Form 990-PF

keturn of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection For calendar year 2018 or tax year beginning 2018, and ending 20 Name of foundation A Employer identification number 30-6596058 THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 8062 GREEN GLADE ROAD (904)502 - 4442City or town, state or province country, and ZIP or foreign postal code C If exemption application is pending, check here JACKSONVILLE FL 32256 G Check all that apply. Initial return Initial return of a former public charity D 1 Foreign organizations, check here ☐ Amended return ☐ Final return 2 Foreign organizations nieeting the 85% test, ☐ Address change □ Name change check here and attach computation E If private foundation status was terminated under Check type of organization Section 501(c)(3) exempt private foundation section 507(b)(1)(A) check here ▶ 🔲 J Accounting method ☐ Cash ☒ Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c). under section 507(b)(1)(B) check here Other (specify) ▶ 🗀 line 16) ▶ \$ (Part I, column (d) must be on cash basis) 346,209. Part I Analysis of Revenue and Expenses (The total of (d) Disbuisements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes (cash basis only) the amounts in coluinn (a) (see instructions)) Contributions, gifts, grants, etc. received (attach schedule) 89,630 Check ► ☐ if the foundation is not required to attach Sch B 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 10,308 10,308 10,308 5a Gross rents h Net rental income or (loss) Revenue Net gain or (loss) from sale of assets not on line 10 321,702. Gross sales price for all assets on line 6a L-6a Stmt 7 Capital gain net income (from Part IV, line 2) 321,702. 8 Net short-term capital gain 1,111 9 Income modifications 10a Gross sales less returns and allowances Less. Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 Operating and Achimelant Expenses 2022 12 Total. Add lines 1 through 11 332,010. 11,419 421,640 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits RECEIVED 16a Legal fees (attach schedule) b Accounting fees (attach schedule) NOV 2 3 2020 Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) OGDEN. UT 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 22 Printing and publications Other expenses (attach schedule) See Stmt 23 907. 24 Total operating and administrative expenses. Add lines 13 through 23 907 25 Contributions gifts, grants paid 37,730. 37,730. 26 Total expenses and disbursements. Add lines 24 and 25 38,637. 37,730. 27 Subtract line 26 from line 12 а Excess of revenue over expenses and disbursements 383,003 Net investment income (if negative, enter -0-) 332,010

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Cat No 11289X

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Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	, Beginning of year		Ena o	r year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash-non-interest-bearing				
	2	Savings and temporary cash investments	0.	3,3	98.	3,398.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
	-	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	•	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶			\neg	
	•	Less. allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
set	9	Prepaid expenses and deferred charges				
Assets	10a	Investments—U S, and state government obligations (attach schedule)				
•	b	Investments—corporate stock (attach schedule) .L-10b Stmt	0.	234,8	47	234,847
	c	Investments—corporate bonds (attach schedule)		234,0	<u>. ,</u>	2547047
	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments—mortgage loans	0.	107,9		107,964.
	14	Land, buildings, and equipment. basis ▶		101,5	J = -	10,,004,
	14	Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)	0.	346,2	nα	346,209
	17	Accounts payable and accrued expenses	- 0.	340,2	<u> </u>	340,203
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable (attach schedule)		1		
	22					
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here > 🗵				
S		and complete lines 24 through 26, and lines 30 and 31.				
alances	24	Unrestricted		346,2	0.9	
<u> </u>	25	Temporarily restricted		3.10/2		
ñ	26	Permanently restricted				
힏		Foundations that do not follow SFAS 117, check here ▶				· · · · · · · · · · · · · · · · · · ·
ᇎ		and complete lines 27 through 31.				
5	27	Capital stock, trust principal, or current funds				
Net/Assets or Fund B	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
se	20	Retained earnings, accumulated income, endowment, or other funds				-
AS	30	Total net assets or fund balances (see instructions)		346,2	0.9	
3	29 30 31	Total liabilities and net assets/fund balances (see		540,2		
Z	Ĭ	instructions)	0.	346,2	09.	
Рa	rt III	Analysis of Changes in Net Assets or Fund Balances	J	310,2		<u> </u>
		al net assets or fund balances at beginning of year—Part II, colu	ımn (a) line 30 (milet	agree with		
1		of vear figure reported on prior year's return)			1	
0		er amount from Part I, line 27a		1	2	383,003.
2					3	303,003.
ن 4					4	383,003.
4		lines 1, 2, and 3		· · · NOTTA	5	36,794.
6		reases not included in line 2 (itemize) The DECREASE IN ONKE.			6	346,209.
U	i Uta	a not assets of fund balances at one of year (line 4 fillings line 3)—	· are ii, oolariiii (b), iiii			330,203

Part	V Capital Gains an	d Losses for Tax on Investi	ment Income			
		ind(s) of property sold (for example, real use, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	CITY NATIONAL ROCHDAL	E FIXED INCOME OPPORTUNIT	Y 61.050 SHRS	Р	05/21/2018	11/19/2018
b	DODGE & COX INCOME	131.876 SHRS		P	05/21/2018	11/19/2018
С	<u>ISHARES RUSSELL 10</u>	000 GROWTH ETF 26 SHRS	i	P	05/21/2018	09/27/2018
d	THORNBURG LTD TERM	1 INCOME CLASS A 133.2	83 SHRS	P	05/21/2018	11/19/2018
e	See Statement					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		in or (loss) (f) minus (g))
a	1,470.			1,554.		<u>-84.</u>
b	1,720.			1,773.		-53.
C_	4,065.			3,715.		350.
d_	1,750.			1,754.		-4.
e_	411,123.			89 , 630.		321,493.
	Complete only for assets sh	owing gain in column (h) and owned	by the foundation	on 12/31/69		ol (h) gain minus
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ss of col (i) I (j), if any		ot less than -0-) or (from col (h))
а						-84.
b						-53.
С						350.
d						-4.
е	-					321,493.
2	Capital gain net income of		, also enter in Pa s), enter -0- in Pa		2	321,702.
	If gain, also enter in Part Part I, line 8	der Section 4940(e) for Red rivate foundations subject to the	uctions. If (loss)), enter -0- in } Net Investment		1,111
Nas t	he foundation liable for the s " the foundation doesn't	e section 4942 tax on the distrib qualify under section 4940(e). D ount in each column for each ye	o not complete t	this part.		☐ Yes ☐ No
	(a)	(b)	1	(c)		(d)
Cale	Base period years endar year (or tax year beginning in	Advisted avalifying distribution	ns Net value o	of noncharitable-use a		stribution ratio divided by col (c))
	2017					
	2016					
	2015					
	2014					
	2013				+ 1	
2	Total of line 1, column (d)			. 2	
3		o for the 5-year base period—d			 	
	the number of years the f	foundation has been in existenc	e if less than 5 ye	ears	. 3	
4	Enter the net value of nor	ncharitable-use assets for 2018	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27	b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4			. 8	10()
	If line 8 is equal to or gre Part VI instructions.	eater than line 7, check the box	in Part VI, line 11	o, and complete	that part using a	1% tax rate See th

Part		instru	ICTIO	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	6,6	40.	
_	here ▶ ☐ and enter 1% of Part I, line 27b			1
С	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0.	
3	Add lines 1 and 2	6,6	40.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	6,6	540.	
6	Credits/Payments:			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 7,500.			.
_d	Backup withholding erroneously withheld 6d	7 -		
7	Total credits and payments. Add lines 6a through 6d		00.	
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached		273.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		87.	
10			001.	
11 Page	Enter the amount of line 10 to be Credited to 2019 estimated tax ► 587. Refunded ► 11 VII-A Statements Regarding Activities	•		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
ıa	participate or intervene in any political campaign?	1a		×
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	_		
U	instructions for the definition	1b		×
	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.	<u> </u>	.	
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$]	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	1
	on foundation managers ▶ \$	<u> </u>		 -
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .	2	 	×
	If "Yes," attach a detailed description of the activities.			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		×
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	. 4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
•	If "Yes," attach the statement required by General Instruction T.	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
_	By language in the governing instrument, or	Ì		ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
	FL		1	1
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? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
J	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		×

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► ANNE G. JOSEPH Telephone no ► (904) 6	545-	9528	
	Located at ▶8062 GREEN GLADE ROAD JACKSONVILLE FL ZIP+4 ▶ 32256	-730	2	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		T 2 2	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			l
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes 🗵 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 🗵 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)?	· 🚅	. 	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	685		
	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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		×
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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?			 .
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		×
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	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?			
h	If "Yes" list the years ► 20 , 20 , 20 , 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	×
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?	4b	l	×

			_
Р	ac	16	t

Part	VII-B Statements Regarding Activities	S for wi	nich Form	4720 May E	e Requi	r ea (contii	nuea)			
5a	During the year, did the foundation pay or incur	any amo	unt to.						Yes	No
	(1) Carry on propaganda, or otherwise attempt			n (section 49	45(e))?	. Tes	⊠ No			
	(2) Influence the outcome of any specific publi					n,				
	directly or indirectly, any voter registration di						⊠ No			. 1
	(3) Provide a grant to an individual for travel, stu						⊠ No			•
	(4) Provide a grant to an organization other than						<u> </u>			1
	.,			_			⊠			j
	section 4945(d)(4)(A)? See instructions						⊠ No			1
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	children	or animals?			Yes	⊠ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no						cribed 	5b		
	Organizations relying on a current notice regard	_					▶ 🗆			
C	If the answer is "Yes" to question 5a(4), does			•						
	because it maintained expenditure responsibility	for the	grant?			· 🔲 Yes	☐ No			
	If "Yes," attach the statement required by Regul	ations se	ection 53.49	45–5(d).						
6a	Did the foundation, during the year, receive any					าร				ļ
						· 🗌 Yes	X No			[
b	Did the foundation, during the year, pay premiur					fit contract	? .	6b		×
_	If "Yes" to 6b, file Form 8870.						(SZ)			
7a	At any time during the tax year, was the foundation									ا
b	If "Yes," did the foundation receive any proceed						า? .	7b		
8	Is the foundation subject to the section 4960 ta						_			
	remuneration or excess parachute payment(s) d						X No]
Par	VIII Information About Officers, Direct	ctors, Ti	rustees, Fo	oundation N	lanagers	s, Highly F	Paid E	mploy	ees,	
	and Contractors									
1	List all officers, directors, trustees, and found	dation m	anagers an	d their comp	ensation	See instru	uctions	; .		
	/ No. and address		, and average	(c) Compensa) Contribution		(e) Expe	nse aco	count,
	(a) Name and address		s per week d to position	(If not paid enter -0-)		oloyee benefit eferred compe			allowan	
СНД	RLES S. JOSEPH	TRUST	EE						····-	
	KLES S. JOSEPH				o.					0.
0002			2 001				0.			
70 3 7 3 7	GREEN GLADE ROAD JACKSONVILLE FL 32256	TRIIST	2.00				0.			
	GREEN GLADE ROAD JACKSONVILLE FL 32256 E G. JOSEPH	TRUST	'EE	*						Ο
8062	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256		EE 2.00		0.		0.			0.
8062 SAR	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH	TRUST	2.00 EE		0.		0.			
8062 SAR	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256	TRUST	EE 2.00							0.
8062 SAR 8062	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH	TRUST	EE 2.00 EE 0.25		0.		0.			0.
8062 SAR 8062 See	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement	TRUST	EE 2.00 EE 0.25		0.		0.	a) If		0.
8062 SAR 8062	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe	TRUST	EE 2.00 EE 0.25	se included	0.	–see instr	0.	s). If n	one, (0.
8062 SAR 8062 See	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement	TRUST	2.00 EE 0.25 0.75		0.		0. 0. 0. uction	s). If n	one, (0.
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE."	TRUST	EE 2.00 EE 0.25 0.75 er than thos	verage	0. 0. 0.	(d) Contribi	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E.G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe	TRUST	2.00 EE 0.25 0.75	verage veek (c) C	0.	(d) Contribi	0. 0. uction	(e) Expe		0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter
8062 SAR 8062 See 2	GREEN GLADE ROAD JACKSONVILLE FL 32256 E. G. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 AH B. JOSEPH GREEN GLADE ROAD JACKSONVILLE FL 32256 Statement Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,0)	TRUST	EE 2.00 EE 0.25 0.75 er than those hours per v	iverage veek (c) C	0. 0. 0.	(d) Contribution	0. 0. uction	(e) Expe	nse acc	0. enter

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Part	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50 000 (b) Type of service	(c) Compensation
NONE		
	number of others receiving over \$50,000 for professional services	0
	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of inizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 _	UNITED WAY OF NORTHEAST FLORIDA	
-		22 115
_	MALTUAT MACHINOTON VOLUMI FOLINDATION	22,115.
2 _	MALIVAI WASHINGTON YOUTH FOUNDATION	
-		3,000.
3	CONGREGATION AHAVATH CHESED	
-		
_		2,000.
4 .	THE COMMUNITY FOUNDATION OF NORTHEAST FLORIDA	
-		1,500.
Part	IX-B Summary of Program-Related Investments (see instructions)	· · · · · · · · · · · · · · · · · · ·
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
-		
2 _		
	ther program-related investments. See instructions	
3 -		
-		
Total	Add lines 1 through 3	
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Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn four	ndations,
	see instructions.)	 	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	337,415.
b	Average of monthly cash balances	1b	6,209.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	343,624.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	343,624.
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	5,154.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	338,470.
6	Minimum investment return. Enter 5% of line 5	6	16,924.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► and do not complete this part.)	oundat	ions
1	Minimum investment return from Part X, line 6	1	16,924.
2a	Tax on investment income for 2018 from Part VI, line 5	j	
b	Income tax for 2018. (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	6,640.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,284.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	10,284.
6	Deduction from distributable amount (see instructions)	6	···
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	10,284.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		27 722
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	37,730.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	37,730.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	0
_	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	37,730.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g wheth	er the foundation

તાત	Vill Undistributed income (see instruction	(a)	(b)	(c)	(d)
		Corpus	Years prior to 2017	2017	2018
1	Distributable amount for 2018 from Part XI, line 7		•		10,284.
2	Undistributed income, if any, as of the end of 2018				.
а	Enter amount for 2017 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any. to 2018				
a	From 2013				
b	From 2014				
d	From 2016				
e	From 2017				Į
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII, line 4 ▶ \$37,730.				
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)	į			
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				10,284.
e	Remaining amount distributed out of corpus	27,446.	·····		
5	Excess distributions carryover applied to 2018			۰ ,۵	
	(If an amount appears in column (d), the same amount must be shown in column (a).)			E CONTRACTOR OF THE CONTRACTOR	
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	27,446.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line	-	•		
	4a from line 2a. Taxable amount-see				
	instructions			0.	- 10
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0.
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				·
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	0.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	27,446.			
10	Analysis of line 9:	21,440.			
а	Excess from 2014				
b	Excess from 2015 0.				
С	Excess from 2016 0.				
d	Excess from 2017 0.] .	
6	Excess from 2018 27, 446			1	1

_	4	\sim
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Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9) .	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective fo	r 2018, enter the da	ite of the ruling	>		
b	Check box to indicate whether the four	ndation is a private	operating foundate		ection 4942(t)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2018	(b) 2017	Prior 3 years (c) 2016	(d) 2015	(e) Total
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					•
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter					
	(1) Value of all assets				_	
b	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter ² / ₃ of minimum investment return shown in				•	
_	Part X, line 6 for each year listed					
С	"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 for more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization .					
D 1	Gross investment income . XV Supplementary Information	(0 1 - 1 - 1		he foundation b	ed \$5 000 or m	are in essets et
Part	any time during the year-			ne loundation r	iau \$5,000 or in	ore in assets at
1	Information Regarding Foundation		13.1			
а	List any managers of the foundation before the close of any tax year (but of	who have contribu				by the foundation
	SEE ATTACHED STATEMENT List any managers of the foundation	who own 10% o	r more of the stor	ck of a corporatio	n (or an equally la	arge portion of the
	ownership of a partnership or other e					ango portion or the
2	Information Regarding Contribution	n, Grant, Gift, Loa	ın, Scholarship, e	etc., Programs:		
	Check here ► 🗵 if the foundation unsolicited requests for funds. If the tocomplete items 2a, b, c, and d. See ii	foundation makes				
а	The name, address, and telephone no	umber or email add	dress of the perso	n to whom applica	ations should be a	ddressed
b	The form in which applications should	d be submitted and	d information and	materials they sho	ould include	
С	Any submission deadlines			A STATE OF THE STA		
d	Any restrictions or limitations on av	wards, such as b	y geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other

Part XV

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year UNITED WAY OF NORTHEAST FLORIDA 40 EAST ADAMS STREET #200 JACKSONVILLE FL 32202 PC CHARITABLE PURPOSES 22,115. MALIVAI WASHINGTON YOUTH FOUNDATION 1096 WEST 6TH STREET 3,000. PF CHARITABLE PURPOSES JACKSONVILLE FL 32209 CONGREGATION AHAVATH CHESED 8727 SAN JOSE BOULEVARD 2,000. PC CHARITABLE PURPOSES JACKSONVILLE FL 32217 THE COMMUNITY FOUNDATION OF NORTHEAST FLORIDA 245 RIVERSIDE AVENUE #310 PC 1,500. CHARITABLE PURPOSES JACKSONVILLE FL 32202 E4E RELIEF 220 NORTH TRYON STREET CHARITABLE PURPOSES 1,500. CHARLOTTE NC 28202 PF CULTURAL COUNCIL OF GREATER JACKSONVILLE 300 WATER STREET #201 1,000. JACKSONVILLE FL 32202 PC CHARITABLE PURPOSES MUSEUM OF CONTEMPORATY ART - JACKSONVILIE 333 NORTH LAURA STREET 1,000. PF CHARITABLE PURPOSES JACKSONVILLE FL 32202 UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE VA 22903 PC CHARITABLE PURPOSES 1,000. JEWISH AND FAMILY COMMUNITY SERVICES 8540 BAYCENTER ROAD PC CHARITABLE PURPOSES 800. JACKSONVILLE FL 32256 See Statement 3,815. За 37.730. Approved for future payment Total

nte	r gross amounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	(0)
	,	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue					(See instructions)
	a					
	b					
	C					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments	`				
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					10,308.
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
	b Not debt-financed property					
_	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					321,702.
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory .					
11	Other revenue: a					
	b				····	
	<u> </u>					
	d					
	e			,		332 010
10	Subtotal Add columns (b) (d) and (a)	! I				
	Subtotal Add lung 12 columns (b), (d), and (e)		•		13	
13	Total. Add line 12, columns (b), (d), and (e)		· · · · · ·		13	332,010.
13 See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s.)			13	
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
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13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		332,010.

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Part	XVII	Informatio Organizati		nsfers to and Trans	sactions and R	elationships With Noncha	itable E	xempt
1	ın se	he organization of ection 501(c) (c	directly or indirectly	engage in any of the f 501(c)(3) organization	ollowing with any	y other organization described on 527, relating to political	Ye	es No
	_	nizations?				-f		
а		-	-	o a noncharitable exer		OI .	1a(1)	
							1a(1)	×
L	٠.	other assets .					14(2)	+-
b		r transactions					1b(1)	×
				empt organization .			1b(2)	×
	• •			able exempt organiza			1b(3)	×
				er assets			1b(4)	×
		oans or loan gua	-				1b(5)	<u>x</u>
		-		hip or fundraising solid			1b(6)	×
С				sts, other assets, or p			1c	×
d						Column (b) should always show		
-						. If the foundation received less		
	value	e in any transacti	on or sharing arrang	ement, show in colun	nn (d) the value o	f the goods, other assets, or se	rvices re	ceived.
(a) Lin	e no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	on (d) Descr	uption of transfers, transactions, and sha	ring arrang	ements
		·						
			ļ					
			ļ					
2a b	desc	ribed in section (ection 501(c)(3)) or in s		ore tax-exempt organizations	☐ Yes	⊠ No
		(a) Name of organ	nization	(b) Type of org	anization	(c) Description of relation	nship	
					· · · · · · · · · · · · · · · · · · ·			
			1		· · · · · · · · · · · · · · · · · · ·			
		/\	I — A — — —		· · · · · ·			
	1 1124	<u> </u>	doelare tool I have exemin	ad this rature, including accou	ananyina sahadulas ana	d statements, and to the best of my knowle	dae and heli	of it is true
Sign	1			nan taxpayer) is based on all in		parer has any knowledge		·
lere	<u> </u>	11/1/14	A	11/15/2019		with the p	RS discuss reparer show ctions	wn below?
	Sigi	nature of officer or tru		Date	Title	Date	PTIN	
aid		Print/Type prepare		Prebarer's signature	Macal	Check If		700
rep	arer	JOEL C MOI			01101	11/10/2020 self-employed		122
	Only		MORRIS & MOR	/ /	<u>S</u>	Firm's EIN ➤ 59-29		1
		Firm's address	P.O. BOX 563 JACKSONVILLE	1/5/	FL 32241		37-424	PF (2018)
2 Δ Σ			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	ı /	511 3444	, г	Julii J J J J J	(2010)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

30-65960<u>58</u>

Organiz	zation type (check or	ne):
Filers o	f:	Section:
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		☐ 527 political organization
Form 99	90-PF	■ 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	only a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	l Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II See instructions for determining a contributions.
Special	Rules	
	regulations under so 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	contributor, during to contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the es to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year
Caution 990-EZ	n: An organization tha , or 990-PF), but it m i	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization .

THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION

Employer identification number 30-6596058

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNE JOSEPH 8062 GREEN GLADE ROAD JACKSONVILLE FL 32256		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLIE JOSEPH 8062 GREEN GLADE ROAD JACKSONVILLE FL 32256	\$ 44,815.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION

Employer identification number,

30-6596058

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	MICROSOFT - 1600 COMMON SHARES		
		\$ 153,888.	05/01/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	SPDR S&P 500 ETF TRUST UNIT SER 1 - 187.5 SHARES		
		\$ 50,417.	04/20/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	MICROSOFT - 1600 COMMON SHARES		
		\$ 153,888.	05/01/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	SPDR S&P ETF TRUST UNIT SER 1 - 187.5 SHARES		
		\$ 50,417.	04/20/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of or	ganization				Employer identification number		
	NE AND CHARLIE JOSEPH FAMILY	Y FOUNDATION			30-6596058		
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the following line entry.	or the year from any ations completing Pa the year. (Enter this in	one contributor. rt III, enter the tota formation once. S	Complete of all of exclusi	columns (a) through (e) and vely religious, charitable, etc.,		
	Use duplicate copies of Part III if ad	ditional space is nee	ded.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
	Transferee's name, address, a		fer of gift Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee				
Ī							
			*				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift (d) D		scription of how gift is held		
L							
	Transferee's name, address,		fer of gift Relationship of transferor to transferee				
ſ							
			l				

THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Recipient name and address (home or business)	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
a Paid during the year				
DELORES BARR WEAVER POLICY CENTER		PF	CHARITABLE	500.
40 EAST ADAMS STREET #130			PURPOSES	
JACKSONVILLE, FL 32202				
VARIOUS OTHER CHARITIES UNDER \$500		PC	CHARITABLE	3,315.
8062 GREEN GLADE LANE			PURPOSES	
JACKSONVILLE, FL 32256				
				3,815.

Form 990-PF: Return of Private Foundation

Part IV: Capital Gains and Losses for Tax on Investment Income

(a) List and describe (e.g., real estate, common stoo	(c) Date	(d) Date				
SPDR S&P 500 ETF TRUST	94 SHRS		D	03/28/12	04/20/18	
SPDR S&P 500 ETF TRUST	281 SHRS	D	03/28/12	05/18/18		
MICROSOFT CORP 3200 SH	RS	D	12/31/99	05/18/18		
ALSO SEE CGD AND SEC 1	250 FIDELITY 1099 #729	P	12/31/18	12/31/18		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	st or other us expense of sale	(g)		
25,051.			13,206.		11,845.	
76,269.			39,477.		36,792.	
308,901.			36,947.		271,954.	
902.			0.		902.	
411,123.	0.		89,630.		321,493.	
Complete only for ass th (i) F.M.V. as of 12/31/69	ets showing gain in code foundation on 12/31/6 (j) Adjusted basis as of 12/31/69	(k) Exc	ess of col.	(1) Gains gain minus but not less or Losses (h)	col. (k), s than -0-) (from col.	
	any					
					36,792.	
					902.	
0.	0.		0.		321,493.	

THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION Form 990-PF: Return of Private Foundation

Continuation Statement
oundation Managers, Highly Paid Employees, and Contractors
Trustees, Fo
Part VIII: Information about Officers, Directors,

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
JACOB H. JOSEPH	TRUSTEE	0.	0] · 0
8062 GREEN GLADE ROAD	0.25			
JACKSONVILLE, FL 32256				
CAROLINE M. JOSEPH	TRUSTEE	0.	0	0.
8062 GREEN GLADE ROAD	0.25			
JACKSONVILLE, FL 32256				
MARGARET F. JOSEPH	TRUSTEE	.0	0.	0.
8062 GREEN GLADE ROAD	0.25			
JACKSONVILLE, FL 32256				

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Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose	
INVESTMENT ADVISORY FEES	907.				
Total	007				

Net Gain or Loss From Sale of Assets

2018

name THE ANNE AND CHARLIE JOSEPH FAMILY FO	1	30-6596058
Asset Information:		
Description of Property . CITY_NATIONA	L ROCHDALE FIXED INCOM	ME OPPORTUNITY
Date Acquired 05/21/18 How Acquired		
Date Sold11/19/18 Name of Buyer		
Check Box, if Buyer is a Business		
Sales Price1, 470. Cost or other ba	asis (do not reduce by depreciation	on)
Sales Expense1, 554. Valuation Met	nod .	,
Total Gain (Loss) -84. Accum	ulated Depreciation	·
Description of Property DODGE & COX	INCOME	
Business CodeExclusion Code		
Date Acquired 05/21/18 How Acquired		
Date Sold 11/19/18 Name of Buyer		
Check Box, if Buyer is a Business		
Sales Price1,720. Cost or other ba	isis (do not reduce by depreciation	on)
Sales Expense1,773. Valuation Met		
Total Gain (Loss) -53. Accum		
Description of Property I SHARES RUSS	ELL 1000 GROWTH	
Date Acquired05/21/18 How Acquired		
Date Sold 09/27/18 Name of Buyer		
Check Box, if Buyer is a Business		
Sales Price 4, 065. Cost or other ba	isis (do not reduce by depreciation	on)
Sales Expense 3, 715. Valuation Met	nod .	
Total Gain (Loss) 350. Accum		
Description of Property THORNBURG LT	D TERM INCOME	
Business Code Exclusion Code .		
Date Acquired 05/21/18 How Acquired		
Date Sold 11/19/18 Name of Buyer		
Check Box, if Buyer is a Business		
Sales Price1, 750. Cost or other ba	isis (do not reduce by depreciation	on)
Sales Expense 1,754. Valuation Met	nod 	
Total Gain (Loss)	ulated Depreciation	· ·
Description of Property See Net Gair	or Loss from Sale of	Assets
Business Code Exclusion Code		
Date Acquired How Acquired	·	
Date Sold Name of Buyer		
Check Box, if Buyer is a Business .		
	isis (do not reduce by depreciation	on)
Sales Expense Valuation Met		
Total Gain (Loss)	ulated Depreciation	·
Totals:		
Total Gain (Loss) of all assets		
Gross Sales Price of all assets 420, 128.		
Unrelated Business Income	Business Code	
Excluded by section 512, 513, 514	Exclusion Code	
Related/Exempt Function Income . 321, 702.	-	
Out 1.7 care have to 5		•
QuickZoom here to Form 990-PF, Page 1		
QuickZoom here to Form 990-PF, Page 12		.
··		

Additional information from your Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets

Form 990-PF Part I Line 6a Net Gain or Loss From Sale of Assets **Net Gain or Loss from Sale of Assets**

THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION

Description of Property	Bu sin es s Co de	Excl usio n Cod e	e Acq	How Acquired	Dat e Sol d	Name of Buyer	В	Sale s Pric e	Cost or other basis	Sale s Exp ense	Valuation Method	Total Gain or Loss	Accu mulat ed Depre ciatio n
SPDR S&P 500 ETF TRUST SER 1			Variou s		05/18/1 8			101,320		52,683		48,637	
MICROSOFT			Variou S		05/18/1 8			308,901		36,947		271,954	
CGD AND SEC 1250			12/31/1 8		12/31/1 8			902.				902.	

Name THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION			Employer Identification No			
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	End o US Government Obligations Book Value		f Year US Government Obligations FMV	
Tot to Em 990 PE Pt II i n 102						
Line 10b - Investme	ents - Corporate	Stock:	Bool Value	k	f Year Fair Market Value	
FIDELITY INTERNATIONAL INDEX FUND 705.419 SHRS 25 FIDELITY 500 INDEX FUND 336.129 SHRS 29 FIDELITY SMALL CAP INDEX FUND 596.686 SHRS 10 See L-10b Stmt 169		,642. ,277. ,287. ,641.	25,642. 29,277. 10,287. 169,641. 234,847.			
Line 10c - Investme			Bool Value	k	f Year Fair Market Value	
Totals to Form 990-PF, Part II, L	Line 10c					
Line 12 - Investments - Mortgage Ioans:		Bool Value	k	f Year Fair Market Value		
Totals to Form 990-PF, Part II, I	ino 12					
Totals to Form 990-FF, Fait II, I						
Line 13 - Inve	estments - Other	:	Bool Valu	k	f Year Fair Market Value	
CITY NATIONAL ROCHDALE FIXED DODGE & COX INCOME 1340 THORNBURG LTD TERM INCO See L-13 Stmt Totals to Form 990-PF, Part II, I	D.169 SHRS DME CLASS A 1		17, 13, 51,	,116. ,771. ,957. ,120.	25,116. 17,771. 13,957. 51,120. 107,964.	

Miscellaneous Statement

Name THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION	Identification Number 30-6596058
FORM 990-PF, PART IX-A, LINE 1	
THE FOUNDATION HAS MADE CONTRIBUTIONS IN 2018 TO VARIOUS ORGANIZATIONS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, TESTING FOR PUBLIC SAFETY, LITERARY AND EDUCATIONAL PURPOSES AND WILL CONTINUE TO IN ENSUING YEARS. THE FOUR LARGEST IN 2018 FROM A TOTAL OF \$37730 ARE: UNITED WAY OF NORTHEAST FLORIDA \$22115 MALIVAI WASINGTON YOUTH FOUNDATION \$3000 CONGREGATION AHAVATH CHESED \$2000 THE COMMUNITY FOUNDATION OF NORTHEAST FLORIDA \$1500	
Total	

cpcv0801 SCR 12/10/18

2018

Miscellaneous Statement

Name THE ANNE AND CHARLIE JOSEPH FAMILY FOUNDATION	Identification Number 30-6596058
FORM 990-EF, PART XV LINE 1A	
CHARLES S. JOSEPH AND ANNE G. JOSEPH ARE THE MANAGERS AND SOLE CONTRIBUTORS TO THE FOUNDATION. THEIR CONTRIBUTIONS IN 2018 ARE LISTED ON SCHEDULE B.	
Total	

cpcv0801 SCR 12/10/18

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF Part II Line 10, 12 and 13 Investments

L-10b Stmt

Continuation Statement

Line 10b Description	Line 10b Book	Line 10b FMV
FIDELITY MID CAP INDEX FUND 882.089 SHRS	16,433.	16,433.
FIDELITY REAL ESTATE INCOME 1751.643 SHRS	19,653.	19,653.
ISHARES MSCI EMERGING MARKETS ETF 771.440 SHRS	30,132.	30,132.
ISHARES RUSSELL 1000 VALUE ETF254.882 SHRS	28,305.	28,305.
ISHARES RUSSELL 1000 GROWTH ETF 191.770 SHRS	25,105.	25,105.
ISHARES TR EAFE VALUE ETF 549.300 SHRS	24,839.	24,839.
ISHARES TR EAFE GROWTH ETF 364.472 SHRS	25,174.	25,174.
Total	169,641.	169,641.

Form 990-PF Part II Line 10, 12 and 13 Investments

L-13 Stmt

Line 13 Description	Line 13 Book	Line 13 FMV
VANGUARD SHORT TERM INVMT GRAD ADMIRAL 1498.689 SHRS	15,646.	15,646.
ISHARES TIPS BOND ETF 141.711 SHRS	15,519.	15,519.
ISHARES CORE U.S. AGGREGATE BOND ETF 187.392 SHRS	19,955.	19,955.
Total	51,120.	51,120.