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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
AMBER'S ANTIBODIES INC

A Employer identification number
45-4170094

Number and street (or P.O. box number if mail is not delivered to street address)
6191 SPANISH OAKS LN

Room/suite

B Telephone number (see instructions)
(239) 269-7066

City or town, state or province, country, and ZIP or foreign postal code
NAPLES, FL 341198602

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 58,006

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	226,951			
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	226,951	0	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0	0	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	35,487	0	0	38,487
	24	**Total operating and administrative expenses.** Add lines 13 through 23	35,487	0	0	38,487
	25	Contributions, gifts, grants paid	168,425			168,425
	26	**Total expenses and disbursements.** Add lines 24 and 25	203,912	0	0	206,912
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	23,039			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	34,967	58,006	58,006
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	34,967	58,006	58,006
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	22,264	22,264	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	12,703	35,742	
	29 **Total net assets or fund balances** (see instructions)	34,967	58,006	
	30 **Total liabilities and net assets/fund balances** (see instructions)	34,967	58,006	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	34,967
2	Enter amount from Part I, line 27a	2	23,039
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	58,006
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	58,006

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	140,401	66,013	2.126869
2017	95,371	40,628	2.347420
2016	80,717	26,456	3.050990
2015			
2014			

2	**Total** of line 1, column (d)	2	7.525279
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	2.508426
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	114,418
5	Multiply line 4 by line 3	5	287,009
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	287,009
8	Enter qualifying distributions from Part XII, line 4	8	206,912

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 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
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 0		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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 conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.AMBERSANTIBODIES.COM

14 The books are in care of ▶ CRAIG GRIDER Telephone no. ▶ (239) 269-7066

Located at ▶ 6191 SPANISH OAKS LANE NAPLES FL ZIP+4 ▶ 34119

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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 ☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes ☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes ☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes ☑ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes ☑ 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.)		☐ Yes ☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2019?	1c		No
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?		☐ Yes ☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** 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 **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes ☑ No	
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ 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 pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

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	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	116,160
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	116,160
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	116,160
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,742
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	114,418
6	**Minimum investment return.** Enter 5% of line 5	6	5,721

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	5,721
2a	Tax on investment income for 2019 from Part VI, line 5	2a			
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	5,721
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	5,721
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	5,721

Part XII 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	206,912
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	206,912
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	206,912

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				5,721
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.	79,394			
d From 2017.	93,340			
e From 2018.	137,100			
f **Total** of lines 3a through e.	309,834			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 206,912				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				5,721
e Remaining amount distributed out of corpus	201,191			
5 Excess distributions carryover applied to 2019.	0			0
(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	511,025			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	511,025			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .	79,394			
c Excess from 2017. . . .	93,340			
d Excess from 2018. . . .	137,100			
e Excess from 2019. . . .	201,191			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				168,425
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e). .		0		0	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	0

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

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

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-11-13	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
JACQUELINE SULLIVAN				P01877136
Firm's name ▶ RSM US LLP				Firm's EIN ▶42-0714325
Firm's address ▶ 5551 RIDGEWOOD DRIVE SUITE 401 NAPLES, FL 34108				Phone no. (239) 596-0105

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
CRAIG D GRIDER 6191 SPANISH OAKS LANE NAPLES, FL 34119	PRESIDENT 5.00	0	0	0
AMBER C GRIDER 6191 SPANISH OAKS LANE NAPLES, FL 34119	VICE PRESIDENT & TREASURER 5.00	0	0	0
KAROL M SMITH 9120 THE LANE NAPLES, FL 34109	SECRETARY 2.00	0	0	0
RANDY SMITH 9120 THE LANE NAPLES, FL 34109	DIRECTOR 2.00	0	0	0
MATTHEW LANGLOIS 27289 HIGH SEAS LANE BONITA SPRINGS, FL 34135	DIRECTOR 5.00	0	0	0
TEDDI LANGLOIS 27289 HIGH SEAS LANE BONITA SPRINGS, FL 34135	DIRECTOR 2.00	0	0	0
DANIELLE BLACK 14695 INDIGO LAKES CIRCLE NAPLES, FL 34119	DIRECTOR 2.00	0	0	0
BRAD BLACK 14695 INDIGO LAKES CIRCLE NAPLES, FL 34119	DIRECTOR 2.00	0	0	0
BRYAN KIEFFER 8347 LAUREL LAKES BLVD NAPLES, FL 34119	DIRECTOR 2.00	0	0	0
MELISSA KIEFFER 8347 LAUREL LAKES BLVD NAPLES, FL 34119	DIRECTOR 2.00	0	0	0
RONNIE EVANS 2639 PROFESSIONAL CIRCLE SUITE 104 NAPLES, FL 34119	DIRECTOR 2.00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET ATLANTA, GA 30303		501(C)(3)	GENERAL PURPOSE	15,000
BEAT NB 13014 N DALE MABRY HWY SUITE 256 TAMPA, FL 33618		501(C)(3)	GENERAL PURPOSE	10,000
NATIONAL CANCER INSTITUTE 31 CENTER DRIVE BUILDING 31 BETHESDA, MD 20814		FEDERAL AGENCY	GENERAL PURPOSE	500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN HOPKINS 3400 N CHARLES STREET BALTIMORE, MD 21218		501(C)(3)	GENERAL PURPOSE	500
CHORDS2CURE 8-684 FACTOR BUILDING BOX 951781 LOS ANGELES, CA 90095		501(C)(3)	GENERAL PURPOSE	5,000
ZEKE NEWBURY GRANT RECIPIENT 3534 SUNGARI COURT NAPLES, FL 34119		I	MEDICAL	5,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYDNEY SHEAFFER GRANT RECIPIENT 27111 S RIVERSIDE DR BONITA SPRINGS, FL 34135		I	MEDICAL	1,000
LUIS AMBRIZ GRANT RECIPIENT 10445 MAJESTIC CIR NAPLES, FL 34119		I	MEDICAL	2,400
NICEFERO LISBEY GRANT RECIPIENT 1115 CENTRAL DR UNIT A NAPLES, FL 34104		I	MEDICAL	1,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADYN PICKETT GRANT RECIPIENT 2221 SW 20 TERR CAPE CORAL, FL 33991		I	MEDICAL	5,000
NICEFERO LISBEY GRANT RECIPIENT 1115 CENTRAL DR UNIT A NAPLES, FL 34104		I	MEDICAL	2,500
ADRIEN HAYLES GRANT RECIPIENT 1320 NW JUANITA PLACE CAPE CORAL, FL 33993		I	MEDICAL	5,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THERESA ASTACIAO GRANT RECIPIENT 20112 TAPPAN ZEE DR PORT CHARLOTTE, FL 33952		I	MEDICAL	1,500
TRICIA LECKBEE GRANT RECIPIENT 24388 WHIP O WILL LANE BONITA SPRINGS, FL 34135		I	MEDICAL	1,500
LILY RAMOS GRANT RECIPIENT 15609 SUMMIT PLACE CIR NAPLES, FL 34119		I	MEDICAL	5,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIANA DELA CRUZ GRANT RECIPIENT 5465 29TH PLACE SW APT B NAPLES, FL 34116		I	MEDICAL	2,500
FERMIN MARTINEZ MIJANGOS GRANT RECI 1802 GRANT AVE IMMOKALEE, FL 341422133		I	MEDICAL	1,500
ARIYA JENNINGS GRANT RECIPIENT 10677 ESSEX SQUARE BLVD FORT MYERS, FL 33913		I	MEDICAL	5,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESLY ROSALES GRANT RECIPIENT 1795 SUNSHINE BLVD APT B NAPLES, FL 34116		I	MEDICAL	2,200
TIMOTEO LUCAS GRANT RECIPIENT 2472 SANTA BARBARA BLVD APT B NAPLES, FL 34116		I	MEDICAL	2,000
BRANDI MORGAN GRANT RECIPIENT 27365 DORTCH AVE BONITA SPRINGS, FL 34135		I	MEDICAL	2,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATIE BOBKA GRANT RECIPIENT 2067 RIVER REACH DR APT 412 NAPLES, FL 34104		I	MEDICAL	1,000
JANISSE GRADY GRANT RECIPIENT 5125 TEAK WOOD DR NAPLES, FL 34119		I	MEDICAL	1,500
JAMIE DEPALO GRANT RECIPIENT 4727 7TH AVE SW NAPLES, FL 34119		I	MEDICAL	2,100
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIMOTHY YOUNG GRANT RECIPIENT 3969 VILLMOOR LN FORT MYERS, FL 33919		I	MEDICAL	1,500
MACKENZIE MARTELL GRANT RECIPIENT 8264 KEY ROYAL CIR APT 821 NAPLES, FL 34119		I	MEDICAL	3,575
EILEEN COYNE GRANT RECIPIENT 338 IVY WOOD LANE NAPLES, FL 34112		I	MEDICAL	1,500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL MORRIS GRANT RECIPIENT 27870 HACIENDA BLVD EAST UNIT 202D BONITA SPRINGS, FL 34135		I	MEDICAL	1,000
MISLEHIBY VENEZIANO GRANT RECIPIENT 707 JAMES AVE LEHIGH ACRES, FL 33936		I	MEDICAL	1,500
VALERIE PARKER GRANT RECIPIENT 2202 REGAL WAY NAPLES, FL 34110		I	MEDICAL	750
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIN SAKMAR GRANT RECIPIENT 4725 FORMOSA DR NAPLES, FL 34119		I	MEDICAL	2,500
JORDAN DELORENZO GRANT RECIPIENT 308 NW 18TH AVE CAPE CORAL, FL 33993		I	MEDICAL	2,500
JOYCE MEDICUS-BATTEN GRANT RECIPIEN 2960 2ND AVE SE NAPLES, FL 34117		I	MEDICAL	1,500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUAN CARLOS SOLIZ GRANT RECIPIENT 28263 KOI WAY BONITA SPRINGS, FL 34135		I	MEDICAL	2,000
MICHAEL MAJSZAK GRANT RECIPIENT 4259 19TH PL SW NAPLES, FL 34116		I	MEDICAL	1,500
SHERYL RIDDLE GRANT RECIPIENT 2016 SHEFFIELD AVE MARCO ISLAND, FL 34145		I	MEDICAL	2,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERYL WATERMAN GRANT RECIPIENT 26585 ROBIN WAY 104 BONITA SPRINGS, FL 34135		I	MEDICAL	1,000
ELIZABETH SMITH GRANT RECIPIENT 16 KINGS ROAD NAPLES, FL 34112		I	MEDICAL	2,000
TERI LICASTRO GRANT RECIPIENT 777 93RD AVE N NAPLES, FL 34108		I	MEDICAL	2,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL LOPEZ GRANT RECIPIENT 829 107TH AVE N UNIT 2 NAPLES, FL 34108		I	MEDICAL	3,150
GABRIELA JUAREGUI GRANT RECIPIENT 1114 PALM DRIVE IMMOKALEE, FL 34142		I	MEDICAL	2,500
GLORIA PINO GRANT RECIPIENT 714 106TH AVE N NAPLES, FL 34108		I	MEDICAL	500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIERRE-PAUL ANTOINE GRANT RECIPIENT 3331 23RD AVE SW NAPLES, FL 34117		I	MEDICAL	2,500
JAMIE DEPALO GRANT RECIPIENT SUPPLE 4727 7TH AVE SW NAPLES, FL 34119		I	MEDICAL	1,500
KRISTI MURPHY GRANT RECIPIENT 152 WICKLIFFE NAPLES, FL 34110		I	MEDICAL	3,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENDYLL COLUMBIA GRANT RECIPIENT 3237 BENICIA CT NAPLES, FL 34109		I	MEDICAL	3,500
MARTIN LEVY GRANT RECIPIENT 2304 SW 19TH AVE CAPE CORAL, FL 33991		I	MEDICAL	1,500
PATRICIA LECKBEE SUPPLEMENTAL GRANT 24388 WHIP O WILL LANE BONITA SPRINGS, FL 34135		I	MEDICAL	1,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMARA PAQUETTE GRANT RECIPIENT 85 27TH STREET NW NAPLES, FL 34120		I	MEDICAL	1,000
GLADYS FELICIANO GRANT RECIPIENT 298 OSPREYS LANDING NAPLES, FL 34101		I	MEDICAL	500
MIA BOSCAGLIA GRANT RECIPIENT 3325 AIRPORT PULLING RD UNIT B8 NAPLES, FL 34105		I	MEDICAL	2,500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN BORECKY GRANT RECIPIENT 26222 PRINCESS LN BONITA SPRINGS, FL 34135		I	MEDICAL	750
MERCIDIEU LUCIUS GRANT RECIPIENT 1818 54TH TERRACE SE NAPLES, FL 34116		I	MEDICAL	1,000
NATASHA HONNILA GRANT RECIPIENT 6745 HUNTINGTON LAKES CIR APT 201 NAPLES, FL 34119		I	MEDICAL	1,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETIA ASTRIN GRANT RECIPIENT 12970 POSITANO CIR 106 NAPLES, FL 34105		I	MEDICAL	1,000
MARC WEISS GRANT RECIPIENT 12568 LAKE SHALIMAR DR BONITA SPRINGS, FL 34135		I	MEDICAL	2,500
ALBERTO ONELLI GRANT RECIPIENT 3780 FIELDSTONE BLVD NAPLES, FL 34109		I	MEDICAL	1,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICKI HARRIS GRANT RECIPIENT 5409 MARTIN ST NAPLES, FL 34113		I	MEDICAL	1,250
MIA BOSCAGLIA GRANT RECIPIENT 3325 AIRPORT PULLING RD UNIT B8 NAPLES, FL 34105		I	MEDICAL	5,000
ZOHAMIS DELGADO MARIN GRANT RECIPIE 8590 BAROT DR107 NAPLES, FL 34104		I	MEDICAL	2,500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLESHETTE YOUNG GRANT RECIPIENT 159 SUNCRESTR LANE NORTH FORT MYERS, FL 33903		I	MEDICAL	2,500
DEBORAH WALRIVEN GRANT RECIPIENT 6070 HUNTINGTON WOODS DR NAPLES, FL 34112		I	MEDICAL	1,000
FINELIA DAVILMA GRANT RECIPIENT 2049 51ST ST SW NAPLES, FL 34116		I	MEDICAL	2,500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIERRE-PAUL ANTOINE GRANT RECIPIENT 3331 23RD AVE SW NAPLES, FL 34117		I	MEDICAL	2,500
PAULETTE DEHAVILLAND GRANT RECIPIEN 4595 19TJH PLACE SW NAPLES, FL 34116		I	MEDICAL	1,500
GRACIA REGAS GRANT RECIPIENT 1000 WIGGINS PASS RD B62 NAPLES, FL 34110		I	MEDICAL	2,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARNE GOMEZ GRANT RECIPIENT 1549 SANDPIPER ST APT 21 NAPLES, FL 34102		I	MEDICAL	1,000
MAXAUREL HYPPOLITE GRANT RECIPIENT 5433 MARTIN ST NAPLES, FL 34113		I	MEDICAL	2,000
EDMUND GALLAGHER GRANT RECIPIENT 27713 TENNESSEE ST BONITA SPRINGS, FL 34135		I	MEDICAL	2,000
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN PATTERSON GRANT RECIPIENT 4631 ORCHARD LANE NAPLES, FL 34112		I	MEDICAL	500
BRIAN KIRWAN GRANT RECIPIENT 101 WILLOUGHBY DR NAPLES, FL 34110		I	MEDICAL	1,000
DIANE HEMMER GRANT RECIPIENT 3047 ANDREWS AVE NAPLES, FL 34112		I	MEDICAL	1,500
Total . . . . . ▶ **3a**				168,425

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIE DESIR GRANT RECIPIENT 6437 CUNNING TOWER CIR APT R1 NAPLES, FL 34112		I	MEDICAL	1,250
MERITENE PLANTIN GRANT RECIPIENT 10248 EMPEROR LANE NAPLES, FL 34114		I	MEDICAL	500
Total . . . . . ▶ **3a**				168,425

TY 2019 Other Expenses Schedule

Name: AMBER'S ANTIBODIES INC

EIN: 45-4170094

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	168	0	0	168
FUNDRAISER EXPENSES	32,580	0	0	35,580
WEBSITE FEES	154	0	0	154
ADVERTISING FEES	350	0	0	350
ACCOUNTING FEES	2,235	0	0	2,235