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

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		of the Treasury enue Service	Do not enter social secu ▶Go to www.irs.gov/For						Oper to Public Inspection:				
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	me of fou		,				A Empi	oyer Identification number	<del></del>				
T	HE :	E <u>SCHO</u> ENBAUM FAMILY											
		DATION, I					65	-0043921					
		•	nber if mail is not delivered to street address)		Ro	om/suite		hone number (see instructions	s)				
		BOX 580	7/2 - 17/2				94	<u>1-366-1708</u>					
	-	, state or province, cour SOTA	ntry, and ZIP or foreign postal code FL 34230 - 0	1580			C If exe	mption application is pending,	check here ▶				
		all that apply:		irn of a former publi	io ob	noribe	D 4 5	senies essenientees chask bo	h 🗆				
G	JIIEUK E	ali ulat apply.	Final return Amended	•	ic u	iarity		preign organizations, check he					
		-	Address change Name cha			-		reign organizations meeting t i% test, check here and attach					
			<u> </u>	_ <del></del>					· · · · ·				
			on: X Section 501(c)(3) exempt private		_	04	-	ete foundation status was tem n 507(b)(1)(A), check here	rinated under				
				Cash X		<del></del>							
		ket value of all as: ear (from Part II, c		Cash X	Aca	ruai		foundation is in a 60-month te section 507(b)(1)(B), check h					
	ne 16) l		709,477 (Part I, column (d) must	ho on sach basis \			5.1.25.		سا ، اسا				
· · · · · · · · · · · · · · · · · · ·	TOTAL POP		venue and Expenses (The total of	i .					(d) Disbursements				
, 5 °	ee an an	amounts in columns	(b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		(b) Net inv		(c) Adjusted net income	for charitable purposes				
		the amounts in colum	nn (a) (see Instructions) )	books		III			(cash basis only)				
	1	Contributions, gifts,	grants, etc., received (attach schedule)			2.30 \$ .477.2 \$ 44 2.30.1 115.4 194.4		niamigosélő 71 dz lés 186					
3	2	Check ▶ X if the	he foundation is not required to attach Sch. ${\bf B}$						inning of its				
11	3		gs and temporary cash investments	18,8	$\overline{}$		<u>18,816</u>		Marie Land				
7	4	Dividends and in	terest from securities	329,3	52	32	29,352		<u> </u>				
	5a	Gross rents			23. 7	12.022 12.032 11.01.02.02.03	(= 259800191000	C.1 4v192442- Norder					
9	Ь	Net rental incom-	e or (loss)	Br. W. 18 B.									
Revenue	ь	• • •	sale of assets not on line 10	-1,3			33X / 39X	1550					
Ş	b	Gross sales price for all				maria di	_	minster so in ingrese of the contraction of the contraction with the contraction of the c	ernengen (v.) 2000 Sahimmisi				
€	7	. •	income (from Part IV, line 2)		***	8565 875 87 B K K K	<u>0</u> १८१४५ १		b was series 200				
	8	Net short-term ca	• • • • • • • • • • • • • • • • • • • •				100 Contraction 100 Contractio	0					
	9	Income modificat	.,			22		Manak a Cadil					
, .	10a	Gross sales less return			***								
	b	Less: Cost of god	•••	1. Xxx. / /.xxx.	<u>```</u>			v distribution is in it is in the					
	11		oss) (attach schedule) ttach schedule)		$\dashv$								
ട്ട	12	Total. Add lines	• • • • • • • • • • • • • • • • • • • •	346,8	41	3.4	8,168	0					
<u>m</u>	13		f officers, directors, trustees, etc.	340,0	0	J-	10,100	V	1. 551.183, 1.118.8 371.85 <u>~ 5.</u>				
Ses Rece Batchin	14	•	salanes and wages	36,0			7,213		28,853				
rebgO gri ni bevie Experis	15	-	mployee benefits	3070	**		,,,		20,033				
8 <b>28</b>	16a		h schedule) SEE STMT 1	6,6	47				6,647				
3 JÜ	Ь	•	(attach schedule) STMT 2	10,0			10,000						
	E	Other professional	fees (attach schedule)		-								
<b>SE</b>	17	Interest	fees (attach schedule)										
5/st	18	Taxes (attach sched	dule) (see instructions) STMT 3	7,5	84		2,777		2,207				
<b></b> :≣	19 8	Dente Cation Lattack	n&Briedule) and depletion						. (. y ()				
<b>₩</b>	20 0	Occupancy	18										
<b>≅</b>	21	Travel-conference	pesi and meetings										
Ĕ	22	Printing and publ							•				
<u> </u>	23	Other expenses (att. sch	h.) STMT 4	53,7	90	4	9,123		4,667				
Ë	24	Total operating	and administrative expenses.						: <del></del>				
era		Add lines 13 thro	ough 23	114,0			9,113	0	42,374				
Operating and Administrative	25	Contributions, gifts, gran	•	975,0	_				975,000				
	26		nd disbursements. Add lines 24 and 25.	1,089,0	87		9,113	0	1,017,374				
	27	Subtract line 26 f		American Company		a a sussessesses a f		ૹ૽૽૽૽૽ઌ૽ૺઌ૽ૺઌ૽૽ઌ૽ઌઌ૽ઌ૽ઌ૽૽ૡ૽૽ૡ૽૽ૡ૽૽ ૱૿૽૱૽ૺૺૺૺ૾ૺૺ૾ૺૺૺ૾ૺૺૺ૾ૺૺૺઌ૽ઌ૽ઌ૽ઌ૽૽ઌ૽ૺઌ૽૽ઌ૽૽ઌ૽૽	ends of boundaring				
- •	а		e over expenses and disbursements,	-742.2	46	<u> </u>	<u> </u>	January Hilliam					
	b		Income (if negative, enter -0-)	<del>[,</del>	<u>,                                    </u>	27	9,055	7 × 7.74 30 73 73 3					
	<u> </u>		come (if negative, enter -0-)	<u> </u>	٠.,	Carlo Carrette		0	222				
For	Paperv	vork Reduction A	Act Notice, see instructions.						Form <b>990-PF</b> (2018)				

Part	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
<del></del>	should be for end-or-year amounts only (See Instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing	4,760	<del> </del>	7,503
2	Savings and temporary cash investments	10,345,877	4,590,766	4,590,766
3	Accounts receivable		was sa katalan sa kata	
	Less: allowance for doubtful accounts ▶			
1	Pledgos receivable ▶	British Colored Colore		
ŀ	Less: allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see			
1_	instructions)	3.3030.463.3000.ang.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50000000000000000000000000000000000000
7	Other notes and loans receivable (att. schedule)		[// v // % //w/	N. 2268854783552. J
1 _	Less: allowance for doubtful accounts ▶ 0			
Assets 9 0 0	Inventories for sale or use			
9 9	Prepaid expenses and deferred charges	457	446	446
7	investments – U.S. and state government obligations (attach schedule)			
b	Investments – corporate stock (attach schedule)			
C	Investments – corporate bonds (attach schedule)	38379 2 2222 23		
11	Investments – land, buildings, and equipment: basis		in militaria (	g. Jshiji xasi Xim 119
40	Less. accumulated depreciation (attach sch.)			
12	Investments – mortgage loans	0 000 155	0.010.00	10 100 000
13	Investments – other (attach schedule) SEE STATEMENT 5	2,986,157	8,012,307	13,108,029
14	Land, buildings, and equipment basis	ente Children	incommondations.	" word of the come of the come
45	Less: accumulated depreciation (attach sch.)	21 420	0 722	2 522
15	Other assets (describe SEE STATEMENT 6 )	21,429	2,733	2,733
16	Total assets (to be completed by all filers – see the	12 250 600	10 (12 755	17 700 477
17	instructions. Also, see page 1, item I)	13,358,680 4,102		17,709,477
18	Accounts payable and accrued expenses  Grants payable	7,102	2,183	i Maya
	Deferred revenue			
Liabilities 20 21 21	Loans from officers, directors, trustees, and other disqualified persons			
<u>io</u> 21	Mortgages and other notes payable (attach schedule)			
二 <sub>22</sub>		2,125	1,365	
23	Other liabilities (describe ► SEE STATEMENT / )  Total liabilities (add lines 17 through 22)	6,227	3,548	
+=	Foundations that follow SFAS 117, check here	0,227	3,340	
۵	and complete lines 24 through 26, and lines 30 and 31.			
Se 24	Unrestricted			
Assets or Fund Balar 6 2 2 8 5 6 8 6 8 6 8 6 8 6 8 6 8 8 6 8 8 8 8	Temporarily restricted			
<u>26</u>	Permanently restricted			
	Foundations that do not follow SFAS 117, check here			
리	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds	13,352,453	12,610,207	
28	Paid-in or capital surplus, or land, bldg., and equipment fund		20,020,20,	
89 29	Retained earnings, accumulated income, endowment, or other funds	·········-		in säät.
# 30	Total net assets or fund balances (see instructions)	13,352,453	12,610,207	
30 2 31	Total liabilities and net assets/fund balances (see			
	instructions)	13,358,680	12,613,755	
Part I				
	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mus	t agree with	T	
	of-year figure reported on prior year's return)	<b>y</b>	1	13,352,453
	amount from Part I, line 27a	• • • • • • • • • • • • • • • • • • • •	2	-742,246
	Increases not included in line 2 (itemize)		3	<u> </u>
	nes 1, 2, and 3		4	12,610,207
5 Decre	eases not included in line 2 (itemize) ▶		5	
6 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	), line 30	6	12,610,207

	ne kind(s) of property sold (for example, real estatehouse, or common stock, 200 shs MLC Co)	e,	(b) How acquired P – Purchase D – Donation	(c) Date ac (mo., day	
1a SUNTRUST		-	P	VARIO	US VARIOUS
b					
c					
<u>d</u>					
8					
(e) Gross sales price	(f) Depreciation allowed	,	st or other basis		(h) Gain or (loss)
5.55 504	(or allowable)	pius e	expense of sale		((e) plus (f) minus (g))
a 167,584		<del></del>	168,911		-1,32
<u>b</u>					
<u>c</u>		<del>-</del>			
d		<del></del>			
Complete only for goods showing	gain in solumn (h) and aumad by the	foundation on 12/	21/60		
Complete only for assets snowing	gain in column (h) and owned by the	1			Gains (Col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any		k), but not less than -0-) or Losses (from col. (h))
	1		(,,)		-1,32
<u>a</u>					-1,52
<u>b</u>		+			
d d		+			
e		<del></del>	· · · · · · · · · · · · · · · · · · ·		
	If gain, also enter i	in Part Lline 7			<del></del>
2 Capital gain net income or (net ca	pital loss) If (loss), enter -0- i		•	2	-1,32
Net short-term canital gain or (loss	s) as defined in sections 1222(5) and	_			
	column (c). See instructions. If (loss),				
Part I, line 8	column (o). Goo mondonom. Ir (1000).		•	3	
	der Section 4940(e) for Redu	iced Tax on No	et Investment Inco		
	foundations subject to the section 49-				•
	•		,		
section 4940(d)(2) applies, leave this	s part blank.				
as the foundation liable for the sectl	on 4942 tax on the distributable amou	unt of any year in th	ne base period?		∐ Yes X N
"Yes," the foundation doesn't qualify	under section 4940(e). Do not compl	ete this part.			
Enter the appropriate amount in ea	ach column for each year; see the ins	tructions before m	aking any entries.		
(a) Base period years	(b)		(c)		(d) Distribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distribution		value of nonchantable-use asset		(col. (b) divided by col. (c))
2017	1,034	4,967	19,298,8		0.05362
2016	97:	3,969	16,891,2		0.05766
2015		9,433	15,357,9		0.06312
2014		4,491	15,578,7		0.05356
2013	810	6,167	15,240,4	132	0.05355
2 Total of line 1, column (d)				. 2	0.28153
3 Average distribution ratio for the 5	-year base period – divide the total or	1 line 2 by 5.0, or b	у		
the number of years the foundation	n has been in existence if less than 5	years		3	0.05630
4 Enter the net value of nonchantab	le-use assets for 2018 from Part X, lir	ne 5		4	19,796,99
				. 5	1,114,69
Multiply line 4 by line 3					l
Multiply line 4 by line 3					
•	e (1% of Part I, line 27b)			. 6	2,79
•	e (1% of Part I, line 27b)			. 6	
Enter 1% of net investment incom	e (1% of Part I, line 27b)			. 6	2,79 1,117,48
Enter 1% of net investment incom	e (1% of Part I, line 27b)				1,117,48
3 Enter 1% of net investment incom 7 Add lines 5 and 6	Doct VII. line 4			7	
<ul> <li>Multiply line 4 by line 3</li> <li>Enter 1% of net investment incom</li> <li>Add lines 5 and 6</li> <li>Enter qualifying distributions from If line 8 is equal to or greater than</li> </ul>	Doct VII. line 4			7 8	1,117,48

_ P4	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					_
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.			990000		
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	1	!	5,581	
	here ▶ ☐ and enter 1% of Part I, line 27b				27.33°.33°.33	Ā S
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	0 (				Š
	Part I, line 12, col. (b).		[			•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0	j
3	Add lines 1 and 2	3			5,581	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0	Ī
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	Ì		5,581	
6	Credits/Payments:	٠,	(~%/\$\$)	<u>7749 (j.</u>	-2000	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6,360	٠, ·		Maio (	72#b	
b	Exempt foreign organizations – tax withheld at source 6b	).	Dec.			
c	Tax paid with application for extension of time to file (Form 8868)  6c	4.				
d	Backup withholding erroneously withheld 6d 6d	10	1.20	12936°	# 3 [ 49 kg	į
7	Total credits and payments. Add lines 6a through 6d	7			5,360	,
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			5	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			····· · · · · · ·	•
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			774	•
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 774 Refunded ▶	11				•
7.P2	HIVEA Statements Regarding Activities					•
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Y	es No	•
	participate or intervene in any political campaign?			1a	X	•
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		•			•
	instructions for the definition			1b	l x	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		•	17882		,
	published or distributed by the foundation in connection with the activities.			1268 12		
C	Did the foundation file Form 1120-POL for this year?			1c	<b>X</b>	
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:			555 X		; •
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			2007/11/2	**************************************	
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_				}
	on foundation managers. > \$				Jø3	į
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X	
	If "Yes," attach a detailed description of the activities.		• •			•
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•••	•	5	Х	_
	If "Yes," attach the statement required by General Instruction T.			333	186	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
_	By state legislation that effectively amends the governing instrument so that no mandatory directions that			füääki		'
	conflict with the state law remain in the governing instrument?			6 2	K	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Par	t XV		7 2	K	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶				ं <u>हिंति</u>	
				k M	4 <b>(</b> 1886)	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		•		`` \$65\$	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STMT 8			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	,		127.3		
	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV. If "Yes,"					7
	complete Part XIV			9	X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses		,	10	X_	
			F	om <b>990</b> -	PF (2018)	ı

P	*** Statements Regarding Activities (continued)	***********************		
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1	j '	l
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		İ '	l
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A	. <i>.</i> .		
14	The books are in care of ▶ JEFFREY F. SCHOENBAUM  Telephone no. ▶			
	PO BOX 15109	_		
	Located at ▶ CLEARWATER FL ZIP+4 ▶ 3376	5		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
e e e e e e e e e e e e e e e e e e e	the foreign country ▶		`ن	<u></u>
	Statements Regarding Activities for Which Form 4720 May Be Required	100 0000		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	(1)(i)(i)	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	100	3.7%	MS#
	disqualified person?		1300	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	12.53		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ు		
	(5) Transfer any Income or assets to a disqualified person (or make any of either available for			1. The state of th
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	£850	10.882 10.882	
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fall to qualify under the exceptions described in Regulations		ê dîney	3000
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		,	` .
_	were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?	Bad.		<b>100</b>
	If "Yes," list the years > 20 , 20 , 20 , 20			
Ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		,, % ,, %	
	t-	20	` ^	7875
_	all years listed, answer "No" and attach statement – see instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	ويردن	28/25/2
C		374		
20	▶ 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1 (3)		
3a	at any time during the year?  Yes X No			MS:
ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			grove.
U	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		[	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	."	1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		, ` \ ]	(.).(3 (.).(3
	foundation had excess business holdings in 2018.)  N/A	3b	( )	m
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	7		<u> </u>
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	.,,	X
		om 99	0-PF	
	· · · · · · · · · · · · · · · · · · ·			\_+·~/

P	art 火体器。 Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)	
5a	During the year did the foundation pay or Incur any amount to:				Yes No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	$\Box$	Yes X No	35,4839,330
	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,	· · · —	_	Hiakalisa
	directly or indirectly, any voter registration drive?			Yes X No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		· · · · П ·	Yes X No	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		<del></del>	
	section 4945(d)(4)(A)? See instructions			Yes X No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r educational		<u> </u>	189 <b>ISB</b> 8.4
	purposes, or for the prevention of cruelty to children or animals?			Yes X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions o	described in	. —	
	Regulations section 53.4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b
-	Organizations relying on a current notice regarding disaster assistance, check h	ere		. ▶□	
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax			
	because it maintained expenditure responsibility for the grant?		N/A 📙 🔻	Yes No	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to particle the foundation of the particle and the particle and the foundation of the particle and the partic	ay premiums			
	on a personal benefit contract?		—	Yes X No	35.50
Ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit cont	ract?		6b X
	If "Yes" to 6b, file Form 8870.		·		
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh			res X No	
b	If "Yes," did the foundation receive any proceeds or have any net income attribu		ction? .	N/A	7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1		г,	<b> ▼</b>	
	remuneration or excess parachute payment(s) during the year?		··· ·· · ·	res X No	erer bering der
Y. <b>8</b>	Information About Officers, Directors, Trustees, Fo	undation Man	agers, Hignly	Paid Employe	905,
1 1	and Contractors  List all officers, directors, trustees, and foundation managers and their com	nonsation See in	etructions		·
	not an emedic, and total translation international and area com-	porioaudii. God iin	pu ucuviis.		
			_	(d) Contributions to	<u> </u>
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid.	(d) Contributions to employee benefit	(e) Expense account,
•	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)		(e) Expense account, other allowances
		hours per week	(If not paid,	employee benefit plans and deferred	
RA		hours per week devoted to position	(If not paid,	employee benefit plans and deferred	other allowances
RA PO	YMOND D. SCHOENBAUM SARASOTA	hours per week devoted to position TREASURER	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
RA PO JE	YMOND D. SCHOENBAUM SARASOTA ) BOX 580 FL 34230-0580	hours per week devoted to position TREASURER 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
RA PO JE	YMOND D. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 EFFREY F. SCHOENBAUM SARASOTA	hours per week devoted to position  TREASURER 0.00  SECRETARY	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
RA PO JE PO	YMOND D. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 FFREY F. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580	hours per week devoted to position  TREASURER 0.00  SECRETARY 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances  0
PO JO PO	YMOND D. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 EFFREY F. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 PANN SCHOENBAUM MILLER SARASOTA	hours per week devoted to position  TREASURER 0.00  SECRETARY 0.00  PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation 0	other allowances  0
PO PO EM	YMOND D. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 EFFREY F. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 DANN SCHOENBAUM MILLER SARASOTA D BOX 580 FL 34230-0580	hours per week devoted to position  TREASURER 0.00  SECRETARY 0.00  PRESIDENT 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation  0	other allowances  0
PO PO EM	### SARASOTA   BOX 580   FL 34230-0580     FFREY F. SCHOENBAUM   SARASOTA     BOX 580   FL 34230-0580     PANN SCHOENBAUM   SARASOTA     BOX 580   FL 34230-0580     Compensation of five highest-paid employees (other than those included of	hours per week devoted to position  TREASURER 0.00  SECRETARY 0.00  PRESIDENT 0.00  VICE PRESIDE 0.00	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0	other allowances  0
PO PO EM	YMOND D. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 EFFREY F. SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 DANN SCHOENBAUM MILLER SARASOTA D BOX 580 FL 34230-0580 ELLY SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580 ELLY SCHOENBAUM SARASOTA D BOX 580 FL 34230-0580	hours per week devoted to position  TREASURER 0.00  SECRETARY 0.00  PRESIDENT 0.00  VICE PRESIDE 0.00	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0	other allowances  0
PO PO EM	### SARASOTA   BOX 580   FL 34230-0580     FFREY F. SCHOENBAUM   SARASOTA     BOX 580   FL 34230-0580     PANN SCHOENBAUM   SARASOTA     BOX 580   FL 34230-0580     Compensation of five highest-paid employees (other than those included of	hours per week devoted to position  TREASURER 0.00  SECRETARY 0.00  PRESIDENT 0.00  VICE PRESIDE 0.00	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  0  0  0  e, enter	other allowances  0  0  0
PO PO EM	### SARASOTA   BOX 580   FL 34230-0580     FFREY F. SCHOENBAUM   SARASOTA     BOX 580   FL 34230-0580     PANN SCHOENBAUM   SARASOTA     BOX 580   FL 34230-0580     Compensation of five highest-paid employees (other than those included of	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  0  0  0  0  (d) Contributions to employee benefit	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM SARASOTA  D BOX 580 FL 34230-0580  PFREY F. SCHOENBAUM SARASOTA  D BOX 580 FL 34230-0580  DANN SCHOENBAUM MILLER SARASOTA  D BOX 580 FL 34230-0580  ILLY SCHOENBAUM SARASOTA  D BOX 580 FL 34230-0580  COmpensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	AYMOND D. SCHOENBAUM  BOX 580  FL 34230-0580  SPFREY F. SCHOENBAUM  BOX 580  SARASOTA  BOX 580  FL 34230-0580  COMPENSATION OF FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	SARASOTA D BOX 580 FL 34230-0580  FFREY F. SCHOENBAUM BOX 580 FL 34230-0580  PANN SCHOENBAUM MILLER BOX 580 FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JE PO EM PO 2	SARASOTA D BOX 580 FL 34230-0580  FFREY F. SCHOENBAUM BOX 580 FL 34230-0580  PANN SCHOENBAUM MILLER BOX 580 FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,
PO JO PO EM PO 2	SARASOTA D BOX 580 FL 34230-0580  FFREY F. SCHOENBAUM BOX 580 FL 34230-0580  PANN SCHOENBAUM MILLER BOX 580 FL 34230-0580  Compensation of five highest-paid employees (other than those included of "NONE."  (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position  TREASURER 0.00 SECRETARY 0.00 PRESIDENT 0.00 VICE PRESIDE 0.00 on line 1 - see inst	(If not paid, enter -0-)  0  0  tructions). If non	employee benefit plans and deferred compensation  O  O  e, enter  (d) Contributions to employee benefit plans and deferred	other allowances  0  0  0  0  0  0  Expense account,

Form 990-PF (2018) IRE SCROENDAUM FAMILI 65-0045921		Page
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mploy	/ees, 
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."		- <u>-</u>
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities	·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
<b>2</b>		
3		
<b>4</b>		
Part IX S Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<u> </u>	Amount
1 N/A		
<b>2</b>		
All other program-related investments See instructions.		
3 <sub></sub>		
	1	

ightharpoons

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn four	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,	338	
	purposes:	0.00	
а	Average monthly fair market value of securities	1a	11,661,614
b	Average of monthly cash balances	1b	6,151,870
C	Fair market value of all other assets (see instructions)	1c	2,284,991
d	Total (add lines 1a, b, and c)	1d	20,098,475
е	Reduction claimed for blockage or other factors reported on lines 1a and	1 6	
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	20,098,475
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	301,477
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,796,998
6	Minimum investment return. Enter 5% of line 5	6	989,850
	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	ations
	and certain foreign organizations, check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	989,850
2a	Tax on investment income for 2018 from Part VI, line 5 2a 5,581	[ # W	
b	Income tax for 2018. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	5,581
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	984,269
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	984,269
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	984,269
5343	Qualifying Distributions (see instructions)	<u> </u>	
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	1,017,374
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the:	78227	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,017,374
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<u> </u>
	Enter 1% of Part Line 27h See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,017,374
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2018)

2 Undistributed Income, if any, as of the ond of 2018: a Enter amount for 2017 only b Total for prior years: 20, 20	
2 Undistributed Income, if any, as of the end of 2018: a Enter amount for 2017 only b Total for prior years: 20	
a Enter amount for 2017 only b Total for prior years: 20	1,269
b Total for prior years: 20	
Serior 2013 66, 934 b From 2014 659, 871 c From 2015 206, 849 d From 2016 138, 003 e From 2017 75, 736 f Total of lines 3a through e 557, 393  Cualifying distributions for 2018 from Part XII. line 4: > \$ 1,017,374 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus  Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	
a From 2013 66, 934 b From 2014 69, 871 c From 2015 206, 849 d From 2016 138, 003 e From 2017 75, 736 f Total of lines 3a through e  4 Qualifying distributions for 2018 from Part XII. line 4:  \$ 1,017,374 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (if an amount appears in column (a), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	
b From 2014 69,871 c From 2015 206,849 d From 2016 138,003 e From 2017 75,736 f Total of lines 3a through e  Qualifying distributions for 2018 from Part XII. line 4: \( \sigma \) 1,017,374 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus  Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	
c From 2015 d From 2016 e From 2017 75,736 f Total of lines 3a through e Qualifying distributions for 2018 from Part XII line 4: > \$ 1,017,374 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	
d From 2016	
e From 2017 f Total of lines 3a through e  Qualifying distributions for 2018 from Part XII. Inine 4:  \$\ 1,017,374  a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus  Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	
f Total of lines 3a through e  Qualifying distributions for 2018 from Part XII line 4:  \Rightarrow \frac{1,017,374}{2}  Applied to 2017, but not more than line 2a  Applied to undistributed income of prior years (Election required – see Instructions)  Treated as distributions out of corpus (Election required – see instructions)  Applied to 2018 distributable amount	
4 Qualifying distributions for 2018 from Part XII. line 4:  \$ 1,017,374  a Applied to 2017, but not more than line 2a  b Applied to undistributed income of prior years (Election required – see instructions)  c Treated as distributions out of corpus (Election required – see instructions)  d Applied to 2018 distributable amount  e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  b Prior years' undistributed income. Subtract	
line 4: ▶ \$ 1,017,374  a Applied to 2017, but not more than line 2a  b Applied to undistributed income of prior years (Election required – see instructions)  c Treated as distributions out of corpus (Election required – see instructions)  d Applied to 2018 distributable amount  e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  b Prior years' undistributed income. Subtract	
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(Election required – see instructions)  c Treated as distributions out of corpus (Election required – see instructions)  d Applied to 2018 distributable amount  e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  b Prior years' undistributed income. Subtract	
c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2018 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	`:
required – see instructions)  d Applied to 2018 distributable amount  e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	<u> </u>
d Applied to 2018 distributable amount e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	San Co
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	300
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	,269
(If an amount appears in column (d), the same amount must be shown in column (a).)  6 Enter the net total of each column as Indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  b Prior years' undistributed income. Subtract	
amount must be shown in column (a).)  6 Enter the net total of each column as Indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  b Prior years' undistributed income. Subtract	
6 Enter the net total of each column as Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	7. 3.
Indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract	٤.
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  b Prior years' undistributed income. Subtract	
b Prior years' undistributed income. Subtract	
100 CO STATE OF THE PROPERTY O	
line 4h from line 2h	€ (
	لمشكبت
c Enter the amount of prior years' undistributed	Si ny
income for which a notice of deficiency has	", ' <u>'</u> '
been issued, or on which the section 4942(a)	
tax has been previously assessed	فجشت
d Subtract line 6c from line 6b. Taxable	
amount documents	<u> </u>
e Undistributed income for 2017. Subtract line	,
4a from line 2a. Taxable amount – see	See J.
instructions (%) (%) (%)	<u>"";"                                  </u>
f Undistributed Income for 2018. Subtract lines 4d and 5 from line 1. This amount must be	
distributed in 2019	^
7 Amounts treated as distributions out of corpus	978UZ
to satisfy requirements imposed by section	
170(b)(1)(F) or 4942(g)(3) (Election may be	
required—see instructions)	
8 Excess distributions carryover from 2013 not	***********
applied on line 5 or line 7 (see instructions)  66,934	minne (
9 Excess distributions carryover to 2019.	
Subtract lines 7 and 8 from line 6a 523,564	
0 Analysis of line 9:	*************
a Excess from 2014 69,871	100
b Excess from 2015 206,849	14 2
c Excess from 2016 138,003	n Navên
d Excess from 2017 75,736	N. Wyde
e Excess from 2018 33,105	100

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALL FAITHS FOOD BANK 8171 BLAIKIE COURT NONE PC SARASOTA FL 34240 TO OPEN 3 NEW FOOD PANTRIES 25,000 ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E LOWERY NONE PC ATLANTA GA 30318 GENERAL CHARITABLE PURPOSES 13,900 ATLANTA SCHOLARS KOLLEL 1959 LAVISTA ROAD NONE ATLANTA GA 30329 PROMOTE JEWSIH IDENTITY& KNOWLEDGE 2,500 AVODAH DC 1875 CONNECTICUT AVE NW РC NONE WASHINGTON DC 20009 GENERAL CHARITABLE PURPOSES 41,600 BIRTHRIGHT ISRAEL FOUNDATION P.O. BOX 21615 NONE PC NEW YORK NY 10087 GENERAL SUPPORT 55,000 BOYS & GIRLS CLUBS OF SARASOTA 3100 FRUITVILLE ROAD PC NONE SCHOLARSHIP'S SUPPORT SARASOTA FL 34230 25,000 BREAD FOR THE CITY 1525 7TH STREET NW NONE PC WASHINGTON DC 20001 GENERAL CHARITABLE PURPOSES 15,000 CHILDREN'S GUARDIAN FUND P.O. BOX 49722 NONE PC SARASOTA FL 34230 SCHOLARSHIPS AND FOSTER CARE 3,000 CLEARWATER FREE CLINIC 1218 COURT STREET NONE PC CLEARWATER FL 33756 HEALTHCARE FOR UNINSURED RESIDENTS 10,000 CLOTHES TO KIDS NONE PC 3251 3RD AVENUE NORTH CLEARWATER FL 33713 SCHOOL UNIFORMS 8,000 975,000 Total ■ 3a Approved for future payment N/A Total **▶** 3b

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year CONGREGATION BETH SHALOM 1325 S BELCHER ROAD NONE PC CLEARWATER FL 33764 RENOVATION PROJECT 95,000 EDAVITCH JEWISH COMMUNITY CTR 1529 SIXTEENTH ST, NW PC NONE WASHINGTON DC 20036 GENERAL CHARITABLE PURPOSES 40,000 EVERHART EXCELLENCE FOUNDATION 1203 THOMASVILLE ROAD NONE PC TALLAHASSEE FL 32303 GENERAL SUPPORT 4,400 EXPERIENCE LEARNING, INC. 18 WOODLANDS WAY NONE PC CIRCLEVILLE WV 26804 SUPPORT EDUCATION PROGRAMS 15,000 GLASSER/SCHOENBAUM HUMAN SVCS CTR 1750 17TH STREET NONE PC SARASOTA FL 34234 SUPPORT HUMANITARIAN NEEDS 55,000 GULF COAST JEWISH FAMILY SVCS 14041 ICOT BLVD NONE PC CLEARWATER FL 33760 GENERAL CHARITABLE **PURPOSES** 10,000 HILLELS OF FLORIDA SUNCOAST 13101 USF SYCAMORE DRIVE PC NONE **TAMPA FL 33620** GENERAL SUPPORT 10,000 HILLELS OF GEORGIA 735 GATEWOOD RD, NE NONE PC ATLANTA GA 30322 SCHOLARSHIP PROGRAM 5,000 HOPE 1200 OAKMAN BLVD NONE PC **DETROIT MI 48238-2850** GENERAL OPERATING SUPPORT 9,400 JEWISH FED OF GREATER ATLANTA 1440 SPRING STREET NW NONE PC GENERAL CHARITABLE PURPOSES ATLANTA GA 30309 100,000 Total ▶ 3a Approved for future payment N/A Total 3b

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FED OF SARASOTA-MANATEE 580 MCINTOSH ROAD NONE SARASOTA FL 34232 ANNUAL CAMPAIGN AND BRIDGE BUILDING 132,500 JEWISH FEDERATION OF NEW ORLEANS 3747 ESPLANDE AVENUE PC NONE METAIRIE LA 70002 GENERAL SUPPORT 40,000 JEWISH NATIONAL FUND NY 42 E. 69TH STREET NONE PC NEW YORK NY 10021 GENERAL SUPPORT 9,400 MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE NONE PC GASSAWAY WV 26624 PROJECT HARVEST PROGRAM 25,000 RINGLING COLLEGE OF ART & DESIGN 2700 N. TAMIAMI TRAIL NONE PC SARASOTA FL 34234 SUPPORT EDUCATION PROGRAMS 10,000 SALVATION ARMY - SARASOTA P.O. BOX 2792 NONE PC SARASOTA FL 34236 PROGRAMS FOR THE NEEDY 25,000 SO OTHERS MIGHT EAT 60 O ST NW NONE AFFORDABLE HOUSING FOR POOR IN DC WASHINGTON DC 20001 15,000 ST. PETERSBURG FREE CLINIC 863 3RD AVE. NONE PC ST. PETERSBURG FL 33701 GENERAL OPERATING SUPPORT 17,500 TAMPA JCC AND FEDERATION 13009 COMMUNITY CAMPUS DR NONE PC **TAMPA FL 33625** PHILANTHROPIC FUND 117,000 THE BLUE CARD, INC. 171 MADISON AVE. NONE PC NEW YORK NY 10016 ASSIST HOLOCAUST SURVIVORS 10,000 Total ▶ 3a **b** Approved for future payment N/A Total 3b

Part XV Supplementary Information (co	ontinued)	· Eutura Barmant		
3 Grants and Contributions Paid During	If recipient is an individual,		Γ	
Recipient	show any relationship to any foundation menager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
PITTSBURG PA 15217		PC GENERAL	L SUPPORT	5,800
WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA GA 30237	NONE	PC SUPPORT HOS	PICE CARE	5,000
WOMEN'S RESOURCE CTR OF MAI 1926 MANATEE AVE. W BRADENTON FL 34205		PC GENERAI	L SUPPORT	20,000
Total			<b>&gt;</b> 3a	
b Approved for future payment N/A				
Total			<b>▶</b> 3b	
·			<b>≥</b> 30 l	

P	art XVI-A	Analysis of Income-Producing Act	ivitles				
Ente	r gross am	ounts unless otherwise indicated.	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(e)
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	•	rvice revenue:			+		,
					-		
			<del> </del>		<del>†</del>		
					1		
					1	·····	· · · · · · · · · · · · · · · · · · ·
í	_ <del></del>						<del> </del>
•	Fees ar	nd contracts from government agencies			1		
		o dues and assessments					
		savings and temporary cash investments			14	18,816	
4 [	Dividends a	nd interest from securities			14	329,352	
5 1	Vet rental in	ncome or (loss) from real estate:	or o presidente (	4899/%%~~	3777		inimization with the time
ε		anced property					
		t-financed property			<b></b>		
		ncome or (loss) from personal property	ļ		1		
		tment income			1		
		s) from sales of assets other than inventory	<b>—</b>		14	-1,327	
		or (loss) from special events		<u> </u>			
		or (loss) from sales of inventory					<del></del>
		ue: a			++		
			<u> </u>		+		······
					┪┈──┪		
`	:				+		
12 9	Subtotal, Ad	dd columns (b), (d), and (e)	37.24.7		0 💢	346,841	0
		line 12, columns (b), (d), and (e)	<u> </u>			13	346,841
		in line 13 instructions to verify calculations.)			·		
Pa	H XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	8	
L	ine No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo					ons.)
	N/A						
						<del></del> -	····
			<del></del>				
	<del></del>				<del></del>	<del></del>	
	<del></del>						
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				· · · · · · · · · · · · · · · · · · ·			

		Organizations				•			•	
1	Did the or		directly enga	ge in any of the fol	lowing with any	other organization described		10000	Yes	No
		501(c) (other than sect		•	-	_			386	7000
	organizatio			, 0.90/12200110, 01	00000 021,	oldering to postage.				
	-	from the reporting found	dation to a n	anaharitahla ayamı	at arranization o	. <b>.</b> .				
a		nom the reporting round	Jauon to a m	undiantable exemp	pt organization c	л.		4044	*******	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	(1) Cash				· · · · · · · · · · · · · · · · · · ·		•	1a(1)		X
_	(2) Other							1a(2)	********	X
	Other trans							1800		
		of assets to a nonchari						1b(1)		X
	(2) Purcha	ases of assets from a n	oncharitable	exempt organizati	on			1b(2)		X
	(3) Rental	of facilities, equipment	, or other as	sets			_	1b(3)		X
	(4) Reimb	ursement arrangement	s		,		•	1b(4)		X
		or loan guarantees						1b(5)		X
		mance of services or m	embership o		A-4'			1b(6)		X
		facilities, equipment, m		-		• • • • • • • • • • • • • • • • • • • •	• ••	1c		X
						mn (b) should always show the	fair market			
						the foundation received less that				
	,	_	_		•	the goods, other assets, or sen				
	) Line no	(b) Amount involved		e of noncharitable exemp		(d) Description of transfers,				
N/A	-	(b) Allocate misored	(c) Nam	· · · · · · · · · · · · · · · · · · ·	pt organization	(d) bescription or dansiers, i	Janisacuons, and Sharing a	Tariyens	1115	
M/ F	<u> </u>				<del></del>	<del></del>				
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2-	la tha farm	dotion discotty on indica-	Alice of Clines							—
		dation directly or indirect				e-exempt organizations			·	
		in section 501(c) (other		out(c)(3)) or in se	CUON 52//			Ye	s X	No
D		mplete the following so	hedule.			T				
		(a) Name of organization		(b) Type of o	rganization	(c) Descri	ption of relationship			
	/A				· · · · · · · · · · · · · · · · · · ·					
					· <del></del> ··································		<del></del>		-	
			A							
					_					
		.,	/_							
	Under pe	enalties of perjury, I declare the	at Indive examin	ned this return, including	accompanying scho	edules and statements, and to the best of which preparer has any knowledge.	my knowledge and belief	, it is true		
	LOTTECI,	and complete Declaration of		nan taxpayer) is baseu	On all information of	wroch preparer has any knowledge.	May the IRS disc	uss this re	tum	$\neg \neg$
Sign			人 /	_		// , ,	with the preparer			, I
lere					/	121 / 2	See Instructions	X,	Yes	No
		( ///	7/		1 /\	//U//// N SECI	RETARY			
	Sign	nature of office or trustee	<u> </u>		Date	Title				
	<del></del>	ype preparer's name				<del></del>	1 5			<del>-</del>
	Philipi	ype preparer s name			Preparer's signatur	re <i>p</i>	Date	.	Check	H
Paid	470	ART. DOWNY			11.	in ClA	,, <i> </i> ~	110	self-emp	loyed
repa	rer	ARL DOWDY		10102127	Julous 19	my SA	1/1/0	<u>" ]                                   </u>	700	
Jse O	nly Fim's				PA'	/		272		
	Firm's			DY BLVD S				356		
		TAMPA	, FL	33602-587	<i>/</i> U	······		-22		
							F	om <b>99</b>	0-PF	(2018)

Fe	de	eral	Sta	atei	me	nts
_		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~~~			

## Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees

 Total	Net <u>stment</u>	usted let		haritable <sup>P</sup> urpose
\$ 6,647	\$ 	\$ 	, \$	6,647
\$ 6,647	\$ 0	\$ 0	\$	6,647

### Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

 	Total	Net _Investment_	<u></u>	Adjusted Net		Charitable Purpose
\$ 5	10,000	\$ 10,000	\$		\$	<del></del>
\$ ;	10,000	\$ 10,000	\$ <u></u>	0	\$_	0

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

 	Total	<u>ln</u>	Net vestment	Adjusted Net	haritable <sup>P</sup> urpose
\$	2,164 2,600	\$	2,164	\$	\$ 
	61 2,759		61 552	•	2,207
\$	7,584	\$	2,777	\$0	\$ 2,207

# **Federal Statements**

## Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

\$ \$ \$	
25,200 25,200	
142 142	
1,531 531	1,000
23,149 23,149	
101 101	
219	219
475	475
2,333	2,333
640	640
\$ 53,790 \$ 49,123 \$ 0 \$	4,667

# **Federal Statements**

## Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

	E	Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
	\$	261,419	\$	142,648	COST	\$	341,994
		750,000		750,000	COST		1,177,831
		500,000		500,000	COST		692,974
		57,977		55,558	COST		6,545
		442,244		468,138	COST		547,132
		30,044		30,044	COST		92,381
		217,800		217,800	COST		493,000
IDE		59,487		59,487	COST		488,493
		486,756		486,756	COST		3,712,752
		22,269		22,269	COST		74,140
		20,091		20,091	COST		27,642
		27,094		27,094	COST		42,845
		110,976	•	110,976	COST		789,577
				1,610,282	COST		1,606,510
				630,880	COST		519,090
				139,969	COST		110,895
E				527,466	COST		451,418
TH				527,836	COST		481,225
S FD				630,500	COST		518,309
				527,151	COST		469,483
				527,362	COST	_	463,793
	\$	2,986,157	\$	8,012,307		\$_	13,108,029

## **Federal Statements**

#### Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets

Description	_	Beginning of Year	 End of Year	_	Fair Market Value
REDEMPTION HOLDBACKS RECEIVABLE DISTRIBUTIONS RECEIVABLE DIVIDENDS RECEIVABLE	\$	21,429	\$ 2,419 314	\$	2,419 314
TOTAL	\$	21,429	\$ 2,733	\$_	2,733

#### Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	B	Beginning of Year		
PAYROLL LIABILITIES	\$	2,125	\$	1,365
TOTAL	\$	2,125	\$	1,365

# Statement 8 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

#### **Description**

FLORIDA ATTORNEY GENERAL DOES NOT REQUIRE AND PREFERS THAT WE DO NOT FURNISH A COPY OF FORM 990-PF TO THEIR OFFICE.