            |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                                                    |          |               |          |          |           |
| <b>c</b> "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 foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

|                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                                         |  |
| <b>a</b> 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) )<br>O GRIFFITH SEXTON                                                                   |  |
| <b>b</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<br>NA                                                                                                  |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                                |  |
| Check here <input checked="" type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. |  |
| <b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed                                                                                                                                                                                                                    |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include                                                                                                                                                                                                                               |  |
| <b>c</b> Any submission deadlines                                                                                                                                                                                                                                                                                                           |  |
| <b>d</b> 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,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                                 | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|--------------------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                                | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1</b> Program service revenue                                               |                           |               |                                      |               |                                                                    |
| <b>a</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>f</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>g</b> Fees and contracts from government agencies                           |                           |               |                                      |               |                                                                    |
| <b>2</b> Membership dues and assessments. . . .                                |                           |               |                                      |               |                                                                    |
| <b>3</b> Interest on savings and temporary cash<br>investments . . . . .       |                           |               |                                      |               |                                                                    |
| <b>4</b> Dividends and interest from securities. . . .                         |                           |               | 14                                   | 163,597       |                                                                    |
| <b>5</b> Net rental income or (loss) from real estate                          |                           |               |                                      |               |                                                                    |
| <b>a</b> Debt-financed property. . . . .                                       |                           |               |                                      |               |                                                                    |
| <b>b</b> Not debt-financed property. . . . .                                   |                           |               |                                      |               |                                                                    |
| <b>6</b> Net rental income or (loss) from personal property                    |                           |               |                                      |               |                                                                    |
| <b>7</b> Other investment income. . . . .                                      |                           |               |                                      |               |                                                                    |
| <b>8</b> Gain or (loss) from sales of assets other than<br>inventory . . . . . |                           |               | 18                                   | 32,781        |                                                                    |
| <b>9</b> Net income or (loss) from special events                              |                           |               |                                      |               |                                                                    |
| <b>10</b> Gross profit or (loss) from sales of inventory                       |                           |               |                                      |               |                                                                    |
| <b>11</b> Other revenue                                                        |                           |               |                                      |               |                                                                    |
| <b>a</b> EXCISE TAX REFUND _____                                               |                           |               | 01                                   | 18,258        |                                                                    |
| <b>b</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>c</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>d</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>e</b> _____                                                                 |                           |               |                                      |               |                                                                    |
| <b>12</b> Subtotal Add columns (b), (d), and (e). .                            |                           |               |                                      | 214,636       |                                                                    |

|                                                                |           |         |
|----------------------------------------------------------------|-----------|---------|
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e).       | <b>13</b> | 214,636 |
| (See worksheet in line 13 instructions to verify calculations) |           |         |

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                                    |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                          |              |            |           |
| <b>(1)</b> Cash.                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets.                                                                                                                                                                                                                                                                                                                                                                                            | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                         |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization.                                                                                                                                                                                                                                                                                                                                                  | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization.                                                                                                                                                                                                                                                                                                                                            | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets.                                                                                                                                                                                                                                                                                                                                                        | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements.                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees.                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations.                                                                                                                                                                                                                                                                                                                                      | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.                                                                                                                                                                                                                                                                                                                          | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> 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 |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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 |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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.

|                  |                                 |            |       |                                                                                                                                                     |
|------------------|---------------------------------|------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | *****                           | 2019-05-13 | ***** | May the IRS discuss this return with the preparer shown below?<br>(see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                  | Signature of officer or trustee | Date       | Title |                                                                                                                                                     |

|                                                                           |                                                   |                      |      |                                                 |                         |
|---------------------------------------------------------------------------|---------------------------------------------------|----------------------|------|-------------------------------------------------|-------------------------|
| <b>Paid Preparer Use Only</b>                                             | Print/Type preparer's name                        | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN                    |
|                                                                           | DARCY A LOUGHRAN                                  |                      |      |                                                 | P00429203               |
|                                                                           | Firm's name ▶ FRANKEL LOUGHRAN STARR VALLONELLPWA |                      |      |                                                 | Firm's EIN ▶            |
| Firm's address ▶ 2731 77TH AVENUE SE SUITE 201<br>MERCER ISLAND, WA 98040 |                                                   |                      |      |                                                 | Phone no (206) 275-4600 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                  |         |
| BOYS AND GIRLS CLUB OF INDIAN RIVER COUNTY<br>1729 17TH AVE<br>VERO BEACH, FL 32960                      | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - provide a safe, structured and positive environment for young people after school, during holidays and summer vacation | 5,000   |
| CAMP BOGGY CREEK<br>30500 BRANTLEY BRANCH ROAD<br>EUSTIS, FL 32736                                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SUPPORT A YEAR ROUND CAMP SERVING SERIOUSLY ILL CHILDREN                                                               | 7,500   |
| DEERFIELD ACADEMY7 BOYDEN LANE<br>DEERFIELD, MA 01342                                                    | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION-SUPPORT FOR FOUR YEAR COLLEGE - PREPARATORY SCHOOL SERVICES SCHOLARSHIPS                                                 | 2,500   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                  | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                           |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                           |         |
| ADVANCING NATIVE MISSIONS<br>PO BOX 5303<br>CHARLOTTESVILLE, VA 22905                                    | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>HELP NATIVE MISSIONARIES                                                     | 15,000  |
| MEMORIAL SLOAN KETTERING CANCER<br>CENTER<br>1275 YORK AVENUE<br>NEW YORK, NY 10021                      | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>SUPPORT FOR CANCER<br>TREATMENT AND RESEARCH                                 | 2,500   |
| COOKE FOUNDATION FOR SPECIAL<br>EDUCATION<br>475 RIVERSIDE DRIVE SUITE 730<br>NEW YORK, NY 101150797     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>OFFER SPECIAL EDUCATION,<br>CONSULTING AND TRAINING<br>SERVICES FOR STUDENTS | 15,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                           | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                        |         |
| UNITED WAY OF GREENWICH<br>1 LAFAYETTE COURT<br>GREENWICH, CT 06830                                      | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>HELP RESOLVE PRESSING<br>COMMUNITY EDUCATION,<br>INCOME AND HEALTH ISSUES | 10,000  |
| GREENWICH HOSPITAL FOUNDATION<br>5 PERRYRIDGE ROAD<br>GREENWICH, CT 068304697                            | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>MEET CHANGING COMMUNITY<br>HEALTHCARE NEEDS                               | 2,000   |
| PRINCETON UNIVERSITYBOX 46<br>PRINCETON, NJ 085440046                                                    | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>SUPPORT FOR SCHOOL<br>SERVICES AND SCHOLARSHIPS                           | 5,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                                                                        | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                              |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                              |         |
| COTTAGE 1886 FOUNDATION INC<br>51 PROSPECT AVENUE<br>PRINCETON, NJ 08540                                 | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - FOSTER, PROMOTE AND SUPPORT THE EDUCATIONAL, CULTURAL & OTHER CHARITABLE ACTIVITIES OF THE UNIVERSITY COTTAGE CLUB | 2,500   |
| CIVIL WAR TRUST<br>1156 15TH ST NW STE 900<br>WASHINGTON, DC 20005                                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - devoted to the preservation of our nation's endangered Civil War battlefields                                      | 2,000   |
| GREENWICH EMERGENCY MEDICAL SERVICES<br>1111 EAST PUTNAM AVENUE<br>RIVERSIDE, CT 06878                   | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SUPPORT ADVANCED LIFE SUPPORT MEDICAL CARE                                                                         | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                              | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                 |         |
| STANFORD GRADUATE SCHOOL OF BUSINESS<br>655 KNIGHT WAY<br>STANFORD, CA 94305                             | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SUPPORT FOR SCHOOL SERVICES AND SCHOLARSHIPS          | 10,000  |
| DENISON ANNUAL FUND<br>100 SOUTH ROAD<br>GRANVILLE, OH 43023                                             | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SCHOLARSHIP FUNDING, SUPPORT FOR EDUCATIONAL SERVICES | 2,500   |
| EAST HARLEM SCHOOL<br>340 EAST 104TH STREET<br>NEW YORK, NY 10029                                        | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - EDUCATIONAL SUPPORT SERVICES FOR LOW INCOME FAMILIES  | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                 | 425,750 |

**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)                                                  |                                                                                                           |                                |                                                                                                                                                                                                              |         |
| <b>a</b> <i>Paid during the year</i>                                                 |                                                                                                           |                                |                                                                                                                                                                                                              |         |
| BOYS AND GIRLS CLUB OF GREENWICH<br>4 HORSENECK LANE<br>GREENWICH, CT 06830          | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - providing high-quality educational programs, building a sense of character and citizenship, maintaining diversity, and offering kids a safe, nurturing, and affordable environment | 2,500   |
| ECKERD COLLEGE<br>4200 54TH AVENUE SOUTH<br>ST PETERSBURG, FL 33711                  | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SUPPORT FOR SCHOOL SERVICES AND SCHOLARSHIPS                                                                                                                                       | 5,000   |
| JONES FOUNDATION FOR REPRODUCTIVE MEDICINE<br>601 COLLEY AVENUE<br>NORFOLK, VA 23507 | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - Assisted Reproductive Technology Research                                                                                                                                          | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                          |                                                                                                           |                                |                                                                                                                                                                                                              | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                             |         |
| REACH1027 Farmington Ave<br>FARMINGTON, CT 06032                                                         | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - assist in Employment, Education and Housing Opportunities for low income families | 5,000   |
| NORWALK COMMUNITY COLLEGE FOUNDATION<br>188 RICHARDS AVENUE<br>NORWALK, CT 068541655                     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SUPPORT FOR SCHOOL SERVICES AND SCHOLARSHIPS                                      | 2,500   |
| POSSE FOUNDATION<br>14 WALL STREET SUITE 8A-60<br>NEW YORK, NY 10005                                     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - identifies, recruits, and trains student leaders from public high schools         | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                             | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                             |         |
| ADOPT-A-DOG62 BOWMAN AVENUE<br>RYE BROOK, NY 10573                                                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>SUPPORT ADOPTION AND<br>PROMOTE WELFARE OF ANIMALS             | 2,000   |
| GUIDING EYES FOR THE BLIND<br>611 GRANITE SPRINGS ROAD<br>YORKTOWN HEIGHTS, NY 10598                     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>training guide dogs to lead the<br>blind and visually impaired | 2,500   |
| BUCKNELL UNIVERSITYMOORE AVENUE<br>LEWISBURG, PA 17837                                                   | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>SUPPORT FOR SCHOOL<br>SERVICES AND SCHOLARSHIPS                | 5,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                                                             | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                            |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                            |         |
| SALVATION ARMY<br>170 NORTH REGENET STREET<br>PORT CHESTER, NY 10573                                     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - bring assistance to the poor, destitute and hungry               | 2,500   |
| INDIAN RIVER MEDICAL CENTER FOUNDATION<br>1000 36TH STREET<br>VERO BEACH, FL 32960                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - provide comprehensive, high quality medical services             | 5,000   |
| INDIAN RIVER SHORES FOP LODGE NO 79<br>242 OFFICE PLAZA<br>TALLAHASSEE, FL 32301                         | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - used to supplement the officers medical and educational expenses | 250     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                            | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                              |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                              |         |
| INDIAN RIVER COMMUNITY FOUNDATION<br>4625 HIGHWAY A1A<br>VERO BEACH, FL 32963                            | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - build a stronger community through donor-driven philanthropy                       | 5,000   |
| INDIAN RIVER COUNTY VOLUNTEER AMBULANCE SQUAD<br>3401 INDIAN RIVER DR E<br>VERO BEACH, FL 32963          | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - provide free non-emergency transportation for ambulatory and wheelchair passengers | 250     |
| SMILE TRAIN<br>41 MADISON AVE 28TH FLOOR<br>NEW YORK, NY 10010                                           | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - provides free cleft surgery to poor children in developing countries               | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                              | 425,750 |

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

| Recipient                                                                             | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                                            | Amount  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                   |                                                                                                                    |                                      |                                                                                                                                                                                |         |
| <b>a</b> <i>Paid during the year</i>                                                  |                                                                                                                    |                                      |                                                                                                                                                                                |         |
| JOHN'S ISLAND FOUNDATION<br>3055 CARDINAL DRIVE<br>VERO BEACH, FL 32963               | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>raises funds from the John's<br>Island community for the<br>purpose of making grants for<br>capital needs and special<br>projects                 | 5,000   |
| HIBISCUS CHILDREN'S CENTER<br>2400 NE DIXIE HWY<br>JENSEN BEACH, FL 349575949         | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>To rebuild and repair the lives of<br>abused and neglected children                                                                               | 2,500   |
| PETER MICHAEL FOUNDATION<br>1 GATE SIX ROAD BUILDING B SUITE 2<br>SAUSALITO, CA 94965 | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>discover and underwrite the<br>most promising tools and<br>technologies for the<br>identification, treatment and<br>management of prostate cancer | 2,500   |
| <b>Total . . . . . ▶ 3a</b>                                                           |                                                                                                                    |                                      |                                                                                                                                                                                | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                      |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                      |         |
| VNA FOUNDATION<br>20 N WACKER DR SUITE 3118<br>CHICAGO, IL 60606                                         | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - helping the medically underserved in the Chicago metropolitan area         | 500     |
| FIBROLAMELLAR CANCER FOUNDATION<br>20 Horseneck Lane 2nd Floor<br>GREENWICH, CT 06830                    | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - Find a cure and treatment options of FIBROLAMELLAR CANCER                  | 25,000  |
| USOPO BOX 96860<br>WASHINGTON, DC 200906860                                                              | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - provide services to lift the spirits of Americas troops and their families | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                      | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                                             |         |
| INDIAN RIVER LAND TRUST<br>80 ROYAL PALM POINTE SUITE 301<br>VERO BEACH, FL 32960                        | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - promote the preservation, conservation and improvement of Indian River County's natural resources and special places for the benefit of the general public and future generations | 2,500   |
| NATIONAL WORLD WAR II MUSEUM<br>945 MAGAZINE STREET<br>NEW ORLEANS, LA 70130                             | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - support for museum that displays WWII artifacts                                                                                                                                   | 250     |
| LEARNING ALLIANCEPO BOX 643446<br>VERO BEACH, FL 32964                                                   | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - delivering the latest advances in science-based education techniques to area teachers                                                                                             | 7,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                                             | 425,750 |

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

| Recipient                                                                                  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                      | Amount  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                        |                                                                                                                    |                                      |                                                                                                                                          |         |
| <b>a</b> <i>Paid during the year</i>                                                       |                                                                                                                    |                                      |                                                                                                                                          |         |
| VERO BEACH VOLUNTEER FIRE<br>DEPARTMENT<br>PO BOX 2222<br>VERO BEACH, FL 32961             | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION<br>-PROVIDE ASSISTANCE TO<br>FIREFIGHTERS FAMILYS AND<br>OTHER CHARITABLE<br>ORGANIZATIONS IN THE<br>COMMUNITY   | 250     |
| VIETNAM VETERANS MEMORIAL FUND<br>DISTRICT OF COLUMBIA<br>WASHINGTON DC, DC 20024          | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>supporting the place of healing<br>for those affected by the<br>Vietnam war                                 | 1,000   |
| GREENWICH POLICE SILVER SHIELD<br>ASSOCIATION<br>11 HAVEMEYER PLACE<br>GREENWICH, CT 06830 | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>help to to provide police services<br>to the citizens and business<br>community of The Town of<br>Greenwich | 1,000   |
| <b>Total . . . . . ► 3a</b>                                                                |                                                                                                                    |                                      |                                                                                                                                          | 425,750 |

**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)                                                         |                                                                                                           |                                |                                                                                                                                                                                                |         |
| <b>a</b> <i>Paid during the year</i>                                                        |                                                                                                           |                                |                                                                                                                                                                                                |         |
| CURESEARCH FOR CHILDREN'S CANCER<br>4400 EAST WEST HIGHWAY SUITE 6000<br>BETHESDA, MD 20814 | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - CHILDREN'S CANCER RESEARCH                                                                                                                                           | 15,000  |
| DOCTORS WITHOUT BORDERS<br>333 7TH AVENUE<br>NEW YORK, NY 10001                             | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -help people worldwide where the need is greatest, delivering emergency medical aid to people affected by conflict, epidemics, disasters or exclusion from health care | 5,000   |
| SPECIAL OPERATIONS FUND<br>901 NORTH STUART STREET<br>ARLINGTON, VA 22203                   | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - PROVIDES ESSENTIAL SUPPORT TO THOSE WHO ARE SERVING OUR COUNTRY IN SENSITIVE MISSIONS AROUND THE WORLD                                                               | 15,000  |
| <b>Total . . . . . ► 3a</b>                                                                 |                                                                                                           |                                |                                                                                                                                                                                                | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                     |         |
| WATERSIDE SCHOOL770 PACIFIC ST<br>STAMFORD, CT 06902                                                     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - providing a rigorous academic and moral education to children regardless of circumstances | 1,000   |
| DANNY & RON'S RESCUEPO BOX 604<br>CAMDEN, FL 29021                                                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - SUPPORT ADOPTION OF PET ANIMALS                                                           | 10,000  |
| FISHER HOUSE FOUNDATION<br>111 ROCKVILLE PIKE SUITE 420<br>ROCKVILLE, MD 20850                           | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - PROVIDE HOUSING TO FAMILIES OF RECOVERING MILITARY MEN AND WOMEN                          | 15,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                     | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                 |         |
| FISK UNIVERSITY<br>1000 17TH AVENUE NORTH<br>NASHVILLE, TN 37208                                         | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>SUPPORT FOR SCHOOL<br>SERVICES                                                     | 1,000   |
| FLORIDA KEYS COUNCIL OF THE ARTS<br>1100 SIMONTON STREET<br>KEY WEST, FL 33040                           | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Enrich the arts and enhance the<br>cultural heritage of Florida Keys               | 2,000   |
| PEACE TREES VIETNAM<br>1301 5TH AVE SUITE 2500<br>SEATTLE, WA 98101                                      | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>SPONSOR MINE RISK<br>EDUCATION, SURVIVOR<br>ASSISTANCE, CITIZEN<br>DIPLOMACY TRIPS | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                 | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                         |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                         |         |
| REEF RELIEFPO BOX 430<br>KEY WEST, FL 33041                                                              | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Improve and protect coral reef ecosystem                                                                   | 4,000   |
| UNITED WAY OF INDIAN RIVER COUNTY<br>PO BOX 1960<br>VERO BEACH, FL 32961                                 | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>HELP RESOLVING PRESSING<br>COMMUNITY EDUCATION,<br>INCOME AND HEALTH ISSUES                                | 25,000  |
| YEAR UP45 MILK ST 9TH FL<br>BOSTON, MA 02109                                                             | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Close the opportunity divide by<br>providing urban young adults<br>with skills, experience, and<br>support | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                         | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                    |         |
| BLUEPATH SERVICE DOGS INC<br>8 COUNTRY CLUB ROAD<br>HOPEWELL JUNCTION, NY 12533                          | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Provide service dogs to individuals with autism, offering safety, companionship and opportunities for independence                    | 15,000  |
| CORAL RESTORATION FOUNDATION INC<br>5 SEAGATE BOULEVARD<br>KEY LARGO, FL 33037                           | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Work to restore coral reefs, educate other on the importance of oceans, and use science to further research and monitoring techniques | 3,000   |
| CURE INTERNATIONAL INC<br>774 LIMEKILN ROAD<br>NEW CUMBERLAND, PA 17070                                  | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Provide care to children in underserved countries                                                                                     | 1,000   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                    | 425,750 |

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

| Recipient                                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                              | Amount  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                |                                                                                                                    |                                      |                                                                                                                                                                  |         |
| <b>a</b> <i>Paid during the year</i>                                               |                                                                                                                    |                                      |                                                                                                                                                                  |         |
| FLORIDA KEYS LAND & SEA TRUST INC<br>5550 OVERSEAS HIGHWAY<br>MARATHON, FL 33050   | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>PRESERVE THE NATURAL<br>ENVIRONMENT OF THE FLORIDA<br>KEYS AND TO ENCOURAGE AND<br>SPONSOR PUBLIC<br>PARTICIPATION AND<br>EDUCATION | 5,000   |
| GIFFORD FLORDIA YOUTH ORCHESTRA<br>PO BOX 691166<br>VERO BEACH, FL 32969           | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>Provide education, experience,<br>and training in various cultural<br>and performing arts                                           | 500     |
| MONROE COUNTY EDUCATION<br>FOUNDATION INC<br>241 TRUMBO ROAD<br>KEY WEST, FL 33040 | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>Aid, supplement, improve,<br>enhance, and complement<br>activities of the public school<br>system                                   | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                        |                                                                                                                    |                                      |                                                                                                                                                                  | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                    |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                    |         |
| MOTE MARINE LABORATORY INC<br>1600 KEN THOMPSON PARKWAY<br>SARASOTA, FL 34236                            | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Advance the science of the sea<br>through research, education, and<br>outreach        | 4,000   |
| ROBIN HOOD FOUNDATION<br>111 BROADWAY<br>NEW YORK, NY 10006                                              | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Alleviate problems caused by<br>poverty                                               | 5,000   |
| SYLVIA EARLE ALLIANCEPO BOX 6882<br>NAPA, CA 94581                                                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>Explore and care for the ocean<br>through research, exploration,<br>and documentation | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                    | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                        |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                        |         |
| WESLEY HOUSE FAMILY SERVICES INC<br>1304 TRUMAN AVE<br>KEY WEST, FL 33040                                | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - Promote and enhance safety, well-being, and development of children                                          | 4,000   |
| CAMELOT EQUESTRIAN PARK FOUNDATIONS<br>PO BOX 7804<br>CHICO, CA 95927                                    | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - TO ASSIST THOSE LOVE, RIDE AND COMPETE WITH HORSE THE ORGANIZATION PROMOTES COMPETITION IN EQUESTRIAN SPORTS | 10,000  |
| CONSERVATION INTERNATIONAL FOUNDATION<br>2011 CRYSTAL DR NO 500<br>ARLINGTON, VA 22202                   | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - TO ENSURE A HEALTHY AND PRODUCTIVE PLANET FOR EVERYONE ON EARTH                                              | 5,000   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                        | 425,750 |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                                             |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                             |         |
| DAVID SHELDRICK WILDLIFE TRUST<br>USA INC<br>25283 CABOT ROAD NO 101<br>LAGUNA HILLS, CA 92653           | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>TO PROVIDE FINANCIAL<br>SUPPORT TO PROGRAMS WHICH<br>SPECIALIZE IN WILDLIFE<br>PRESERVATION                                                    | 15,000  |
| DOLPHIN RESEARCH CENTER INC<br>58901 OVERSEAS HIGHWAY<br>GRASSY KEY, FL 330506019                        | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>PROMOTE THE PEACEFUL<br>COEXISTENCE, COOPERATION<br>AND COMMUNICATION BETWEEN<br>MARINE MAMMALS AND HUMAN<br>THROUGH EDUCATION AND<br>RESEARCH | 2,000   |
| EXPONENT PHILANTHROPY -ASSOC OF<br>SMALL FOUNDATIONS<br>1720 N STREET NW<br>WASHINGTON, DC 20036         | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION -<br>TO BUILD AND STRENGTHEN<br>SMALL-STAFF PHILANTHROPY                                                                                            | 750     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                             | 425,750 |

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

| <div>Recipient</div>                                                                        | <div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div> | <div>Foundation status of recipient</div> | <div>Purpose of grant or contribution</div>                                                                                                                                                                               | <div>Amount</div> |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <div>Name and address (home or business)</div>                                              |                                                                                                                      |                                           |                                                                                                                                                                                                                           |                   |
| <b>a</b> <i>Paid during the year</i>                                                        |                                                                                                                      |                                           |                                                                                                                                                                                                                           |                   |
| COMMUNITY FOUNDATION OF THE FLORIDA KEYS<br>300 SOUTHARD ST SUITE 201<br>KEY WEST, FL 33040 | NONE                                                                                                                 | PC                                        | CHARITABLE CONTRIBUTION - MAKE KEY WEST AND THE FLORIDA KEYS A BETTER PLACE TO LIVE, ENCOURAGE PHILANTHROPY, MATCH ACTS OF PHILANTHROPY, AND MEET COMMUNITY NEEDS                                                         | 37,000            |
| HABITAT FOR HUMANITY OF THE MIDDLE KEYS INC<br>8055 OVERSEAS HIGHWAY<br>MARATHON, FL 33050  | NONE                                                                                                                 | PC                                        | CHARITABLE CONTRIBUTION - TO BUILD AND PROVIDE AFFORDABLE HOUSING TO LOW INCOME FAMILIES LOCATED IN THE FLORIDA KEYS AND TO ASSIST HABITAT FOR HUMANITY INTERNATIONAL IN ITS MISSION                                      | 2,000             |
| HOSPITAL FOR SPECIAL SURGERY<br>535 EAST 70TH ST<br>NEW YORK, NY 10021                      | NONE                                                                                                                 | PC                                        | CHARITABLE CONTRIBUTION - TO PROVIDE THE HIGHEST QUALITY PATIENT CARE, IMPROVE MOBILITY AND ENHANCE THE QUALITY OF LIFE FOR ALL AND ADVANCE THE SCIENCE OF ORTHOPEDIC SURGERY, RHEUMATOLOGY AND THEIR RELATED DISCIPLINES | 1,000             |
| <b>Total . . . . . ► 3a</b>                                                                 |                                                                                                                      |                                           |                                                                                                                                                                                                                           | 425,750           |

| 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)                                                                      |                                                                                                           |                                |                                                                                                                                                                                 |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                                                                                 |         |
| LEWA WILDLIFE CONSERVANCY USA<br>PO BOX 4449<br>NEW YORK, NY 10163                                       | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - CONSERVATION OF WILDLIFE AND ITS HABITAT                                                                                                              | 5,000   |
| MARATHON WILD BIRD CENTER INC<br>PO BOX 501328<br>MARATHON, FL 33050                                     | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - TO RESCUE, REHABILITATE AND RELEASE NATION AND MIGRATORY WILD BIRDS                                                                                   | 2,000   |
| MONROE ASSOCIATION FOR RETARDED CITIZENS INC<br>PO BOX 428<br>KEY WEST, FL 33041                         | NONE                                                                                                      | PC                             | CHARITABLE CONTRIBUTION - TO PROVIDE PEOPLE WITH DEVELOPMENTAL DISABILITIES DIGNIFIED, COMPASSIONATE, PROFESSIONAL CARE IN A FAMILY ENVIRONMENT FOR THE DURATION OF THEIR NEEDS | 2,000   |
| <b>Total . . . . . ► 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                                                                                 | 425,750 |

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

| Recipient                                                                                        | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                                                                                                                                                                                            | Amount  |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Name and address (home or business)                                                              |                                                                                                                    |                                      |                                                                                                                                                                                                                                                |         |
| <b>a</b> <i>Paid during the year</i>                                                             |                                                                                                                    |                                      |                                                                                                                                                                                                                                                |         |
| HIDDEN HARBOR MARINE<br>ENVIRONMENTAL PROJECT INC<br>2396 OVERSEAS HIGHWAY<br>MARATHON, FL 33050 | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>TO CARE FOR WILDLIFE IN THE<br>FLORIDA KEYS                                                                                                                                                                       | 3,000   |
| UNITED WAY OF THE FLORIDA KEYS<br>INC<br>PO BOX 2143<br>KEY WEST, FL 33045                       | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>TO BUILD AND SUPPORT<br>STRONG WORKING FAMILIES BY<br>PROVIDING FINANCIAL<br>SUPPORT TO LOCAL NON-<br>PROFIT ORGANIZATION THAT<br>PROVIDE CRITICAL SERVICES<br>TO THOSE IN NEED FROM FOOD<br>PANTRIES TO SHELTERS | 10,000  |
| WOMANKIND INC1511 TRUMAN AVENUE<br>KEY WEST, FL 33040                                            | NONE                                                                                                               | PC                                   | CHARITABLE CONTRIBUTION -<br>FAMILY PLANNING AND PRIMARY<br>HEALTH CARE TO PEOPLE OF ALL<br>INCOME LEVELS                                                                                                                                      | 2,500   |
| <b>Total . . . . . ► 3a</b>                                                                      |                                                                                                                    |                                      |                                                                                                                                                                                                                                                | 425,750 |

**TY 2018 Accounting Fees Schedule**

**Name:** THE SEXTON FAMILY FOUNDATION  
C/O O GRIFFITH SEXTON

**EIN:** 13-7106277

| Category             | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------------------|--------|--------------------------|------------------------|---------------------------------------------|
| TAX PREPARATION FEES | 8,635  | 4,318                    |                        | 4,317                                       |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2018 Depreciation Schedule**

**Name:** THE SEXTON FAMILY FOUNDATION

C/O O GRIFFITH SEXTON

**EIN:** 13-7106277

**TY 2018 Investments Corporate Stock Schedule****Name:** THE SEXTON FAMILY FOUNDATION

C/O O GRIFFITH SEXTON

**EIN:** 13-7106277**Investments Corporation Stock Schedule**

| <b>Name of Stock</b>           | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|--------------------------------|-------------------------------|--------------------------------------|
| VANGUARD - HIGH YIELD CORP.    | 294,517                       | 213,945                              |
| VANGUARD - INFLATION-PROTECT   | 317,933                       | 282,482                              |
| VANGUARD - SMALL CAP STOCK IND | 627,301                       | 1,486,756                            |
| VANGUARD - TOTAL INTL STK IX   | 551,613                       | 686,718                              |
| VANGUARD - TOTAL BOND MKT IDX  | 156,864                       | 155,551                              |
| VANGUARD - TOTAL STOCK MARKET  | 1,721,275                     | 3,774,176                            |
| QUALYS INC                     | 22,155                        | 483,792                              |
| VANGUARD TOTAL STOCK MKT INTL  | 409,269                       | 1,011,071                            |
| MORGAN STANLEY                 | 501                           | 1,189,500                            |

**TY 2018 Other Decreases Schedule**

**Name:** THE SEXTON FAMILY FOUNDATION  
C/O O GRIFFITH SEXTON

**EIN:** 13-7106277

| Description                             | Amount    |
|-----------------------------------------|-----------|
| CONTRIBUTIONS ADJ FROM FMV TO TAX BASIS | 1,732,930 |

## TY 2018 Other Income Schedule

**Name:** THE SEXTON FAMILY FOUNDATION  
C/O O GRIFFITH SEXTON  
**EIN:** 13-7106277

### Other Income Schedule

| Description       | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|-------------------|-----------------------------------|--------------------------|---------------------|
| EXCISE TAX REFUND | 18,258                            |                          |                     |

**TY 2018 Substantial Contributors  
Schedule**

**Name:** THE SEXTON FAMILY FOUNDATION  
C/O O GRIFFITH SEXTON

**EIN:** 13-7106277

| Name              | Address                                           |
|-------------------|---------------------------------------------------|
| O GRIFFITH SEXTON | 410 COCONUT PALM ROAD<br>VERO BEACH, FL 329633709 |
| LAURA SEXTON      | 233-1 MILBANK AVENUE<br>GREENWICH, CT 06830       |
| MATTHEW SEXTON    | 310 COCONUT AVENUE<br>MARATHON, FL 33050          |

**TY 2018 Taxes Schedule**

**Name:** THE SEXTON FAMILY FOUNDATION  
C/O O GRIFFITH SEXTON

**EIN:** 13-7106277

| Category                   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| INTERNAL REVENUE SERVICE   | 35,758 |                          |                        |                                             |
| FOREIGN-VANGUARD CONS 1099 | 1,745  | 1,745                    |                        |                                             |

|                                                                                                                              |                                                                                                                                                                                                 |                                     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b><br>▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information | OMB No 1545-0047<br><br><b>2018</b> |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|

|                                                                                          |                                                     |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>THE SEXTON FAMILY FOUNDATION<br>C/O O GRIFFITH SEXTON | <b>Employer identification number</b><br>13-7106277 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|

**Organization type** (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub>% 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).

|                                                                                      |                                                     |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE SEXTON FAMILY FOUNDATION<br>C/O O GRIFFITH SEXTON | <b>Employer identification number</b><br>13-7106277 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

| <b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed |                                   |                            |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|----------------------------------------------------------------------------------------------|
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                  |
| 1                                                                                                                 | O GRIFFITH SEXTON                 | \$ 2,156,335               | Person <input checked="" type="checkbox"/>                                                   |
|                                                                                                                   | 410 COCONUT PALM ROAD             |                            | Payroll <input type="checkbox"/>                                                             |
|                                                                                                                   | VERO BEACH, FL 329633709          |                            | Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| 2                                                                                                                 | LAURA SEXTON                      | \$ 25,000                  | Person <input checked="" type="checkbox"/>                                                   |
|                                                                                                                   | 233-1 MILBANK AVENUE              |                            | Payroll <input type="checkbox"/>                                                             |
|                                                                                                                   | GREENWICH, CT 06830               |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| 3                                                                                                                 | MATTHEW SEXTON                    | \$ 25,000                  | Person <input checked="" type="checkbox"/>                                                   |
|                                                                                                                   | 310 COCONUT AVENUE                |                            | Payroll <input type="checkbox"/>                                                             |
|                                                                                                                   | MARATHON, FL 33050                |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .                                                                                                                 |                                   | \$                         | Person <input type="checkbox"/>                                                              |
|                                                                                                                   |                                   |                            | Payroll <input type="checkbox"/>                                                             |
|                                                                                                                   |                                   |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .                                                                                                                 |                                   | \$                         | Person <input type="checkbox"/>                                                              |
|                                                                                                                   |                                   |                            | Payroll <input type="checkbox"/>                                                             |
|                                                                                                                   |                                   |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| .                                                                                                                 |                                   | \$                         | Person <input type="checkbox"/>                                                              |
|                                                                                                                   |                                   |                            | Payroll <input type="checkbox"/>                                                             |
|                                                                                                                   |                                   |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

|                                                                                      |                                                         |
|--------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of organization</b><br>THE SEXTON FAMILY FOUNDATION<br>C/O O GRIFFITH SEXTON | <b>Employer identification number</b><br><br>13-7106277 |
|--------------------------------------------------------------------------------------|---------------------------------------------------------|

|                |                         |
|----------------|-------------------------|
| <b>Part II</b> | <b>Noncash Property</b> |
|----------------|-------------------------|

| (a)<br>No. from Part I | (b)<br>Description of noncash property given                                         | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|----------------------|
| 1                      | 16,281 342 SHS VANGUARD TOTAL STOCK MARKET INDEX INSTL CL (VITSX)<br>BASIS \$409,269 | \$ 1,000 000                                   | 2018-12-20           |
| 1                      | 30,000 SHS MORGAN STANLEY BASIS \$501                                                | \$ 1,142 700                                   | 2018-12-26           |
| 1                      |                                                                                      | \$                                             |                      |
| 1                      |                                                                                      | \$                                             |                      |
| 1                      |                                                                                      | \$                                             |                      |
| 1                      |                                                                                      | \$                                             |                      |
| 1                      |                                                                                      | \$                                             |                      |
| 1                      |                                                                                      | \$                                             |                      |

|                                                                                      |                                                     |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE SEXTON FAMILY FOUNDATION<br>C/O O GRIFFITH SEXTON | <b>Employer identification number</b><br>13-7106277 |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

| (a)<br>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> | <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> <div></div> <div></div> |                                          |
| (a)<br>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> | <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> <div></div> <div></div> |                                          |
| (a)<br>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> | <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> <div></div> <div></div> |                                          |
| (a)<br>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> | <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> <div></div> <div></div> |                                          |