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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
Crowley Cares Foundation
% Foundation Source

A Employer identification number
46-5157383

Number and street (or P.O. box number if mail is not delivered to street address)
Foundation Source 501 Silverside Rd

Room/suite

B Telephone number (see instructions)
(800) 839-1754

City or town, state or province, country, and ZIP or foreign postal code
Wilmington, DE 198091377

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)* ▶$ 86,489

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)	189,843			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	524	524		
	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	190,367	524		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	6			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	38,259			38,259
	24	**Total operating and administrative expenses.** Add lines 13 through 23	38,265	0		38,259
	25	Contributions, gifts, grants paid	161,875			161,875
	26	**Total expenses and disbursements.** Add lines 24 and 25	200,140	0		200,134
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-9,773			
	b	**Net investment income** (if negative, enter -0-)		524		
	c	**Adjusted net income** (if negative, enter -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			
	2 Savings and temporary cash investments	96,262	86,489	86,489
	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)	96,262	86,489	86,489
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			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	96,262	86,489	
	29 **Total net assets or fund balances** (see instructions)	96,262	86,489	
	30 **Total liabilities and net assets/fund balances** (see instructions)	96,262	86,489	

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	96,262
2	Enter amount from Part I, line 27a	2	-9,773
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	86,489
5	Decreases 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 29	6	86,489

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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(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	
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	238,421	115,666	2.061289
2017	254,687	82,963	3.069887
2016	234,420	163,935	1.429957
2015	87,047	86,682	1.004211
2014	0	0	0.0

2	**Total** of line 1, column (d)	2	7.565344
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	1.513069
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	90,467
5	Multiply line 4 by line 3	5	136,883
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	5
7	Add lines 5 and 6	7	136,888
8	Enter qualifying distributions from Part XII, line 4	8	200,134

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	5
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	
3	Add lines 1 and 2.	3	5
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	5
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 11		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d.	7	11
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
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	6
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 6 **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. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
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	Yes	
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) ▶DE			
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 ▶

14 The books are in care of ▶ Foundation Source Telephone no. ▶ (800) 839-1754

Located at ▶ 501 Silverside Road Suite 123 Wilmington DE ZIP+4 ▶ 198091377

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

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

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

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation

Total number of others receiving over $50,000 for professional services. ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	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 ▶	

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	91,845
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	91,845
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	91,845
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,378
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	90,467
6	**Minimum investment return.** Enter 5% of line 5	6	4,523

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	4,523
2a	Tax on investment income for 2019 from Part VI, line 5	2a	5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	5
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	4,518
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	4,518
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	4,518

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	200,134
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	200,134
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	5
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	200,129

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				4,518
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 2017 , 2016 , 2015				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015. 82,713				
c From 2016. 226,223				
d From 2017. 250,239				
e From 2018. 232,650				
f **Total** of lines 3a through e.	791,825			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 200,134				
a Applied to 2018, 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 2019 distributable amount.				4,518
e Remaining amount distributed out of corpus	195,616			
5 Excess distributions carryover applied to 2019.				
(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	987,441			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
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)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	987,441			
10 Analysis of line 9:				
a Excess from 2015. . . . 82,713				
b Excess from 2016. . . . 226,223				
c Excess from 2017. . . . 250,239				
d Excess from 2018. . . . 232,650				
e Excess from 2019. . . . 195,616				

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).)

NONE

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**				161,875
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

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			14	524	
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)				524	
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	524

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.

****** | 2020-10-07 | ******

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
Jeffrey D Haskell				P01345770
Firm's name ▶ Foundation Source				Firm's EIN ▶
Firm's address ▶ One Hollow Ln Ste 212 Lake Success, NY 11042				Phone no. (800) 839-1754

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
Natalie Anne Cantwell Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Treas 1.0	0	0	0
Christine S Crowley Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Dir 1.0	0	0	0
Thomas B Crowley Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Dir 1.0	0	0	0
Carl Fox Foundation Source 501 Silverside Rd Wilmington, DE 198091377	VP 1.0	0	0	0
Kerri McClellan Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Sec 1.0	0	0	0
William A Pennella Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Dir 1.0	0	0	0
Michael G Roberts Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Pres, Dir* 1.0	0	0	0
Micki Harrison Foundation Source 501 Silverside Rd Wilmington, DE 198091377	dir 1.0	0	0	0
Carolyn Tomooka Foundation Source 501 Silverside Rd Wilmington, DE 198091377	dir 1.0	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*				
ABUSED WOMENS AID IN CRISIS INCORPORATED 100 W 13TH AVE ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	225
ABUSED WOMENS AID IN CRISIS INCORPORATED 100 W 13TH AVE ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	75
ALIANZA PARA UN PUERTO RICO SIN DROGAS INC PO BOX 195112 SAN JUAN, PR 00919	N/A	PC	General & Unrestricted	150
Total . . . . . ▶ **3a**				161,875

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*				
ALL THINGS NEW INCPO BOX 54838 JACKSONVILLE, FL 32245	N/A	PC	General & Unrestricted	600
ALL THINGS NEW INCPO BOX 54838 JACKSONVILLE, FL 32245	N/A	PC	General & Unrestricted	150
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATI 4237 SALISBURY RD 406 JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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 BLACK AND TAN COONHOUND RESCUE INC 2102 45TH ST NE CANTON, OH 44705	N/A	PC	General & Unrestricted	120
AMERICAN BLACK AND TAN COONHOUND RESCUE INC 2102 45TH ST NE CANTON, OH 44705	N/A	PC	General & Unrestricted	30
AMERICAN DIABETES ASSOCIATION INC PO BOX 7023 MERRIFIELD, VA 22116	N/A	PC	General & Unrestricted	525
Total . . . . . ▶ **3a**				161,875

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 DIABETES ASSOCIATION INC PO BOX 7023 MERRIFIELD, VA 22116	N/A	PC	General & Unrestricted	150
AMERICAN DIABETES ASSOCIATION INC 7825 BAYMEADOWS WAY 104A JACKSONVILLE, FL 32256	N/A	PC	General & Unrestricted	150
AMERICAN HEART ASSOCIATION 4000 HOLLYWOOD BLVD STE 170-N HOLLYWOOD, FL 33021	N/A	PC	General & Unrestricted	23
Total . . . . . ▶ **3a**				161,875

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 HEART ASSOCIATION 6500 TECHNOLOGY DR STE 100 INDIANAPOLIS, IN 46278	N/A	PC	General & Unrestricted	8
AMERICAN HEART ASSOCIATION 6500 TECHNOLOGY DR STE 100 INDIANAPOLIS, IN 46278	N/A	PC	General & Unrestricted	8
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS RD E 106 JACKSONVILLE, FL 32256	N/A	PC	General & Unrestricted	1,200
Total . . . . . ▶ **3a**				161,875

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 HEART ASSOCIATION INC 7751 BAYMEADOWS RD E 106 JACKSONVILLE, FL 32256	N/A	PC	Charitable Event	5,000
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS RD E 106 JACKSONVILLE, FL 32256	N/A	PC	First Coast Heart Walk fund	5,000
AMERICAN HEART ASSOCIATION INC 3700 WOODLAND DR STE 700 ANCHORAGE, AK 99517	N/A	PC	Anchorage Heart Walk fund	5,000
Total . . . . . ▶ **3a**				161,875

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 HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	General & Unrestricted	135
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	N/A	PC	General & Unrestricted	165
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	293
Total . . . . . ▶ **3a**				161,875

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 LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 32216	N/A	PC	ALA Stair Climb fund	231
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 32216	N/A	PC	ALA Stair Climb and Lip Sync for Lungs fund	5,000
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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 NATIONAL RED CROSS 8550 ARLINGTON BLVD FAIRFAX, VA 22031	N/A	PC	General & Unrestricted	120
AMERICAN NATIONAL RED CROSS 8550 ARLINGTON BLVD FAIRFAX, VA 22031	N/A	PC	General & Unrestricted	30
AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO 424 E 92ND ST NEW YORK, NY 10128	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 3242 PARKSIDE CENTER CIR TAMPA, FL 33619	N/A	PC	General & Unrestricted	480
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 3242 PARKSIDE CENTER CIR TAMPA, FL 33619	N/A	PC	General & Unrestricted	120
AUTISM SOCIETY OF AMERICA PO BOX 677055 ORLANDO, FL 32867	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
BEACHES EPISCOPAL SCHOOL FOUNDATION TR FUND 450 11TH AVE N JACKSONVILLE BEACH, FL 32250	N/A	SO I	General & Unrestricted	1,000
BEACHES EPISCOPAL SCHOOL FOUNDATION TR FUND 450 11TH AVE N JACKSONVILLE BEACH, FL 32250	N/A	SO I	General & Unrestricted	250
BENS PLACE SERVICES INC 4495-304 ROOSEVELT BLVD RM 325 JACKSONVILLE, FL 32210	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
BEST BEGINNINGS 3350 COMMERCIAL DR STE 104A ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	150
BEST BEGINNINGS 3350 COMMERCIAL DR STE 104A ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	120
BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA INC 40 E ADAMS ST STE 220 JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	150
Total . . . . . ▶ **3a**				161,875

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*				
BOOT CAMPAIGN INC 2403 FARRINGTON ST DALLAS, TX 75207	N/A	PC	Rhythm & Boots program	1,000
BOY SCOUTS OF AMERICA 521 EDGEWOOD AVE S JACKSONVILLE, FL 32205	N/A	PC	General & Unrestricted	450
BOY SCOUTS OF AMERICA - MID-AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	N/A	PC	General & Unrestricted	1,095
Total . . . . . ▶ **3a**				161,875

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*				
BOY SCOUTS OF AMERICA - MID-AMERICA COUNCIL 12401 W MAPLE RD OMAHA, NE 68164	N/A	PC	General & Unrestricted	30
BOYS AND GIRLS CLUBS OF MIAMI-DADE INC 2805 SW 32ND AVE MIAMI, FL 33133	N/A	PC	supplies for Boys and Girls Club of St. Thomas/St.John program	1,000
BOYS AND GIRLS CLUBS OF NORTHEAST FLORIDA INC 555 W 25TH ST JACKSONVILLE, FL 32206	N/A	PC	General & Unrestricted	1,500
Total . . . . . ▶ **3a**				161,875

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*				
BOYS AND GIRLS CLUBS OF NORTHEAST FLORIDA INC 555 W 25TH ST JACKSONVILLE, FL 32206	N/A	PC	General & Unrestricted	150
BOYS AND GIRLS CLUBS OF NORTHEAST FLORIDA INC 555 W 25TH ST JACKSONVILLE, FL 32206	N/A	PC	General & Unrestricted	225
CARIBBEAN CENTERS FOR BOYS & GIRLS OF THE VIRGIN I PO BOX 128 CHRISTIANSTED, VI 00821	N/A	PC	General & Unrestricted	660
Total . . . . . ▶ **3a**				161,875

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*				
CARIBBEAN CENTERS FOR BOYS & GIRLS OF THE VIRGIN I PO BOX 128 CHRISTIANSTED, VI 00821	N/A	PC	General & Unrestricted	165
CATHOLIC CHARITIES BUREAU 3100 UNIVERSITY BLVD S STE 121 JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	1,335
CATHOLIC CHARITIES BUREAU 3100 UNIVERSITY BLVD S STE 121 JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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*				
CATHOLIC CHARITIES BUREAU 3100 UNIVERSITY BLVD S STE 121 JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	60
CATHOLIC CHARITIES BUREAU INC 134 E CHURCH ST JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	900
CATHOLIC CHARITIES BUREAU INC 134 E CHURCH ST JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	225
Total . . . . . ▶ **3a**				161,875

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*				
CHARLES TOWNE MONTESSORI SCHOOL 56 LEINBACH DR CHARLESTON, SC 29407	N/A	PC	General & Unrestricted	375
CHILDRENS HOUSE AT JOHNS HOPKINS HOSPITAL INC 1915 MCELDERRY ST BALTIMORE, MD 21205	N/A	PC	General & Unrestricted	120
CHILDRENS HOUSE AT JOHNS HOPKINS HOSPITAL INC 1915 MCELDERRY ST BALTIMORE, MD 21205	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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*				
CITY RESCUE MISSION 426 MCDUFF AVE S JACKSONVILLE, FL 32254	N/A	PC	General & Unrestricted	3,095
CITY RESCUE MISSION 426 MCDUFF AVE S JACKSONVILLE, FL 32254	N/A	PC	General & Unrestricted	30
COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC 4266 SUNBEAM RD JACKSONVILLE, FL 32257	N/A	PC	General & Unrestricted	150
Total . . . . . ▶ **3a**				161,875

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*				
COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC 4266 SUNBEAM RD JACKSONVILLE, FL 32257	N/A	PC	General & Unrestricted	37
COVENANT HOUSE ALASKA755 A ST ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	1,560
COVENANT HOUSE ALASKA755 A ST ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	390
Total . . . . . ▶ **3a**				161,875

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*				
CREATING JOBS INC 136 S SHERIDAN AVE DELAND, FL 32720	N/A	PC	General & Unrestricted	180
CREATING JOBS INC 136 S SHERIDAN AVE DELAND, FL 32720	N/A	PC	General & Unrestricted	45
CREEKS ATHLETIC ASSOCIATION INC 14970 VENOSA CIR JACKSONVILLE, FL 32258	N/A	PC	CBC 12U RiverHawks program	1,000
Total . . . . . ▶ **3a**				161,875

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*				
DIOCESE OF ST AUGUSTINE 11625 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258	N/A	PC	General & Unrestricted	225
DIVINE ALTERNATIVES FOR DADS SERVICES (DADS) 5709 RAINIER AVE S SEATTLE, WA 98118	N/A	PC	General & Unrestricted	300
DLC NURSE & LEARN INC 4101 COLLEGE ST JACKSONVILLE, FL 32205	N/A	PC	General & Unrestricted	375
Total . . . . . ▶ **3a**				161,875

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*				
DREAMS COME TRUE OF JACKSONVILLE INC 6803 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	120
DREAMS COME TRUE OF JACKSONVILLE INC 6803 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	30
DRESS FOR SUCCESS SEATTLE 1118 5TH AVE SEATTLE, WA 98101	N/A	PC	General & Unrestricted	1,500
Total . . . . . ▶ **3a**				161,875

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*				
DUVAL AUDUBON SOCIETY INC PO BOX 16304 JACKSONVILLE, FL 32245	N/A	PC	General & Unrestricted	120
DUVAL AUDUBON SOCIETY INC PO BOX 16304 JACKSONVILLE, FL 32245	N/A	PC	General & Unrestricted	30
EKAL VIDYALAYA FOUNDATION OF USA INC 1712 HWY 6 S STE A HOUSTON, TX 77077	N/A	PC	General & Unrestricted	240
Total . . . . . ▶ **3a**				161,875

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*				
EKAL VIDYALAYA FOUNDATION OF USA INC 1712 HWY 6 S STE A HOUSTON, TX 77077	N/A	PC	General & Unrestricted	60
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY ST SAN FRANCISCO, CA 94109	N/A	PC	General & Unrestricted	375
EMILIANI PROJECT884 ARVITA CT OCEANSIDE, CA 92057	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
EPISCOPAL CHILDRENS SERVICES INC 8443 BAYMEADOWS RD STE 1 JACKSONVILLE, FL 32256	N/A	PC	Children's Champion Luncheon	5,000
EPISCOPAL SCHOOL OF JACKSONVILLE INC 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	300
EQUINE ASSISTED THERAPY ALASKA PO BOX 240663 ANCHORAGE, AK 99524	N/A	PC	General & Unrestricted	780
Total . . . . . ▶ **3a**				161,875

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*				
EQUINE ASSISTED THERAPY ALASKA PO BOX 240663 ANCHORAGE, AK 99524	N/A	PC	General & Unrestricted	75
EQUINE ASSISTED THERAPY ALASKA PO BOX 240663 ANCHORAGE, AK 99524	N/A	PC	General & Unrestricted	120
FAMILY FOUNDATIONS OF NORTHEAST FLORIDA INC 40 E ADAMS ST STE 320 JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	255
Total . . . . . ▶ **3a**				161,875

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*				
FAMILY FOUNDATIONS OF NORTHEAST FLORIDA INC 40 E ADAMS ST STE 320 JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	30
FIRST COAST NO MORE HOMELESS PETS INC 6817 NORWOOD AVE JACKSONVILLE, FL 32208	N/A	PC	General & Unrestricted	240
FIRST COAST NO MORE HOMELESS PETS INC 6817 NORWOOD AVE JACKSONVILLE, FL 32208	N/A	PC	General & Unrestricted	60
Total . . . . . ▶ **3a**				161,875

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*				
FIRST COAST WIND SYMPHONY INC 3842 MUSKET TRL JACKSONVILLE, FL 32277	N/A	PC	General & Unrestricted	75
FIRST COAST WIND SYMPHONY INC 3842 MUSKET TRL JACKSONVILLE, FL 32277	N/A	PC	Charitable Event	1,000
FLORIDA STATE COLLEGE AT JACKSONVILLE FOUNDATION I 501 W STATE ST NO 104 JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	15
Total . . . . . ▶ **3a**				161,875

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*				
FLORIDA STATE COLLEGE AT JACKSONVILLE FOUNDATION I 501 W STATE ST NO 104 JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	15
FLORIDA STATE COLLEGE OF JACKSONVILLE 501 W STATE ST JACKSONVILLE, FL 32256	N/A	GOV	General & Unrestricted	45
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	N/A	PC	General & Unrestricted	480
Total . . . . . ▶ **3a**				161,875

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*				
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPRINGS, CO 80920	N/A	PC	General & Unrestricted	120
FONDOS UNIDOS DE PUERTO RICO INC PO BOX 191914 SAN JUAN, PR 00919	N/A	PC	General & Unrestricted	120
FONDOS UNIDOS DE PUERTO RICO INC PO BOX 191914 SAN JUAN, PR 00919	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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*				
FRIENDS OF THE CHAPEL OF FOUR CHAPLAINS INC 1201 CONSTITUTION AVE PHILADELPHIA, PA 19112	N/A	PC	Chapel of Four Chaplains Memorial Foundation	5,000
FUNDACION INFANTIL RONALD MCDONALD INC 9615 LOS ROMEROS AVE STE 307 SAN JUAN, PR 00926	N/A	PC	General & Unrestricted	60
FUNDACION INFANTIL RONALD MCDONALD INC 9615 LOS ROMEROS AVE STE 307 SAN JUAN, PR 00926	N/A	PC	General & Unrestricted	15
Total . . . . . ▶ **3a**				161,875

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*				
FUNDACION SAVE A SATO INC PO BOX 37694 SAN JUAN, PR 00937	N/A	PC	General & Unrestricted	120
FUNDACION SAVE A SATO INC PO BOX 37694 SAN JUAN, PR 00937	N/A	PC	General & Unrestricted	30
HABITAT FOR HUMANITY INTERNATIONAL INC - BEACHES H 797 MAYPORT RD ATLANTIC BCH, FL 32233	N/A	PC	General & Unrestricted	840
Total . . . . . ▶ **3a**				161,875

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*				
HABITAT FOR HUMANITY INTERNATIONAL INC - BEACHES H 797 MAYPORT RD ATLANTIC BCH, FL 32233	N/A	PC	General & Unrestricted	210
HANDS AND FEET FOUNDATION INC 7478 103RD ST JACKSONVILLE, FL 32210	N/A	PC	General & Unrestricted	600
HANDS AND FEET FOUNDATION INC 7478 103RD ST JACKSONVILLE, FL 32210	N/A	PC	General & Unrestricted	150
Total . . . . . ▶ **3a**				161,875

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*				
HOPE COMMUNITY RESOURCES INC 540 W INTERNATIONAL AIRPORT RD ANCHORAGE, AK 99518	N/A	PC	General & Unrestricted	31
HOPE HAVEN ASSOCIATION INC 4600 BEACH BLVD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	1,300
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 32201	N/A	PC	General & Unrestricted	480
Total . . . . . ▶ **3a**				161,875

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*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 32201	N/A	PC	General & Unrestricted	45
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	300
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC 110 W RD STE 360 BALTIMORE, MD 21204	N/A	PC	General & Unrestricted	60
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC 110 W RD STE 360 BALTIMORE, MD 21204	N/A	PC	General & Unrestricted	15
JACKSON HEALTH FOUNDATION INC 1500 NW 12TH AVE STE 1117 MIAMI, FL 33136	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
JACKSON HEALTH FOUNDATION INC 1500 NW 12TH AVE STE 1117 MIAMI, FL 33136	N/A	PC	General & Unrestricted	75
JACKSONVILLE ARBORETUM & GARDENS INC PO BOX 350430 JACKSONVILLE, FL 32235	N/A	PC	General & Unrestricted	60
JACKSONVILLE ARBORETUM & GARDENS INC PO BOX 350430 JACKSONVILLE, FL 32235	N/A	PC	General & Unrestricted	15
Total . . . . . ▶ **3a**				161,875

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*				
JACKSONVILLE ARBORETUM & GARDENS INC PO BOX 350430 JACKSONVILLE, FL 32235	N/A	PC	Charitable Event	2,000
JACKSONVILLE CHILDRENS CHORUS INC 225 E DUVAL ST JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	600
JACKSONVILLE CHILDRENS CHORUS INC 225 E DUVAL ST JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	150
Total . . . . . ▶ **3a**				161,875

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*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	1,095
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	30
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
JACKSONVILLE WOLFSON CHILDRENS HOSPITAL INC 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	885
JACKSONVILLE WOLFSON CHILDRENS HOSPITAL INC 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	225
JDRF INTERNATIONAL 26 BROADWAY 14TH FL NEW YORK, NY 10004	N/A	PC	General & Unrestricted	960
Total . . . . . ▶ **3a**				161,875

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*				
JDRF INTERNATIONAL 26 BROADWAY 14TH FL NEW YORK, NY 10004	N/A	PC	General & Unrestricted	240
K9S FOR WARRIORS INC 114 CAMP K9 RD PONTE VEDRA BEACH, FL 32081	N/A	PC	General & Unrestricted	1,595
K9S FOR WARRIORS INC 114 CAMP K9 RD PONTE VEDRA BEACH, FL 32081	N/A	PC	General & Unrestricted	225
Total . . . . . ▶ **3a**				161,875

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*				
K9S FOR WARRIORS INC 114 CAMP K9 RD PONTE VEDRA BEACH, FL 32081	N/A	PC	General & Unrestricted	30
K9S FOR WARRIORS INC 114 CAMP K9 RD PONTE VEDRA BEACH, FL 32081	N/A	PC	General & Unrestricted	75
KAMP KRITTER RESCUE FOUNDATION INC 281 MCDUFF AVE S JACKSONVILLE, FL 32254	N/A	PC	General & Unrestricted	1,575
Total . . . . . ▶ **3a**				161,875

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*				
KAMP KRITTER RESCUE FOUNDATION INC 281 MCDUFF AVE S JACKSONVILLE, FL 32254	N/A	PC	General & Unrestricted	225
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	N/A	PC	General & Unrestricted	300
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	N/A	PC	General & Unrestricted	270
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	N/A	PC	General & Unrestricted	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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*				
LEUKEMIA & LYMPHOMA SOCIETY INC - NORTH CENTRAL FL 341 N MAITLAND AVE STE 100 MAITLAND, FL 32751	N/A	PC	General & Unrestricted	225
LEUKEMIA & LYMPHOMA SOCIETY INC - NORTH CENTRAL FL 341 N MAITLAND AVE STE 100 MAITLAND, FL 32751	N/A	PC	General & Unrestricted	30
LEUKEMIA & LYMPHOMA SOCIETY INC - NORTH CENTRAL FL 341 N MAITLAND AVE STE 100 MAITLAND, FL 32751	N/A	PC	General & Unrestricted	15
Total . . . . . ▶ **3a**				161,875

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*				
LEUKEMIA & LYMPHOMA SOCIETY INC - WASHINGTONALA 5601 6TH AVE S STE 182 SEATTLE, WA 98108	N/A	PC	Charitable Event	250
LEUKEMIA & LYMPHOMA SOCIETY INC - WASHINGTONALA 5601 6TH AVE S STE 182 SEATTLE, WA 98108	N/A	PC	The Big Climb program	500
LITTLE LEAGUE BASEBALL INC 9849 17TH AVE SW BOX 82 SEATTLE, WA 98106	N/A	PC	General & Unrestricted	1,500
Total . . . . . ▶ **3a**				161,875

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*				
LONE SURVIVOR FOUNDATION 2636 S LOOP W STE 280 HOUSTON, TX 77054	N/A	PC	General & Unrestricted	120
LONE SURVIVOR FOUNDATION 2636 S LOOP W STE 280 HOUSTON, TX 77054	N/A	PC	General & Unrestricted	30
LOVE FOR ETHIOPIA INC 4333 RIPKEN CIR W JACKSONVILLE, FL 32224	N/A	PC	General & Unrestricted	125
Total . . . . . ▶ **3a**				161,875

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*				
LUTHERAN IMMIGRATION AND REFUGEE SERVICE 700 LIGHT ST BALTIMORE, MD 21230	N/A	PC	General & Unrestricted	60
LUTHERAN IMMIGRATION AND REFUGEE SERVICE 700 LIGHT ST BALTIMORE, MD 21230	N/A	PC	General & Unrestricted	15
MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON 811 1ST AVE STE 620 SEATTLE, WA 98104	N/A	PC	General & Unrestricted	60
Total . . . . . ▶ **3a**				161,875

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*				
MAKE-A-WISH FOUNDATION OF ALASKA & WASHINGTON 811 1ST AVE STE 620 SEATTLE, WA 98104	N/A	PC	General & Unrestricted	15
MARATHON HIGH 2610 COUNTESS OF EGMONT ST FERNANDINA, FL 32034	N/A	PC	General & Unrestricted	550
MARCH OF DIMES FOUNDATION 4040 WOODCOCK DR 147 JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	N/A	PC	General & Unrestricted	120
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	N/A	PC	General & Unrestricted	30
MAYPORT CATS INCPO BOX 11093 JACKSONVILLE, FL 32239	N/A	PC	General & Unrestricted	450
Total . . . . . ▶ **3a**				161,875

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*				
MEDECINS SANS FRONTIERES USA INC - DOCTORS WITHOUT PO BOX 5030 HAGERSTOWN, MD 21741	N/A	PC	General & Unrestricted	2,600
MENINAK FOUNDATION OF JACKSONVILLE PO BOX 8626 JACKSONVILLE, FL 32239	N/A	PC	General & Unrestricted	562
MISSION HOUSE INC800 SHETTER AVE JACKSONVILLE BEACH, FL 32250	N/A	PC	General & Unrestricted	450
Total . . . . . ▶ **3a**				161,875

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*				
NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF S 5950 4TH AVE S SEATTLE, WA 98108	N/A	PC	General & Unrestricted	60
NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF S 58 PROGRESS PKWY MARYLAND HTS, MO 63043	N/A	PC	General & Unrestricted	240
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 3RD AVE NEW YORK, NY 10017	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
NAVY LEAGUE OF THE UNITED STATES JACKSONVILLE BEAC PO BOX 331944 ATLANTIC BCH, FL 32233	N/A	PC	Mayport Navy League Sponsorship fund	2,500
NAVY-MARINE CORPS RELIEF SOCIETY 875 N RANDOLPH ST ARLINGTON, VA 22203	N/A	PC	General & Unrestricted	75
NIGHT TO SHINE JACKSONVILLE INC 14286 BEACH BLVD STE 2 JACKSONVILLE, FL 32250	N/A	PC	Charitable Event	2,500
Total . . . . . ▶ **3a**				161,875

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*				
NORA SANDIG CHILDREN FOUNDATION INC 11971 SW 118TH ST MIAMI, FL 33186	N/A	PC	Holiday Toy Drive fund	2,500
NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION 223 MILL CREEK RD JACKSONVILLE, FL 32211	N/A	PC	General & Unrestricted	1,720
NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION 223 MILL CREEK RD JACKSONVILLE, FL 32211	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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*				
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	N/A	PC	General & Unrestricted	120
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	N/A	PC	General & Unrestricted	30
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 91426	N/A	PC	General & Unrestricted	5,100
Total . . . . . ▶ **3a**				161,875

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*				
PATIENT ASSISTANCE FDN OF CANCER SPECIALISTS OF NO 7015 A C SKINNER PKWY JACKSONVILLE, FL 32256	N/A	PC	General & Unrestricted	300
PATIENT ASSISTANCE FDN OF CANCER SPECIALISTS OF NO 7015 A C SKINNER PKWY JACKSONVILLE, FL 32256	N/A	PC	General & Unrestricted	75
PEACHTREE CHRISTIAN HEALTH INC 3430 DULUTH PARK LN DULUTH, GA 30096	N/A	SO I	General & Unrestricted	180
Total . . . . . ▶ **3a**				161,875

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*				
PEACHTREE CHRISTIAN HEALTH INC 3430 DULUTH PARK LN DULUTH, GA 30096	N/A	SO I	General & Unrestricted	45
PEDIATRIC INTERIM CARE CENTER INC 328 4TH AVE S KENT, WA 98032	N/A	PC	General & Unrestricted	540
PET PARTNERS 345 118TH AVE SE STE 200 BELLEVUE, WA 98005	N/A	PC	General & Unrestricted	120
Total . . . . . ▶ **3a**				161,875

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*				
PET PARTNERS 345 118TH AVE SE STE 200 BELLEVUE, WA 98005	N/A	PC	General & Unrestricted	30
PINE CASTLE INC4911 SPRING PARK RD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	750
PLANT TODAY FOUNDATION 5075 DISSTON DR SAINT CLOUD, FL 34771	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
PLANT TODAY FOUNDATION 5075 DISSTON DR SAINT CLOUD, FL 34771	N/A	PC	General & Unrestricted	75
PLAYERS BY THE SEA INC106 6TH ST N JAX BCH, FL 32250	N/A	PC	General & Unrestricted	105
POLARIS K-12 SCHOOL 6200 ASHWOOD ST ANCHORAGE, AK 99507	N/A	GOV	General & Unrestricted	150
Total . . . . . ▶ **3a**				161,875

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*				
POLARIS K-12 SCHOOL 6200 ASHWOOD ST ANCHORAGE, AK 99507	N/A	GOV	General & Unrestricted	37
PRESBYTERIAN CHURCH OF TOMS RIVER 1070 HOOPER AVE TOMS RIVER, NJ 08755	N/A	PC	General & Unrestricted	3,000
PTA FLORIDA CONGRESS - RICHARD LEWIS BROWN ELEMENT 1535 MILNOR ST JACKSONVILLE, FL 32206	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
PTA FLORIDA CONGRESS OF PARENTS AND TEACHERS 315 10TH ST S JAX BCH, FL 32250	N/A	PC	General & Unrestricted	75
REGIONAL FOOD BANK OF NORTHEAST FLORIDA INC 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 32254	N/A	PC	General & Unrestricted	75
RESCUE DOGS ROCK INC 401 E 89TH ST APT 3K NEW YORK, NY 10128	N/A	PC	General & Unrestricted	120
Total . . . . . ▶ **3a**				161,875

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*				
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PL CHICAGO, IL 60673	N/A	PC	General & Unrestricted	120
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PL CHICAGO, IL 60673	N/A	PC	General & Unrestricted	30
RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE IN 824 CHILDRENS WAY JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	240
Total . . . . . ▶ **3a**				161,875

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*				
RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE IN 824 CHILDRENS WAY JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	60
RONALD MCDONALD HOUSE CHARITIES OF WESTERN WASHING 5130 40TH AVE NE SEATTLE, WA 98105	N/A	PC	General & Unrestricted	150
RONALD MCDONALD HOUSE CHARITIES OF WESTERN WASHING 5130 40TH AVE NE SEATTLE, WA 98105	N/A	PC	General & Unrestricted	120
Total . . . . . ▶ **3a**				161,875

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*				
RYTHER2400 NE 95TH ST SEATTLE, WA 98115	N/A	PC	General & Unrestricted	600
RYTHER2400 NE 95TH ST SEATTLE, WA 98115	N/A	PC	General & Unrestricted	75
SAFE HARBOR HAVEN INC 4772 SAFE HARBOR WAY JACKSONVILLE, FL 32226	N/A	PC	General & Unrestricted	180
Total . . . . . ▶ **3a**				161,875

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*				
SAFE HARBOR HAVEN INC 4772 SAFE HARBOR WAY JACKSONVILLE, FL 32226	N/A	PC	General & Unrestricted	15
SAFE HARBOR HAVEN INC 4772 SAFE HARBOR WAY JACKSONVILLE, FL 32226	N/A	PC	General & Unrestricted	30
SAFE HARBOR HAVEN INC 4772 SAFE HARBOR WAY JACKSONVILLE, FL 32226	N/A	PC	Spot Fishing Tournament program	1,000
Total . . . . . ▶ **3a**				161,875

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*				
SALISH SEA EXPEDITIONS 1257 PATMOS LN NW BAINBRIDGE ISLAND, WA 98110	N/A	PC	General & Unrestricted	300
SALISH SEA EXPEDITIONS 1257 PATMOS LN NW BAINBRIDGE ISLAND, WA 98110	N/A	PC	General & Unrestricted	75
SEAFARERS HOUSE INC 2550 EISENHOWER BLVD STE 207 FT LAUDERDALE, FL 33316	N/A	PC	Shoebox Christmas 2019 program	500
Total . . . . . ▶ **3a**				161,875

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*				
SEAMENS CHURCH INSTITUTE OF NEW YORK AND NEW JERSE 50 BROADWAY 26TH FL NEW YORK, NY 10004	N/A	PC	General & Unrestricted	480
SEAMENS CHURCH INSTITUTE OF NEW YORK AND NEW JERSE 50 BROADWAY 26TH FL NEW YORK, NY 10004	N/A	PC	General & Unrestricted	120
SEASIDE SCHOOL CONSORTIUM INC 2630 STATE RD A1A ATLANTIC BEACH, FL 32233	N/A	PC	General & Unrestricted	1,300
Total . . . . . ▶ **3a**				161,875

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*				
SEATTLES UNION GOSPEL MISSION PO BOX 202 SEATTLE, WA 98111	N/A	PC	General & Unrestricted	960
SEATTLES UNION GOSPEL MISSION PO BOX 202 SEATTLE, WA 98111	N/A	PC	General & Unrestricted	240
SEWARD ARTS COUNCILPO BOX 794 SEWARD, AK 99664	N/A	PC	Seward Music & Arts Festival program	1,000
Total . . . . . ▶ **3a**				161,875

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*				
SHADOW OF HIS WINGS INCORPORATED 13615 W 129TH ST OLATHE, KS 66062	N/A	SO II	General & Unrestricted	420
SHADOW OF HIS WINGS INCORPORATED 13615 W 129TH ST OLATHE, KS 66062	N/A	SO II	General & Unrestricted	105
SHEEP NOT GOATS INC41 ROHDE AVE ST AUGUSTINE, FL 32084	N/A	PC	General & Unrestricted	375
Total . . . . . ▶ **3a**				161,875

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*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607	N/A	PC	General & Unrestricted	885
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607	N/A	PC	General & Unrestricted	165
SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045	N/A	PC	General & Unrestricted	600
Total . . . . . ▶ **3a**				161,875

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*				
SNOQUALMIE VALLEY FOOD BANK PO BOX 1541 NORTH BEND, WA 98045	N/A	PC	General & Unrestricted	150
ST AUGUSTINE HUMANE SOCIETY 1665 OLD MOULTRIE RD ST AUGUSTINE, FL 32084	N/A	PC	General & Unrestricted	75
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDE PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	1,323
Total . . . . . ▶ **3a**				161,875

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*				
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDE PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	30
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDE PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	150
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDES PL MEMPHIS, TN 38105	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 3750 NW 87TH AVE STE 100 DORAL, FL 33178	N/A	PC	General & Unrestricted	66
TACOMA COMMUNITY BOAT BUILDERS INC 1120 E D ST TACOMA, WA 98421	N/A	PC	General & Unrestricted	300
TACOMA COMMUNITY BOAT BUILDERS INC 1120 E D ST TACOMA, WA 98421	N/A	PC	General & Unrestricted	75
Total . . . . . ▶ **3a**				161,875

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*				
TAHOMA ASSOCIATES 1545 TACOMA AVE S TACOMA, WA 98402	N/A	PC	General & Unrestricted	520
THE 5 & DIME A THEATRE COMPANY 112 E ADAMS ST JACKSONVILLE, FL 32202	N/A	PC	General & Unrestricted	210
THE DONNA FOUNDATION INC 11762 MARCO BEACH DR STE 6 JACKSONVILLE, FL 32224	N/A	PC	General & Unrestricted	180
Total . . . . . ▶ **3a**				161,875

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*				
THE HUMANE ASSOCIATION OF WILSON PO BOX 247 LEBANON, TN 37088	N/A	PC	General & Unrestricted	1,300
THE YOUNG MENS CHRISTIAN ASSOCIATION OF FLORIDAS F 40 E ADAMS ST STE 210 JACKSONVILLE, FL 32202	N/A	PC	Operation Salute: Back to School Bash program	2,500
THEATRE JACKSONVILLE INC 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	210
Total . . . . . ▶ **3a**				161,875

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*				
THEATRE JACKSONVILLE INC 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	105
THEATRE JACKSONVILLE INC 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207	N/A	PC	General & Unrestricted	105
TOM COUGHLIN JAY FUND FOUNDATION INC PO BOX 50798 JACKSONVILLE, FL 32240	N/A	PC	General & Unrestricted	480
Total . . . . . ▶ **3a**				161,875

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*				
TOM COUGHLIN JAY FUND FOUNDATION INC PO BOX 50798 JACKSONVILLE, FL 32240	N/A	PC	General & Unrestricted	120
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	N/A	PC	General & Unrestricted	1,200
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	N/A	PC	General & Unrestricted	300
Total . . . . . ▶ **3a**				161,875

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*				
TRINITY FITNESS MINISTRIES INC - RIVERSIDE 2650 ROSELLE ST JACKSONVILLE, FL 32204	N/A	PC	General & Unrestricted	1,080
TRINITY FITNESS MINISTRIES INC - RIVERSIDE 2650 ROSELLE ST JACKSONVILLE, FL 32204	N/A	PC	General & Unrestricted	225
TRINITY FITNESS RIVERSIDE INC PO BOX 551526 JACKSONVILLE, FL 32255	N/A	PC	General & Unrestricted	1,020
Total . . . . . ▶ **3a**				161,875

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*				
TRINITY FITNESS RIVERSIDE INC PO BOX 551526 JACKSONVILLE, FL 32255	N/A	PC	General & Unrestricted	75
TRINITY FITNESS RIVERSIDE INC PO BOX 551526 JACKSONVILLE, FL 32255	N/A	PC	General & Unrestricted	180
UNDERPRIVILEGED CHILDRENS FUND PO BOX 33 MILTON, WA 98354	N/A	PC	General & Unrestricted	780
Total . . . . . ▶ **3a**				161,875

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*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 108 JACKSONVILLE, FL 32212	N/A	PC	Aid fund to USCG members	2,500
UNITED STATES MERCHANT MARINE ACADEMY ALUMNI ASSOC 300 STEAMBOAT RD KINGS POINT, NY 11024	N/A	PC	General & Unrestricted	727
UNITED WAY OF ANCHORAGE 701 W 8TH AVE STE 230 ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	120
Total . . . . . ▶ **3a**				161,875

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*				
UNITED WAY OF ANCHORAGE 701 W 8TH AVE STE 230 ANCHORAGE, AK 99501	N/A	PC	General & Unrestricted	30
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FT LAUDERDALE, FL 33316	N/A	PC	General & Unrestricted	120
UNITED WAY OF BROWARD COUNTY 1300 S ANDREWS AVE FT LAUDERDALE, FL 33316	N/A	PC	General & Unrestricted	30
Total . . . . . ▶ **3a**				161,875

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*				
UNITED WAY OF NORTHEAST FLORIDA INC PO BOX 41428 JACKSONVILLE, FL 32203	N/A	PC	General & Unrestricted	180
UNITED WAY OF NORTHEAST FLORIDA INC PO BOX 41428 JACKSONVILLE, FL 32203	N/A	PC	General & Unrestricted	45
UNIVERSITY OF ALABAMA ALUMNI ASSOC ALUMNI HALL PO BOX 870136 TUSCALOOSA, AL 35487	N/A	PC	General & Unrestricted	120
Total . . . . . ▶ **3a**				161,875

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*				
UNIVERSITY OF ALABAMA ALUMNI ASSOC ALUMNI HALL PO BOX 870136 TUSCALOOSA, AL 35487	N/A	PC	General & Unrestricted	30
UNIVERSITY OF ALASKA FOUNDATION PO BOX 755080 NO 123 FAIRBANKS, AK 99775	N/A	PC	General & Unrestricted	150
UNIVERSITY OF FLORIDA FOUNDATION INC PO BOX 14425 GAINESVILLE, FL 32604	N/A	PC	General & Unrestricted	60
Total . . . . . ▶ **3a**				161,875

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*				
UNIVERSITY OF FLORIDA FOUNDATION INC PO BOX 14425 GAINESVILLE, FL 32604	N/A	PC	General & Unrestricted	15
WEBB INSTITUTE 298 CRESCENT BEACH RD GLEN COVE, NY 11542	N/A	PC	General & Unrestricted	750
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	N/A	PC	General & Unrestricted	210
Total . . . . . ▶ **3a**				161,875

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*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	N/A	PC	General & Unrestricted	53
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	N/A	PC	Charitable Event	15,000
WWP INC - WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	N/A	PC	General & Unrestricted	1,288
Total . . . . . ▶ **3a**				161,875

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*				
WWP INC - WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	N/A	PC	General & Unrestricted	105
YOUR HELPING HAND 9957 MOORINGS DR STE 203 JACKSONVILLE, FL 32257	N/A	PC	General & Unrestricted	240
YOUR HELPING HAND 9957 MOORINGS DR STE 203 JACKSONVILLE, FL 32257	N/A	PC	General & Unrestricted	60
Total . . . . . ▶ **3a**				161,875

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*				
BRIGHT FUNDS FOUNDATION 1610 HARRISON ST STE C OAKLAND, CA 94612	N/A	PC	General & Unrestricted	11,423
Total . . . . . ▶ **3a**				161,875

TY 2019 Compensation Explanation

Name: Crowley Cares Foundation

EIN: 46-5157383

Person Name	Explanation
Christine S Crowley	*resigned from foundation in 2019
William A Pennella	*resigned from foundation in 2019
Michael G Roberts	*resigned from position in 2019

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

TY 2019 Depreciation Schedule

Name: Crowley Cares Foundation

EIN: 46-5157383

TY 2019 LiquidationExplanationStmt

Name: Crowley Cares Foundation

EIN: 46-5157383

Statement: As explained below, the Foundation has no plans for dissolution. This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets.The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions:During the taxable year ending December 31, 2019, the Foundation made distributions from assets from sources other than current income.Collectively, the distributions in excess of current income totaled $161,875. This amount represents 25% or more of the Foundation's net assets of $96,262 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2019. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution.The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

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TY 2019 Other Expenses Schedule

Name: Crowley Cares Foundation

EIN: 46-5157383

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	37,500			37,500
Postage/Delivery Service	24			24
State or Local Filing Fees	25			25
PROCESSING FEES	710			710

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491302011090

TY 2019 Taxes Schedule

Name: Crowley Cares Foundation

EIN: 46-5157383

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF Excise Tax for 2018	6			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization
Crowley Cares Foundation

Employer identification number
46-5157383

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Crowley Cares Foundation	46-5157383

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Crowley Maritime Corporation 9487 REGENCY SQUARE BLVD Jacksonville, FL 32225	$ 128,958	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
Crowley Cares Foundation

Employer identification number
46-5157383

Part II **Noncash Property**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
Crowley Cares Foundation

Employer identification number
46-5157383

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	-		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	-		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	-		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	-		