DLN: 93493241012099 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable U S FAMILY FOUNDATION INC □ Address change 59-3412016 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 450 PLEASANT GROVE ROAD ☐ Amended return ☐ Application pending (352) 726-8130 City or town, state or province, country, and ZIP or foreign postal code INVERNESS, FL $\,$ 344525725 $\,$ G Gross receipts \$ 8,824,099 Name and address of principal officer H(a) Is this a group return for JONATHAN PAUL CASH ☐Yes **☑**No subordinates? 450 PLEASANT GROVE ROAD H(b) Are all subordinates INVERNESS, FL 344525725 ☐Yes ☐No ıncluded? **☑** 501(c)(3) □ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW USFAMILYFOUNDATION COM L Year of formation 1996 M State of legal domicile FL Summary 1 Briefly describe the organization's mission or most significant activities TO CREATE AND ADMINISTER ENDOWMENTS TO SUPPORT 501(C)(3) CHARITIES Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 5 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,681,988 1,092,255 Ravenua 9 Program service revenue (Part VIII, line 2g) . 45,404 36,517 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,087,105 1,460,834 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,814,497 2,589,606 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,449,377 1,387,173 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶3,014 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 297,627 318,669 1,747,004 1,705,842 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 2,067,493 883,764 Net Assets or Fund Balances Beginning of Current Year End of Year 20,336,017 18,537,169 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 3,242 22 Net assets or fund balances Subtract line 21 from line 20 . 20,332,775 18,537,169 Signature Block 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 officer) is based on all information of which preparer has any knowledge 2019-08-22 Signature of officer Sign Here PAUL CASH PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-08-22 P00038765 Paid self-employed Firm's name WARDLOW & CASH PA Firm's EIN ► 59-1638720 Preparer Use Only Firm's address ▶ POST OFFICE BOX 426 Phone no (352) 795-3212 CRYSTAL RIVER, FL 34423 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Service	e Accomplis	hments		
	Check If Sche	edule O contains a respo	nse or note to	any line in this Part III .		🗆
1	Briefly describe the	organization's mission				
<u>TO C</u>	REATE AND ADMINIST	TER ENDOWMENTS TO S	SUPPORT 501(C)(3) CHARITIES		
2	-			vices during the year wh		
	the prior Form 990 c	or 990-EZ?				☐ Yes 🗹 No
	•	ese new services on Sch				
3	-	- :	_	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O			
4	Section 501(c)(3) ar		ns are required	to report the amount of	argest program services, as measi grants and allocations to others, t	
4a	(Code) (Expenses \$	1,510,824	ıncludıng grants of \$	1,387,173) (Revenue \$	1,497,351)
	See Additional Data	• • •			, , , ,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	Other program servi	ıces (Describe in Schedi	ıle O)			
	(Expenses \$,	uding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	1,510,8	24		
	_		·			Form 990 (2018)

Form	990 (2018)			Page 3
Pa	Checklist of Required Schedules	1	V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	If res, complete scredule C, Part II	_		140
	If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7		7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			No
	services?If "Yes," complete Schedule D, Part IV 🥞	9		H
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10?			
	If "Yes," complete Schedule D, Part VI 🐕	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Did the organization answer "Yes" to Port VII, Section A, Inie 3, 4, or 5 about compensation of the organization's current and former officers, directors, truscess, key employees, and highest compensated employees? If "Yes," complete Schedule 1, 19 and 1		550 (2020)			rage
23 In Management of the organization answer "ref" to Plant VII. Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "res," complete Schedule J. 24	Pai	tiv Checklist of Required Schedules (continued)			
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25b. Did the organization mental any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization and at a an "on behalf of" issuer for bonds outstanding at any time during the year? 15b but the organization and the transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I be 1 the organization and that it is engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not seen reported on any of the organizations provide granted or the organizations provide granted and that the transaction has not seen reported on any of the organizations provide granted or the organization provide granted and the transaction with a disqualified person in a prior year, and that the transaction has not seen reported on any of the organization state of the organization provide and grant or other assistance to an officer, director, trustee, or expenditions of the organization provide a grant or other assistance to an officer, director, trustee, or to a 35% contributor or employee, substantial contributors or employee thereof, a grant selection committee member, or to a 35% contributor or employee shapes and provide provides schedule II. Part IV instructions for applicable filing thresholds, cordinans, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, cordinans, and exceptions? 28b No A family member of a current or former officer,	23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Yes	No No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d 24	24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
to defease any tax-exempt bonds? Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? Section 501(c)(3), 503(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person furing the year? If "yes," complete Schedule I. Part II. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior forms 990 or 990-E27. If "Yes," complete Schedule I. Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule I. Part II. Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grants stransaction with one of the following parties (see Schedule L., Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV is a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L., Part IV is the organization receive more than a \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part I is Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part I is Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part I is Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule M, Part II is Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization receive and provid	С		24c		
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-E2? If "Yes," complete Schedule I, Part II. 25b	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E27 If 'Yes,'' complete Schedule L, Part II. 10 bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 11 Yes,'' complete Schedule L, Part III. 12 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,'' complete Schedule L, Part III. 13 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). 14 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 15 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 16 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or drey employee? If "Yes," complete Schedule L, Part IV. 17 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 18 Did the organization receive contributions of art, historical treasures, or other similar assets? 18 If "Yes," complete Schedule M. Part II. 19 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I. 19 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I.	25a	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"	25a		No
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 1. Part IV 1. In the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 1. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. B A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. B A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. B A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. B C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2. B C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 2. B C Yes 2. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 2. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 3. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 3. Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part I I. S D I the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, in a 2. If "Yes," complete Schedule R, Part V,	b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		No
controlutor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b N A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28c Yes 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than \$25\(\theta\) of its net assets? 31 If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30 17701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 Uses the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did	26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b No. 28c Yes 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-37 If "Yes," complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		No
Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28b N 28c Yes 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 38 Did the organization complete Schedule R and Tax	28				
Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organizations or subjects Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a resp	а		28a		No
officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 33 If "Yes," complete Schedule N, Part II. 34 Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? The Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are requir	b	A& 1	28b		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	С		28c	Yes	
contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Just the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30		30		No
If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot	31		No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	32		32		No
Part V, line 1	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	34		34		No
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b		35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI By Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		No
All Form 990 filers are required to complete Schedule O	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			No
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.		Yes	
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Ves N	Pa				
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0					
		E		Yes	No

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form **990** (2018)

orm '	990 (2018)			Page				
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National States, and so the control of the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	2 Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)					
		$\overline{}$	Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No				
3	Did the organization have a written whistleblower policy?	13		No				
4	Did the organization have a written document retention and destruction policy?	14		No				
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		No				
b	Other officers or key employees of the organization	15b		No				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	\Box						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No				
.6a	taxable entity during the year?							
l6a b	taxable entity during the year?	\vdash						
L6a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
16a b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?							

 \square Own website \square Another's website \square Upon request \square Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 19

State the name, address, and telephone number of the person who possesses the organization's books and records ►JONATHAN PAUL CASH 154 SE 7TH AVENUE CRYSTAL RIVER, FL 34429 (352) 795-3212

20

Part VII	C
rait vii	·

compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of or/t	t ch unle: ficer	ss pers and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JONATHAN PAUL CASH PRESIDENT/EXECUTIVE DIR	8 00	Х		×				0	0	0
(2) KAREN THURMAN DIRECTOR	0 10	X						0	0	0
(3) JEWEL LAMB DIRECTOR	0 10	х						0	0	0
(4) GERRY MULLIGAN DIRECTOR	0 10	Х						0	0	0
(5) WANN VAN ROBINSON DIRECTOR	0 10	Х						0	0	0
(6) ROBERT MARTIN DIRECTOR	0 10	Х						0	0	0
(7) CARSON BOMAR DIRECTOR	0 10	х						0	0	0
(8) ROBERT C WARDLOW III SECRETARY/TREAS	1 00			×				0	0	0
										Form 990 (2018)

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key l	Emp	loye	es,	and I	High	est Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

			_		

1b Sub-Total		>				

		'	<u>'</u>		<u>'</u>	<u> </u>	<u>_</u> '			
				\Box						
				\sqcap	\Box					
1b Sub-Total						>				
c Total from continuation sheets to Pa	art VII , Section	Α				▶ [
d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	>		0	0	0			

1b Sub-Total				>		<u>'</u>	
c Total from continuation sheets to Pa	art VII , Section	Α		▶ [
d Total (add lines 1b and 1c)				•	0	0	0
			 			1400 000	

	1											_
												_
Lb Sub-Total												
c Total from continuation sheets to Pa	art VII, Section	Α				▶□						_
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c)											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000												

1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000											

1b	Sub-Total					1	•					
С	Total from continuation sheets to Pa	art VII , Section	Α				▶					
d	Total (add lines 1b and 1c)						▶		0		0	0
2	Total number of individuals (including			e list	ed a	bove	e) wh	o rece	eived more than	າ \$10	0,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

3

4

5

1b	Sub-Total	▶			
С	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	0	0
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶ 0	e) wh	o received more than	\$100,000	

Yes

3

4

5

(B)

Description of services

No

No

Νo

Νo

(C)

Compensation

Form 990 (2018)

Part		Statement of	Revenue									rage 3
		Check if Schedul	e O contains	a respo	nse or no	ote to any						<u> 🗆</u>
							Total r		Rel e> fu	(B) ated or tempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a					re	venue		512 - 514
nts ints		b Membership dues		1b								
Gra		c Fundraising events		1c								
ξ, <u>τ</u>		d Related organizatio	ns	1d								
Gifts, Grants illar Amounts		e Government grants (co	ontributions)	1e								
ns, Sim	1	f All other contributions										
utio er		and similar amounts n above	ot included	1f	1	1,092,255						
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution		60	7 750							
Cont and		in lines 1a - 1f \$ h Total. Add lines 1a-			7,750	•						
		Total Mac III es 14		•	· · ·	Busines		1,092,255				
nue	2a	FUND MANAGEMENT			-	Dusines.			36,517	36	,517	
ج. الح.							900099					
Ce F	b	•										
ě	d											
E .	е			_	-							
Program Service Revenue	f	All other program se	rvice revenue		L		26 517					I
ď	g	Total. Add lines 2a-2	2f		>		36,517					
		Investment income (ii similar amounts)			nterest, a	and other		510,47	7	510,477		
		Income from investme			ond proce	eds I		•		· ·		
							•					
			(ı) Rea	l	(II) P	ersonal						
	6a	Gross rents										
	Ŀ	Less rental expenses										
	,	Rental income or					-					
		(loss)					Ц					
	C	d Net rental income o										
	7a	Gross amount	(ı) Securit	les	(11)	Other	-					
		from sales of assets other	7,1	.84,850								
		than inventory										
	Ŀ	Less cost or other basis and	6,2	34,493								
		sales expenses Gain or (loss)	9	50,357			\dashv					
		d Net gain or (loss) .		•		•	_	950,35	7	950,357		
a .	8 a	Gross income from fi (not including \$	_	ents of								
nne		contributions reporte	ed on line 1c)									
eve		See Part IV, line 18					4					
r R		Less direct expense Net income or (loss)		b sina ev	ents .	· •						
Other Revenue		Gross income from g	jaming activiti	_								
0		See Part IV, line 19		a								
	Ŀ	Less direct expense	s	b			-					
		Net income or (loss)		activit	ies	>						
	10	a Gross sales of invent returns and allowand										
				а								
	Ė	Less cost of goods s	sold	b								
	C	Net income or (loss) Miscellaneous		invent					-			
	11		Kevenue		Busine	ess Code	\dashv					
	Ŀ				•							
	c	=										
		d All other revenue .										
		Total. Add lines 11a				>						
	12	2 Total revenue. See	Instructions			•		2,589,60	6	1,497,351		0 0
												Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	olete column (A)	rage IV
Check if Schedule O contains a response or note to any	_		<u> </u>	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,387,173	1,387,173		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	191,401	10,841	180,560	
b Legal				
c Accounting	8,500		8,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	111,894	111,894		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	,	,		
12 Advertising and promotion				
13 Office expenses				
14 Information technology	3,014			3,014
15 Royalties				· · · · · · · · · · · · · · · · · · ·
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27	27		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,332		2,332	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BANK CHARGES	1,085	889	196	
b TAXES & LICENSES	416		416	
5 TARES & ELGEROLES	110		,10	
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,705,842	1,510,824	192,004	3,014
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here Tuf following SOR 98-2 (ASC 958-720)				

Form 990 (2018)

19

20

21

23

24

26

27

28 29

30

31

32

33

34

Assets or Fund Balances

Net

Liabilities 22 Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or not	e to any line in this Part IX			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments .	[818,405	2	609,228
	3	Pledges and grants receivable, net		1,542,397	3	1,380,796
	4	Accounts receivable, net	[4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ated employees Complete fied persons (as defined under		5	
ts	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L. Notes and loans receivable, net	ations of section 501(c)(9) (see instructions) Complete		6	
Assets	_	•			-	
AS	8	Inventories for sale or use		8		
-	9	Prepaid expenses and deferred charges	, , , , , , , , , , , , , , , , , , , ,		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .		17,971,955	11	16,547,145
	12	Investments—other securities See Part IV, line	11	3,260	12	
	13	Investments—program-related See Part IV, line	e 11		13	
	14	Intangible assets	[14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	20,336,017	16	18,537,169
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	

19

20 21

22 23

24

25

26

27

28

29

30

31 32

33

34

0

17,156,373

1,380,796

18,537,169

18,537,169

Form **990** (2018)

3.242

3.242

18,790,378

1,542,397

20,332,775

20,336,017

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

OVERSIGHT AND ADMINISTRATION OF 29 ENDOWMENTS BENEFITING OVER 90 DIFFERENT 501(C)(3) CHARITIES MADE CONTRIBUTIONS TO QUALIFYING EDUCATIONAL,

EIN: 59-3412016

Name: U.S. FAMILY FOUNDATION INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

SCIENTIFIC AND RELIGIOUS ORGANIZATIONS

SCHEDUL Form 990 or 90EZ)		Complete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2018
epartment of the Tr ternal Revenue Ser	.ice	► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
ame of the ordinates of						Employer identific	ation number
Part I Re	ason for Pub	lic Charity Stat	us (All organization	s must comple	te this part.) S	59-3412016 See instructions.	
ne organization	is not a private	foundation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
1 Ach	urch, conventio	n of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	hool described ii	n section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
A ho	spital or a coop	erative hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).	
nam	e, city, and stat	e	ed in conjunction with	·			·
	rganization ope 1)(A)(iv). (Co	ernmental unit descri	bed in section 170				
	deral, state, or l	ı)(v).					
sect	ion 170(b)(1)	nıt or from the gener	al public described in				
3	mmunity trust o	lescribed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	I)		
			escribed in 170(b)(1) ee instructions Enter				ege or university or
from inve	activities relate stment income a	ed to its exempt fur	(1) more than 331/3% actions—subject to certiness taxable income (leading)	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
•		• • • •	d exclusively to test for	r public safety S	ee section 509	(a)(4).	
mor	e publicly suppo	rted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509 (a)(2). See section 509(a	
Typ orga	e I. A supportin nization(s) the i	g organization oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
mar	agement of the		ervised or controlled in ation vested in the san and C.			• • • • •	_
		, ,	supporting organization	•	•	, -	ited with, its
Typ	e III non-func tionally integrat	tionally integrate ed The organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
	•	•	ved a written determin	•		pe I, Type II, Type II	I functionally
		III non-functionally orted organizations	integrated supporting	organization	,		·
			pported organization(1		() A	(11) 0 - 11 - 15
	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
tal							
	Poduction Act	Notice, see the I	netructions for	L Cat No 11285	5F .	Schedule A (Form 9	90 or 990-E7) 201

(b)(1)(A)(ix)

Page 2

	(Complete only if you che						/ under Part
_	III. If the organization fa	ilis to quality und	ier the tests list	ed below, pleas	e complete Part	111.)	
-	Section A. Public Support Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not	6,557,794	885,263	292,597	1,277,851	1,092,255	10,105,760
	include any "unusual grant ")	.,,	,		-,,	-,,	,,
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,557,794	885,263	292,597	1,277,851	1,092,255	10,105,760
5	The portion of total contributions by		,				· · · · · · · · · · · · · · · · · · ·
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	, , , , ,						
5	Public support. Subtract line 5 from						10 105 760
	line 4						10,105,760
9	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(B)2013	(C)2010	(u)2017	(e)2010	(I) Total
7	Amounts from line 4	6,557,794	885,263	292,597	1,277,851	1,092,255	10,105,760
8	Gross income from interest,						
_	dividends, payments received on	1 000 163	1 020 505	410.031	2.007.105	1 460 024	6 067 027
	securities loans, rents, royalties and	1,088,462	1,020,505	410,921	2,087,105	1,460,834	6,067,827
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through						16,173,587
	10						10,175,507
12	Gross receipts from related activities,	etc (see instruction	ns)			12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orgai	nızatıon,
	check this box and stop here	-			•	• • • • • •	,
_	Section C. Computation of Public						
	-						
	Public support percentage for 2018 (lin			olumn (†))		14	62 480 %
	Public support percentage for 2017 Sch					15	63 890 %
16	a 33 1/3% support test—2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this b	ox
	and stop here. The organization qualif						▶ ☑
	33 1/3% support test—2017. If the				nd line 15 is 33 1/	3% or more check	
ı	• • • •	<u>-</u>		•	na mie 15 is 35 1/.	5 75 OF HIOTE, CHECK	
	box and stop here. The organization					11 44	▶ □
17	 10%-facts-and-circumstances test 	- 2018. It the ora:	anization did not c	neck a box on line	- 1 ⊀ 16a or 16b	and line 14	

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly **▶**□ supported organization

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)					
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If			
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))				
Se	ection A. Public Support		T	Г			1			
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
-	membership fees received (Do not									
	include any "unusual grants ")									
2	Gross receipts from admissions,									
	merchandise sold or services performed, or facilities furnished in									
	any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
-	organization's benefit and either paid									
	to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
•	the organization without charge									
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and									
/ a	3 received from disqualified persons									
ь	Amounts included on lines 2 and 3									
	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6)									
Se	ection B. Total Support									
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
0	(or fiscal year beginning in) ► Amounts from line 6			. ,						
L0a	Gross income from interest,									
LUa	dividends, payments received on									
	securities loans, rents, royalties and									
	income from similar sources									
Ь	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30,									
	1975									
C	Add lines 10a and 10b									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on									
12										
	loss from the sale of capital assets									
	(Explain in Part VI)									
13	Total support. (Add lines 9, 10c, 11, and 12)									
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.			
	check this box and stop here	.	,	,,,	,		▶ □			
Se	ection C. Computation of Public	Support Perce	ntage							
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15				
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16				
Se	ection D. Computation of Investi	ment Income	Percentage							
17	Investment income percentage for 201			lıne 13, column (f))	17				
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18				
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 is not			
	more than 33 1/3%, check this box and						▶□			
	33 1/3% support tests—2017. If the									
J	• •	-			•		▶ □			
20	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	1	
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	art IV Supporting Organizations (continued)						
	cupper unit of game and (community)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
u	governing body of a supported organization?	11a					
h	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
	Section B. Type I Supporting Organizations	110					
	ection B. Type I Supporting Organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such						
	powers during the tax year	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2					
	-						
5	section C. Type II Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	NO			
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	Section D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?)					
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
S	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)					
	a The organization satisfied the Activities Test Complete line 2 below						
	b						
	c	ınstru	ctions)				
2	Activities Test Answer (a) and (b) below.						
	· , · ,		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement						
3	Parent of Supported Organizations Answer (a) and (b) below.	2b					
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a					
	 b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	26					

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID: Software Version:

EIN: 59-3412016

Name: U S FAMILY FOUNDATION INC

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

DLN: 93493241012099 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** U S FAMILY FOUNDATION INC 59-3412016 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 29 2 Aggregate value of contributions to (during year) 1,092,255 Aggregate value of grants from (during year) 1.387.173 Aggregate value at end of year 18,537,169 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	3111	Organizations Maintain	ing Col	lections o	of Art,	Histori	ical T	reas	ures, or	Other	Similar	Assets	continu	ued)	
3		the organization's acquisition, (check all that apply)	accessioi	n, and other	records	, check	any of	the f	ollowing t	hat are a	sıgnıfıcan	t use of it	s collec	tion	
а		Public exhibition				d		Loar	n or excha	inge prog	grams				
b		Scholarly research				e		Othe	er						
С		Preservation for future genera	tions												
4	Provid Part X	le a description of the organiza III	tıon's col	lections and	l explain	how the	ey furtl	ner th	ie organiz	ation's ex	xempt pur	pose in			
5		g the year, did the organization to be sold to raise funds rathe									nılar	□ Y	06	□ No	
Pai	t IV	Escrow and Custodial A Complete if the organizat X, line 21.			" on Fo	rm 990	, Part	IV,	ıne 9, or	reporte	ed an am				_
1a		organization an agent, trustee ed on Form 990, Part X?	e, custodi	an or other	ıntermed	diary for	contri	butio	ns or othe	r assets	not	☐ Y	es	□ No	.
b	If "Ye	s," explain the arrangement in	Part XIII	and comple	ete the fo	ollowing	table					Amount	:		_
С	C Beginning balance														
d	Addıtı	ons during the year								1d					_
е	Distril	outions during the year								1e					_
f	Endin	g balance								1f					_
2a															
b															
Pa	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.														
				(a)Currer	nt year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three	years back	(e) Fou	ır year:	s back
1a	Beginni	ng of year balance	•												
b	Contrib	utions													
С	Net inv	estment earnings, gains, and l	osses												
d	Grants	or scholarships													
е		expenditures for facilities ograms													
f	Admını	strative expenses	•												
g	End of	year balance													
2	Provid	le the estimated percentage of	the curre	ent year end	balance	e (line 1	g, colu	mn (a	a)) held a	5					
а	Board	designated or quasi-endowme	nt 🟲												
b	Perma	nent endowment 🟲													
С	Temp	orarily restricted endowment 🕨	•												
		ercentages on lines 2a, 2b, and		•											
3a		ere endowment funds not in thization by	ne posses	sion of the	organıza	tion tha	t are h	eld ar	nd admını	stered fo	r the	_		Yes	No
		-					•						a(i)		
_		elated organizations s" on 3a(ii), are the related org					 اعداد است					3	a(ii) 3b		
ь 4		ibe in Part XIII the intended us						•			• •		30		
	t VI	Land, Buildings, and Ed			113 61140	William	ianas								
L GI		Complete if the organizat			" on Fo	rm 990	, Part	IV, I	ıne 11a.	See Fo	rm 990, I	Part X, lı	ne 10.		
	Descri	otion of property (a)	Cost or oth (Investme		(b) Cost	t or other	basis (other)	(c) Acci	umulated o	depreciation		(d) Boo	k value	!
1a	Land														
		gs													
		old improvements													
		ent													
	Other														
		ines 1a through 1e (Column (c	l) must e	qual Form 9	90, Part	X, colui	nn (B)	, line	10(c))		>		_		0

Part VII Investments—Other Securities.	Complete if the organiza	.ioii aiiswe			
See Form 990, Part X, line 12. (a) Description of security or ca (including name of security	(b) Book value	Cost	le		
1) Financial derivatives					
2) Closely-held equity interests . 3)Other					
A)					
3)					
0)					
· (
)					
5)					
H)					
otal. (Column (b) must equal Form 990, Part X, col (B) line	22)				
Investments—Program Related Complete if the organization answe		art IV lin	- 11c See Fo	rm 990 Part V line 13	
(a) Description of investment		ook value		(c) Method of valuation	
.)			Cost	or end-of-year market value	
2)					
3)					
, (1)					
· · · · · · · · · · · · · · · · · · ·					
· ·)					
· ')					
3)					
9)					
9) ntal. (Column (h) must equal Form 990. Part X. col (B) line 1	3 }				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	ation answered 'Yes' on For	n 990, Parl	IV, line 11d S		
otal. (Column (b) must equal Form 990, Part X, col (B) line 1		n 990, Part	IV, line 11d S	ee Form 990, Part X, line 15 (b) Boo	k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organiz	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Other Assets. Complete if the organization (c)	ation answered 'Yes' on For	m 990, Part	: IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization)))	ation answered 'Yes' on For	m 990, Part	: IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization of the organi	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of the complete in the comp	ration answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of the complete if the complete	(a) Description (B) line 15)			(b) Boo	k value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (B) line 1 See Form 990, Part X, line 25.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For		(b) Boo	k value
Other Assets. Complete if the organization of liabilities. Complete if the organization of liabilities. (a) Description of liabilities.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of liabilities. Complete if the organization of liabilities. (a) Description of liabilities.) (a) Description of liabilities.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organize (b) Other Assets. Complete if the organize (c) Other Assets. Complete if the organize (c) Other Assets. Complete if the organize (c) Other Liabilities. Complete if the organize (a) Description of liability (b) Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organize (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the complete if	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the complete if	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the complete if	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the Assets. Complete if the Other Liabilities.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Explanation

2a

2h

2c

Page 4

-2.517.769

2,589,606

2,589,606

1,705,842

1,705,842

1,705,842

Schedule D (Form 990) 2018

4c

1

2e

3

4c

5

2d

2e 3

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4b

3 4

Schedule D (Form 990) 2018

Part XI

Part XII

1

2

3

4

b

5

Part XIII

Return Reference

а

Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

5

Amounts included on line 1 but not on Form 990, Part IX, line 25

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Supplemental Information

Schedule D (Fo	orm 990) 2018	Page 5		
Part XIII	Supplemental Info	rmation (continued)		
Ret	urn Reference	Explanation		
			Schedule D (Form 990) 2018	

DLN: 93493241012099 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number U S FAMILY FOUNDATION INC 59-3412016 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part III Grants and Other Assistant Part III can be duplicated if		ials. Complete if the org	ganization answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Info	mation. Provide the inf	formation required in	Part I, line 2; Part III	, column (b); and any other a	idditional information.
Return Reference Exp	lanation	-			

Schedule I (Form 990) 2018

Additional Data

SACRED HEART SOUTHERN

HEART LEAGUE

PO BOX 100

WALLS, MS 38680

MISSIONS INC DBA SACRED

6050 HIGHWAY 161 NORTH

ST JOSEPH'S INDIAN SCHOOL

CHAMBERLAIN, SD 57325

Software ID: Software Version: **EIN:** 59-3412016 Name: U S FAMILY FOUNDATION INC

(a) Name and address of organization	(p) FIN	(c) IRC section If applicable	(a) Amount of cash grant	(e) Amount of non- cash	(f) Method of Valuation (book, FMV, appraisal,	-
or government			3.2	assistance	other)	

(q) Description of non-cash assistance

(h) Purpose of grant

EDUCATIONAL AND/OR

EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY

SCIENTIFIC EFFORTS

OF THE CHARITY

FURTHER THE

CHARITABLE,

or assistance

FURTHER THE

CHARITABLE.

19,090

19,096

64-0358092

46-0235912

501(C)(3)

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance THE CARMELITE FATHERS INC 14-1457918 501(C)(3) 19.090 FURTHER THE PO BOX 868 CHARITABLE,

SCIENTIFIC EFFORTS OF THE CHARITY

				OF THE CHARITY
				SCIENTIFIC EFFORTS
MIDDLETOWN, NY 10940				EDUCATIONAL AND/OR

CITRUS COUNTY FELLOWSHIP 501(C)(3) 44-0610626 31,324

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INVERNESS, FL 34450

IFURTHER THE CHARITABLE. OF CHRISTIAN ATHLETES 1950 HIGHWAY 41 NORTH EDUCATIONAL AND/OR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-3200079 501(C)(3) 22.960 FURTHER THE KEY CENTER FOUNDATION INC 5399 W GULF TO LAKE CHARITABLE. HIGHWAY EDUCATIONAL AND/OR SCIENTIFIC EFFORTS

LECANTO, FL 34461 OF THE CHARITY 36,243 SHERIFF'S YOUTH RANCH 23-7303117 501(C)(3) FURTHER THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 2000

CHARITABLE. BOYS RANCH, FL 32064 EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY

(c) IRC section (f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-0810731 501(C)(3) 44.750 FURTHER THE YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD CHARITABLE.

(e) Amount of non-

SCIENTIFIC EFFORTS OF THE CHARITY

CLEARWATER, FL 33763 EDUCATIONAL AND/OR SCIENTIFIC EFFORTS HARVARD BUSINESS SCHOOL 04-2103580 FURTHER THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

BOSTON, MA 02163

(b) EIN

OF THE CHARITY 42,364 501(C)(3) FUND CHARITABLE.

SOLDIERS FIELD EDUCATIONAL AND/OR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 23-7327730 501(C)(3) 30.260 FURTHER THE THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE CHARITABLE.

EDUCATIONAL AND/OR

SCIENTIFIC EFFORTS OF THE CHARITY

WASHINGTON, DC 20002 EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3876 W COUNTRY HILL DR

LECANTO, FL 34461

23,364 NATURE COAST EMERGENCY 65-1021027 501(C)(3) FURTHER THE CHARITABLE. MEDICAL FOUNDATION INC.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 53-0204618 501(C)(3) 30.260 FURTHER THE NAVY-MARINE CORPS RELIEF SOCIETY CHARITABLE. EDUCATIONAL AND/OR 875 N RANDOLPH ST SUITE SCIENTIFIC EFFORTS OF THE CHARITY

225 ARLINGTON, VA 22203 30,260 SUBMARINE FORCE LIBRARY & 23-7281074 501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MUSEUM ASSOCIATION

FURTHER THE CHARITABLE.

1 CRYSTAL LAKE ROAD EDUCATIONAL AND/OR

OF THE CHARITY

GROTON, CT 06340 SCIENTIFIC EFFORTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance US NAVY MEMORIAL 52-1104476 501(C)(3) 30.260 FURTHER THE FOUNDATION CHARITABLE. EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY

EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY

3651 MARS HILL RD SUITE 200B WATKINSVILLE, GA 30677

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NASHVILLE, TN 372030007

501(C)(3) 12,680 AFRICA UNIVERSITY 62-1356848

FURTHER THE PO BOX 340007 CHARITABLE.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 12.104 FURTHER THE AMERICAN RED CROSS 53-0196605 CITRUS COUNTY CHAPTER CHARITABLE. EDUCATIONAL AND/OR 4218 W GULF TO LAKE SCIENTIFIC EFFORTS OF THE CHARITY

HIGHWAY LECANTO, FL 34461 9,330 ECKERD CAMP E-NINI-HASSEE 59-2551416 501(C)(3)

7027 E STAGE COACH TRAIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHARITABLE.

FURTHER THE EDUCATIONAL AND/OR

> SCIENTIFIC EFFORTS OF THE CHARITY

FLORAL CITY, FL 34436

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 52-6065757 501(C)(3) 15,925 FURTHER THE CHESAPEAKE BAY CHARITABLE. FOUNDATION

CHILDREN'S MEDCY HOSPITAL	F2 1640402	F01(C)(2)	12.067		OF THE CHARITY
6 HERNDON AVE ANNAPOLIS, MD 21403					EDUCATIONAL AND/OR SCIENTIFIC EFFORTS

CHILDREN'S MERCY HOSPITAL 52-1640402 501(C)(3) 13,06/

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KANSAS CITY, MO 64108

IFUKTHEK THE FOUNDATION CHARITABLE.

> SCIENTIFIC EFFORTS OF THE CHARITY

2401 GILLHAM RD EDUCATIONAL AND/OR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance or government other) assistance 59-2335910 501(C)(3) 13,247 FURTHER THE CITRUS ABUSE SHELTER ASSOCIATION CHARITARIE

INVERNESS, FL 344510205				SCIENTIFIC EFFORTS OF THE CHARITY
PO BOX 205				EDUCATIONAL AND/OR
ASSOCIATION			I	CHARLIADEE,

CITRUS COUNTY HISTORICAL 59-2326836 501(C)(3) 31,597 SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 COURTHOUSE SOUARE

INVERNESS, FL 34450

FURTHER THE

CHARITABLE.

EDUCATIONAL AND/OR

SCIENTIFIC EFFORTS OF THE CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-2553570 501(C)(3) 9.293 FURTHER THE CITRUS UNITED BASKET 1205 PARKSIDE AVE CHARITABLE. INVERNESS, FL 34450 EDUCATIONAL AND/OR SCIENTIFIC EFFORTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9,471 DISABLED AMERICAN 52-1521276 501(C)(3)

OF THE CHARITY FURTHER THE CHARITABLE.

EDUCATIONAL AND/OR

OF THE CHARITY

VETERANS PO BOX 36529 CINCINNATI, OH 45236 SCIENTIFIC EFFORTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 93-0851068 501(C)(3) 9.333 FURTHER THE FAMILY DEVELOPMENT CENTER CHARITABLE. 300 JERRYS DR EDUCATIONAL AND/OR

ROSEBURG, OR 97470 SCIENTIFIC EFFORTS OF THE CHARITY

FIRST BAPTIST CHURCH OF 59-3265653 501(C)(3) 12,104 CRYSTAL RIVER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OF THE CHARITY

FURTHER THE CHARITABLE.

700 N CITRUS AVE EDUCATIONAL AND/OR CRYSTAL RIVER, FL 34428 SCIENTIFIC EFFORTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-0638479 501(C)(3) 10.956 FURTHER THE FLORIDA UNITED METHODIST CHILDREN'S HOME CHARITABLE. 504 F PARIS ST EDUCATIONAL AND/OR SCIENTIFIC EFFORTS

TAMPA, FL 33604 FRIENDS OF THE COASTAL 59-6000548

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CRYSTAL RIVER, FL 34428

OF THE CHARITY 501(C)(3) 12,104 FURTHER THE CHARITABLE. REGION LIBRARY

SCIENTIFIC EFFORTS OF THE CHARITY

8619 W CRYSTAL ST EDUCATIONAL AND/OR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-2236362 501(C)(3) 17.215 FURTHER THE GOLD SHIELD FOUNDATION PO BOX 271791 CHARITABLE. TAMPA, FL 33688 EDUCATIONAL AND/OR

EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCIENTIFIC EFFORTS OF THE CHARITY 120,000 HOPE SERVICES 93-0884874 501(C)(3) FURTHER THE

CHARITABLE.

PO BOX 98 ROSEBURG, OR 97470

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 52-0595110 501(C)(3) 5.752 FURTHER THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE CHARITABLE. EDUCATIONAL AND/OR

N2100 BALTIMORE, MD 21211 SCIENTIFIC EFFORTS OF THE CHARITY

PRECEPT MINISTRIES 62-0841438 501(C)(3) 261,000 INTERNATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FURTHER THE

CHARITABLE. EDUCATIONAL AND/OR

PO BOX 182218 CHATTANOOGA, TN 37422 SCIENTIFIC EFFORTS

OF THE CHARITY

(b) EIN (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SALVATION ARMY 58-0660607 501(C)(3) 18.851 FURTHER THE

(e) Amount of non-

(f) Method of valuation

(a) Description of

MEDICAL ENDOWMENT

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

FOUNDATION INC

325 W COLLEAGE AVE TALLAHASSEE, FL 323011403

PO BOX 1630 LECANTO, FL 34460					CHARITABLE, EDUCATIONAL AND/OR SCIENTIFIC EFFORTS OF THE CHARITY
FLORIDA STATE UNIVERSITY	59-6152180	501(C)(3)	5,000		FUND CITRUS COUNTY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance PATH OF CITRUS COUNTY INC. 59-3111520 501(C)(3) 10 000 FUND CAPITAL

COMMUNITY FOOD

COUNTY AND CITRUS COUNTY BLESSINGS

BANK OF CITRUS

21 S MELBOURNE ST BEVERLY HILLS, FL 34465	33 3111323	302(0)(0)	10,000		1	CAMPAIGN FOR NEW FACILITY
UNITED WAY OF CITRUS	59-2766815	501(C)(3)	15,000			FUND BUDGETS FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COUNTY INC

1582 N MEADOWCREST BLVD

CRYSTAL RIVER, FL 34429

(c) IRC section (f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 59-1997778 501(C)(3) 7.353 FURTHER THE HUMANITARIANS OF FLORIDA INC CHARITABLE. EDUCATIONAL AND/OR

(e) Amount of non-

1031 N COMMERCE TERR LECANTO, FL 34461

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

(b) EIN

SCIENTIFIC EFFORTS OF THE CHARITY NATIONAL WILDLIFE 53-0204616 501(C)(3) 12,104 FURTHER THE FEDERATION

CHARITABLE.

11100 WILDLIFE CENTER DR EDUCATIONAL AND/OR

RESTON, VA 20190 SCIENTIFIC EFFORTS OF THE CHARITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance REEL RECOVERY 91-2193394 501(C)(3) 15.000 FURTHER THE 160 BROOKSIDE ROAD CHARITABLE. NEEDHAM, MA 02492 EDUCATIONAL AND/OR

SCIENTIFIC EFFORTS OF THE CHARITY

SCIENTIFIC EFFORTS OF THE CHARITY

8,400 TEAM 36-2169146 501(C)(3) PO BOX 1986 GRAPEVINE, TX 760991986 EDUCATIONAL AND/OR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FURTHER THE CHARITABLE.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable arant cash non-cash assistance or assistance or government other) assistance 91-1788798 501(C)(3) 8.333 FURTHER THE BOYS & GIRLS CLUB OF THE UMPQUA VALLEY CHARITABLE. EDUCATIONAL AND/OR 1144 NF CEDAR SCIENTIFIC EFFORTS

SCIENTIFIC EFFORTS OF THE CHARITY

ROSEBURG, OR 97470 5,000 CAMP MILLENNIUM 47-0881224 501(C)(3)

OF THE CHARITY 2726 DIAMOND LAKE BLVD CHARITABLE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FURTHER THE ROSEBURG, OR 97470 EDUCATIONAL AND/OR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance or government other) assistance 23-6424046 501(C)(3) 6.000 FURTHER THE CHURCHES OF GOD GENERAL CONFERENCE CHARITABLE. EDUCATIONAL AND/OR

PO BOX 926 FINDLAY, OH 45839 SCIENTIFIC EFFORTS 93-0951533

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OF THE CHARITY UMPQUA VALLEY CHRISTIAN 501(C)(3) 10,000 FURTHER THE

CHARITABLE. SCHOOL

EDUCATIONAL AND/OR

OF THE CHARITY

18585 DIXONVILLE RD ROSEBURG, OR 97470 SCIENTIFIC EFFORTS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance or government other) assistance 93-0791477 501(C)(3) 6.000 FURTHER THE UMPOUA VALLEY YOUTH FOR CHRIST CHARITABLE. PO BOX 992 EDUCATIONAL AND/OR

CHARITABLE.

EDUCATIONAL AND/OR

SCIENTIFIC EFFORTS OF THE CHARITY

ROSEBURG, OR 97470 SCIENTIFIC EFFORTS OF THE CHARITY 91-1454427 501(C)(3) 15,000 FURTHER THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOUTH KILSAP ALLIANCE CHURCH

5000 BETHEL RD SE

PT ORCHARD, WA 98367

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (a) Description of organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FURTHER THE

SCIENTIFIC EFFORTS OF THE CHARITY

59-2145821 501(C)(3) 20.000 CHILDREN'S DREAM FUND OF ST PETERSBURG CHARITABLE, IEDUCATIONAL AND/OR

200 CENTRAL AVE SUITE 410 ST PETERSBURG, FL 33701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3 - lal - 1 - 1		OT PROCES	5 AS	s Filed Data -	'				DL	.N: 93	4932	410	12093
ichedule L Form 990 or 990	-EZ) ► Comple	te if the org	anizatio	n answered "\	Interester 'es" on Form 9 990-EZ, Part V	90, Part IV, li	nes 2	5a, 2	25b, 26	5, —	MB No		
			► At	ttach to Form 9	990 or Form 99	0-EZ.					2()]	8
epartment of the Tres	I	⊳G o t	o <u>www.</u>	<u>irs.gov/Form9</u>	90 for the late	st information	n.				pen		ıblic
ernal Revenue Servi Name of the org							Er	nploy	er ide	ntifica			
U S FAMILY FOUND	PATION INC						50	-341	2016				
Part I Exce	ss Benefit Tra	nsactions (section 5	501(c)(3), sectio	n 501(c)(4), and	501(c)(29) or							
Comp	lete if the organiza	ation answere	d "Yes" o	on Form 990, Pa	rt IV, line 25a or	25b, or Form	990-E	Z, Pa	rt V, lır				
1 (a) Name of disqual	ified person	l l	(b) Relationship	between disqua organization	lified person ar	nd		escript ansacti			(d) Corrected?	
					or garinzation		-				+	es	No
							-						
			-+				+						
Cor rep (a) Name of	ans to and/or nplete if the orgar orted an amount of (b) Relationship with organization	nization answe on Form 990, (c) Purpose	Part X, II (d) Lo	" on Form 990- ne 5, 6, or 22 an to or from th rganization?		8a, or Form 99 (f)Balance due	(g)	(g) In default? Approved board of committee		h) ved by rd or	or ee?		ten
			То	From				- No.			V		NI -
			l .				Yes	No	Yes	No No	Yes		No
	1						Yes	No			Yes		No
							Yes	No			Yes		No
							Yes	No			Yes		No
							Yes	No			Yes		No
otal					> \$		Yes	No			Yes		No
	nts or Assista	nce Benefit	ing Int	terested Per	·		Yes	No			Yes		No
Part IIII Gra	nts or Assista		_		sons.	line 27.	Yes	No			Yes		No
Part III Gra	nplete if the org		swered p betwee on and th	"Yes" on Forn	sons.	line 27. (d) Type o			Yes				
Part III Gra Con	nplete if the org	anızatıon an) Relatıonship terested perso	swered p betwee on and th	"Yes" on Forn	sons. 1 990, Part IV,				Yes	No			
Part III Gra Con	nplete if the org	anızatıon an) Relatıonship terested perso	swered p betwee on and th	"Yes" on Forn	sons. 1 990, Part IV,				Yes	No			
	nplete if the org	anızatıon an) Relatıonship terested perso	swered p betwee on and th	"Yes" on Forn	sons. 1 990, Part IV,				Yes	No			

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018

Page 2

Complete if the organization a	nswered "Yes" on Form	1 990, Part IV, line 288	1, 28D, or 28C.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of organiza reven	f atıon's
				Yes	No
1) ROBERT C WARDLOW III	BUSINESS		ROBERT C WARDLOW IS AN EMPLOYEE OF CPA FIRM PROVIDING ALL MANAGEMENT AND ACCOUNTING SERVICES AT STANDARD RATES CHARGED TO ALL CLIENTS CPA FIRM HAS COMPENSATION PROVIDED BY OVER 1,000 CLIENTS OTHER THAN THE FOUNDATION FOUNDATION DOES NOT COMPENSATE ANY OF THE ABOVE INDIVIDUALLY		No
2) JONATHAN PAUL CASH	BUSINESS		JONATHAN PAUL CASH IS AN EMPLOYEE OF CPA FIRM PROVIDING ALL MANAGEMENT AND ACCOUNTING SERVICES AT STANDARD RATES CHARGED TO ALL CLIENTS CPA FIRM HAS COMPENSATION PROVIDED BY OVER 1,000 CLIENTS OTHER THAN THE FOUNDATION FOUNDATION DOES NOT COMPENSATE ANY OF THE ABOVE INDIVIDUALLY		No

Explanation

Return Reference

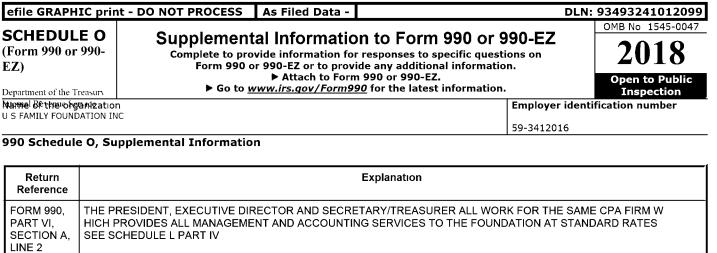
Part V

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493241012099 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** U S FAMILY FOUNDATION INC 59-3412016 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 687,750 FMV ON CONTRIBUTION DATE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (_____ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2				
Part II Supplemental Info					
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part					
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete					
this part for any add	itional information.				
Return Reference	Explanation				
	Schedule M (Form 990) (2018)				



Return Explanation

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, A COPY OF FORM 990 IS PROVIDED TO MEMBERS OF THE BOARD PRIOR TO FILING IF NECESSARY, ANY CHANGES TO FORM 990 ARE MADE PRIOR TO SUBMITTING THE RETURN SECTION B.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, S AVAILABLE FOR PUBLIC INSPECTION AS WELL AS COPIES OF FORM 990 ANY REQUEST FOR SUCH INFO RMATION IS HONORED LINE 19

Explanation Return Reference

FORM 990. ACTUARIAL CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS -161.601 PART XI,

990 Schedule O, Supplemental Information

LINE 9