-orm 990-PF

**Return of Private Foundation** 

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

ials

OMB No 1545-0047

2019

Department of the Treasury

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

Open to Public Inspection

Inter	nai Reve	nue Service ► Go to www.irs.gov/Form990PF	for instructions and	the lates	t informati	on. Open	to Public Inspection
		ndar year 2019 or tax year beginning	, 201	9, and e			, 20
	ne of fou					er identification number	er
		ns Family Foundation, Inc.				225459	<u> </u>
Num	nber and	street (or PO box number if mail is not delivered to street address)	Roon	n/suite	•	ne number (see instruct	ions)
		gh Point Drive	500		(321	) 636 <u>-</u> 0200	/
City	or town	, state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pend	ıng, check here ▶ 🌅
		FL 32926					
G	Check		irn of a former public	charity	D 1. Foreig	n organizations, check	here . ▶ 🗌
		☐ Final return ☐ Amended				n organizations meeting	
<del></del>	<u> </u>	Address change Name ch	<del></del>	_,\-		here and attach compu	
		type of organization: 🗵 Section 501(c)(3) exempt	•	241		foundation status was 07(b)(1)(A), check here	
_		on 4947(a)(1) nonexempt charitable trust Other t			30000113	or (b)(1)(A), theth here	
•		narket value of all assets at J Accounting metho		ccruai		ndation is in a 60-mont	h termination
		f year (from Part II, col. (c), ☐ Other (specify)  5) ► \$ 2,228,812, (Part I, column (d), must			under se	ction 507(b)(1)(B), chec	k here ▶ □
			be on cash basis.)	!		T	(8.5.)
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	· ın	come	income	purposes (cash basis only)
_	•		000 771	<del> </del>			1
•	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check ► ☒ if the foundation is not required to attach Sch. B		<del> </del>			
	3	Interest on savings and temporary cash investments			1,452.	1,452.	<b> </b>
	4	Dividends and interest from securities	40,153.		40,153.	40,153.	-
	5a	Gross rents	40,133.		40,133.	40,133.	
	b	Net rental income or (loss)		<del></del>			· · · · · · · · · · · · · · · · · · ·
a	6a	Net gain or (loss) from sale of assets not on line 10	519,889.		•		1
Ž	b	Gross sales price for all assets on line 6a 3,554,052		L-6a	Stmt		
Revenue	7	Capital gain net income (from Part IV, line 2)	*		19,800.		
æ	8	Net short-term capital gain			207	0.	······································
	9	Income modifications	/**************************************			<del></del>	
	10a	Gross sales less returns and allowances			***************************************		
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,560,265.	5	61,405.	41,605.	
Ø	13	Compensation of officers, directors, trustees, etc.	7,000.				
enses	14	Other employee salaries and wages					
že	15	Pension plane, employee benefits					
X	16a	Legal fees (attach sonedule)					
ē	b	Accounting fees (attach schedule)	1 000		1 000	1 000	
¥į	C	Other professional lees attach schedule L-16c Stmt	1,000.		1,000.	1,000.	
Ϋ́	17			<b></b>			
<u>"≅</u>	18 19	Taxes (attach sehecula) (see instructions) Depreciation (attach schedule) and depletion					1
<u>E</u>	20	Occupancy					<u> </u>
A	21	Travel, conferences, and meetings					
пd	22	Printing and publications		<b>-</b>			
Operating and Administrative Exp	23	Other expenses (attach schedule) See Stmt .	220.		220.	220.	
Ĭ	24	Total operating and administrative expenses.	<del></del>				
ā		Add lines 13 through 23	8,220.		1,220.	1,220.	
þe	25	Contributions, gifts, grants paid	98,650.	~~_~~		-7	98,650.
0	26	Total expenses and disbursements. Add lines 24 and 25		·	1,220.	1,220.	98,650.
	27	Subtract line 26 from line 12:					
	, a	Excess of revenue over expenses and disbursements	1,453,395.				
	ь	Net investment income (if negative, enter -0-)		5	60,185.		
	C	Adjusted net income (if negative, enter -0-)				40,385.	

For Paperwork Reduction Act Notice, see instructions. BAA

REV 06/02/20 PRO

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Form **990-PF** (2019)

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Pa	ırt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	of year
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
	1	Cash-non-interest-bearing				
	2	Savings and temporary cash investments	89,992.	395,0	30.	395,030.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►	l			
		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 ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) L-10b Stmt	907,598.	1,833,7	82.	1,833,782.
	С	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 ▶				<u></u>
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the				
	4=	instructions. Also, see page 1, item I)	997,590.	2,228,8		2,228,812.
	17	Accounts payable and accrued expenses		2,0	00.	
Se	18	Grants payable				
Ħ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ľ	21 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶ )				
	23	Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)			00	
	23	Foundations that follow FASB ASC 958, check here		2,0	00.	, I
alances		and complete lines 24, 25, 29, and 30.				
an	24	Net assets without donor restrictions	997,590.	2,226,8	1 2	ļ
	25	Net assets with donor restrictions	991, 390.	2,220,0	12.	
g B		Foundations that do not follow FASB ASC 958, check here ▶ □		-	-	· · · · · · · · · · · · · · · · ·
Net Assets or Fund		and complete lines 26 through 30.				
۳	26	Capital stock, trust principal, or current funds				
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
ě	28	Retained earnings, accumulated income, endowment, or other funds				
S	29	Total net assets or fund balances (see instructions)	997,590.	2,226,8	12.	
7	30	Total liabilities and net assets/fund balances (see				
ž		instructions)	997,590.	2,228,8	12.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1	Tota	I net assets or fund balances at beginning of year-Part II, colur	mn (a), line 29 (mus	t agree with		
		of-year figure reported on prior year's return)			1	997,590.
2		r amount from Part I, line 27a			2	1,453,395.
3	Othe	er increases not included in line 2 (itemize)  Unrealized change	e in investment v	valuations	3	-194,133.
4	Add	lines 1, 2, and 3			4	2,256,852.
5		reases not ıncluded in lıne 2 (itemize) ▶ See Statement	••••		5	30,040.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)-F	Part II, column (b), lir	ne 29	6	2,226,812.

Part	V Capital Gains and	Losses for Tax on Investr	nent Income	-	:	
		d(s) of property sold (for example, real e e; or common stock, 200 shs MLC Co.		(b) How acquired P—Purchase D—Donation	(c) Date acquir (mo., day, yr	
1a	Merrill Lynch Secur	ities		P	01/01/201	.9 12/31/2019
<u>b</u>	Merrill Lynch Secur	ities		P	01/01/201	.8 12/31/2019
c	<u>Merrill Lynch Secur</u>	ities		P	01/01/201	8 12/31/2019
d	<u>Merrill Lynch Secur</u>	ities		P	01/01/201	8 12/31/2019
<u>          e                          </u>	<del>-</del> -					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		ı) Gaın or (loss) plus (f) mınus (g))
a	2,008,514.	· · · · · · · · · · · · · · · · · · ·		2,098,670.		-90,156.
b	1,502,805.			914,656.		588,149.
c	10,321.			2,652.		7,669.
<u>d</u>	32,412.			18,274.		14,138.
е						
	Complete only for assets show	ving gain in column (h) and owned	by the foundation	on on 12/31/69.		s (Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol. (j), if any		ut not less than -0-) <b>or</b> ses (from col (h))
a						-90,156.
b						588,149.
c						7,669.
d						14,138.
e						
2	Capital gain net income or	mercannariossi ) •	also enter in F , enter -0- in P		2	519,800.
3	If gain, also enter in Part I	or (loss) as defined in sections , line 8, column (c). See instru	ctions. If (los	s), enter -0- ın }		
					3	-90,156.
Part		er Section 4940(e) for Reduate foundations subject to the				
Was t	s," the foundation doesn't qu	ection 4942 tax on the distribution alify under section 4940(e). Do	not complete	this part.	<u> </u>	☐ Yes ☒ No
1	Enter the appropriate amou	unt in each column for each ye	ar; see the inst	tructions before m	aking any entr	ies.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use a	ssets (col	(d) Distribution ratio (b) divided by col. (c))
	2018	69,5	86.	1,115,0	28.	0.062407
	2017	63,4		1,137,0		0.055828
	2016	64,9		978,3		0.066391
	2015	29,5		903,4		0.032656
	2014		0.	4,3	47.	0.000000
2	Total of line 1, column (d)				. 2	0.217282
3	. , ,	or the 5-year base period—div				0.217202
3		undation has been in existence				0.043456
4	Enter the net value of nonc	haritable-use assets for 2019 f	rom Part X, lin	e5	. 4	2,003,840.
5	Multiply line 4 by line 3 .				. 5	87,079.
6	Enter 1% of net investment	income (1% of Part I, line 27b	)		. 6	5,602.
7	Add lines 5 and 6				. 7	92,681.
8		s from Part XII, line 4				98,650.
	If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box ir	Part VI, line 1	b, and complete t	hat part using	a 1% tax rate. See the

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Part		<u>ins</u> trı	<u>uctio</u>	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.			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		5,6	02.
	here ► 🗵 and enter 1% of Part I, line 27b			- 1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	<del></del>		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			Ο.
3	Add lines 1 and 2		5,6	02.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5,6	02.
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 880.			l
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		8	80.
8	Enter any penalty for underpayment of estimated tax. Check here 🔲 If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		4,7	22.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			0.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 0. Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials	···		1
	published or distributed by the foundation in connection with the activities.			1
С	Did the foundation file Form 1120-POL for this year?	1c		
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u> </u>
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1		
_	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
	If "Yes," attach a detailed description of the activities.			
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		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		$\hat{\mathbf{x}}$
<del>ч</del> а b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	$\vdash \vdash$	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
J	If "Yes," attach the statement required by General Instruction T.			
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	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► FL			
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 <i>General Instruction G?</i> If "No," attach explanation	8b		
0				1
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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
• •	names and addresses	10		×

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
4.4	Website address ► N/A  The books are in care of ► Robin Godber  Telephone no. ► (321)	626	0200	
14	The books are in care of ▶ Robin Godber  Located at ▶ 400 High Point Dr, Suite 500 Cocoa FL  ZIP+4 ▶ 32926			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	_000	±	▶ [
	and enter the amount of tax-exempt interest received or accrued during the year		•	_
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
••	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	-	<u>-</u>	
Par	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	<ul> <li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? □ Yes ⋈ No</li> <li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? □ Yes ⋈ No</li> </ul>			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		•	
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	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.)	Į		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in		<u> </u> -	
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	were not corrected before the first day of the tax year beginning in 2019?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		<u> </u>
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		:	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			•
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		ĺ	
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 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 Form 4720, Schedule C, 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		×
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?	4h		×

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Par	VII-B Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	lequire	d (contii	nued)			
5a	During the year, did the foundation pay or incu	any am	ount to:					_		Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influe	ence legislatio	on (sect	tion 4945(e	))? .	☐ Yes	⊠ No	,		
	(2) Influence the outcome of any specific pub	lıc electi	ion (see sect	ion 495	55); or to c	arry on	•				
	directly or indirectly, any voter registration of	drive?					☐ Yes	⊠ No	,		
	(3) Provide a grant to an individual for travel, st	udy, or	other similar	purpos	es?		☐ Yes	⊠ No	,		l
·	(4) Provide a grant to an organization other the										
	section 4945(d)(4)(A)? See instructions .						☐ Yes	⊠ No	,		
	(5) Provide for any purpose other than religiou	s, charit	able, scientif	ic, litera	ary, or edu	cationa	_				
	purposes, or for the prevention of cruelty to							⊠ No	.		
b	If any answer is "Yes" to 5a(1)-(5), did any of	the trans	sactions fail t	o quali	fy under th	e exce	otions des	scribed			
	in Regulations section 53.4945 or in a current r								5b		
	Organizations relying on a current notice regard	ding disa	aster assistan	ce, che	eck here				)		
С	If the answer is "Yes" to question 5a(4), does	the four	ndation claim	n exem	ption from	the tax	;				
	because it maintained expenditure responsibility	ty for the	grant?				☐ Yes	☐ No	.		
	If "Yes," attach the statement required by Regu	lations s	section 53.49	45-5(d)	).						
6a	Did the foundation, during the year, receive an	y funds,	directly or in-	directly	, to pay pre	emiums	;				
	on a personal benefit contract?						☐ Yes	⊠ No			
b	Did the foundation, during the year, pay premit	ıms, dıre	ectly or indire	ctly, on	a persona	l benefi	t contract	? .	6b		×
	If "Yes" to 6b, file Form 8870.								-		
7a	At any time during the tax year, was the foundation	n a party	y to a prohibit	ed tax s	helter trans	action?	Yes Yes	⊠ No			
b	If "Yes," did the foundation receive any procee							n? .	7b		
8	Is the foundation subject to the section 4960 t										
	remuneration or excess parachute payment(s)										
Par	VIII Information About Officers, Dire	ctors, 1	Γrustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors	• ••									
	List all officers, directors, trustees, and four		managers ar e, and average		r compens mpensation		See Instru		· .		
		I IDI III	e. and average								
	(a) Name and address	hou	irs per week ed to position	(If r	not paid, iter -0-)	emple	yee benefit erred compe	plans	(e) Expe	nse acc allowan	
	(a) Name and address Simpkins	hou devot	irs per week	(If r	not paid,	emple	yee benefit	plans			
		hou devot	rs per week red to position red to position res.	(If r	not paid,	emple	yee benefit	plans			
110 Jil	.Simpkins S.Twin Lakes Road Cocoa FL 32926 l K.Simpkins	Dir. Execut	rs per week ed to position , Pres. 2.00 ive Director	(If r	not paid, iter -0-)	emple	yee benefit	plans ensation			0 .
110 Jil 844	.Simpkins S.Twin Lakes Road Cocoa FL 32926 l K.Simpkins Riverside Drive Ormond Beach FL 32176	Dir. Execut	rs per week ed to position , Pres. 2.00 ive Director 2.00	(If r	not paid, iter -0-)	emple	yee benefit	plans ensation			ces
110 Jil 844 Ber	.Simpkins S.Twin Lakes Road Cocoa FL 32926 l K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter	Dir. Execut Dire	rs per week ed to position , Pres. 2.00 ive Director 2.00 ctor	(If r	0.	emple	yee benefit	plans ensation 0.			0. 0.
110 Jil 844 Ber	.Simpkins S.Twin Lakes Road Cocoa FL 32926 l K.Simpkins Riverside Drive Ormond Beach FL 32176	Dir. Execut Dire	rs per week ed to position , Pres. 2.00 ive Director 2.00	(If r	not paid, iter -0-)	emple	yee benefit	plans ensation			0 .
110 Jil 844 Ber 131	.Simpkins S.Twin Lakes Road Cocoa FL 32926 l K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter	Dir. Execut Dire	rs per week ed to position , Pres. 2.00 ive Director 2.00 ctor 2.00	(If r	0. 1,000.	emple	yee benefit	O.  O.			0. 0.
110 Jil 844 Ber 131	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement	Dir. Execut	rs per week ed to position , Pres. 2.00 ive Director 2.00 ctor 2.00	(If r	0. 1,000. 5,000.	emple and def	yee benefit erred compe	0. 0.	other :	allowan	0. 0. 0.
110 Jil 844 Ber 131	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement Compensation of five highest-paid employed	Dir. Execut	rs per week ed to position , Pres. 2.00 ive Director 2.00 ctor 2.00	(If r	0. 1,000. 5,000.	emple and def	yee benefit erred compe	0. 0.	other :	allowan	0. 0. 0.
110 Jil 844 Ber 131	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement	Dir. Execut	rs per week ed to position , Pres. 2.00 ive Director 2.00 ctor 2.00	(If r	0. 1,000. 5,000.	emple and def	oyee benefit erred compe	O. O. uction:	other :	allowan	0. 0. 0.
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position , Pres. 2.00 ive Director 2.00 ctor 2.00 lor than thos	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. 0. uctions	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement Compensation of five highest-paid employed	Dir. Execut Dire	resper week ed to position  Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 er than thos	se inclusiverage	0. 1,000. 5,000.	emplo and def	see instr	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	Dir. Execut Dire	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center
110 J11 844 Ber 131 See	Simpkins S.Twin Lakes Road Cocoa FL 32926 K.Simpkins Riverside Drive Ormond Beach FL 32176 nard Blake Hunter Calm Water Cove Lake Mary FL 32746 Statement  Compensation of five highest-paid employe "NONE."	hou devot Dir.  Execut  Direct  Onco  Direct  Direct	rs per week ed to position  , Pres. 2.00 ive Director 2.00 ctor 2.00  10.00 ler than those hours per week ed to position  (b) Title, and a hours per week ed to position  to p	se inclusiverage	0. 1,000. 1,000. 5,000. uded on li	emplo and def	see instri	0. 0. uction:	other a	one, (	0. 0. 0. center

Pari	VIII Information About Officers, Directors, Trustees, Founda and Contractors (continued)	ition Managers, Highly Paid En	nployees,
3	Five highest-paid independent contractors for professional services. Se	ee instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Non			
		<del></del>	
Total	number of others receiving over \$50,000 for professional services		0
	IX-A Summary of Direct Charitable Activities		10
	the foundation's four largest direct charitable activities during the tax year. Include relevant s	statistical information such as the number of	<b>5</b>
	anizations and other beneficiaries served, conferences convened, research papers produced, et		Expenses
1		`	
2			
_			
3			
4			
7			
Par	IX-B Summary of Program-Related Investments (see instruc	etions)	
Des	cribe the two largest program-related investments made by the foundation during the tax year of		Amount
1			
2			
A 11	ather program related investments. See instructions		
	other program-related investments. See instructions		
3			
Total	. Add lines 1 through 3		
			000 DE

Part	see instructions.)	gn ioi	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,994,875.
b	Average of monthly cash balances	1b	39,480.
c	Fair market value of all other assets (see instructions)	1c	0.
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,034,355.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		· · · · · · · · · · · · · · · · · · ·
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,034,355.
4	Cash deemed held for charitable activities. Enter $1^{1}/_{2}\%$ of line 3 (for greater amount, see instructions)	4	30,515.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,003,840.
6	Minimum investment return. Enter 5% of line 5	6	100,192.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	ounda	ations
1	Minimum investment return from Part X, line 6	1	100,192.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)	<u> </u>	
С	Add lines 2a and 2b	2c	5,602.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	94,590.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	94,590.
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	94,590.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	98,650.
b	Program-related investments—total from Part IX-B	1b	_
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		-
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	98,650.
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	5,602.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	93,048.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whet	
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Part	VIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	<b>(c)</b> 2018	( <b>d</b> ) 2019
1	Distributable amount for 2019 from Part XI, line 7				94,590.
2	Undistributed income, if any, as of the end of 2019:		· · -		
a	Enter amount for 2018 only			0.	
ь	Total for prior years: 20, 20, 20			-	
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015		•		
C	From 2016			•	
d	From 2017 8,155.				
e	From 2018				
f	Total of lines 3a through e	31,167.			
-	Qualifying distributions for 2019 from Part XII,	31/10/1	<del></del>		
4	line 4: ► \$98,650.				
	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				94,590.
e	Remaining amount distributed out of corpus	4,060.		,	<i>J.</i> ,
-	•	4,000.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				<b>,</b>
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	35,227.			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
_	amount—see instructions		0.		<u> </u>
е	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
_					
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2020.				<u> </u>
5	Subtract lines 7 and 8 from line 6a	35,227.			ļ
40		33,221.			<u></u>
10	Analysis of line 9:				1
а	Excess from 2015			<b>,</b>	
b	Excess from 2016		ļ		j
C	Excess from 2017 8,155.		!		
d	Excess from 2018		İ		
е	Excess from 2019 4,060.				

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Part	XIV Private Operating Founda	tions (see instr	uctions and Par	t VII-A, question	9)	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective fo					
b	Check box to indicate whether the fou	ndation is a privat	e operating found	ation described in	section (4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(-,
	each year listed		+	-	<del></del>	
_	85% of line 2a			<del>                                     </del>	-	
С	line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly		<u> </u>			
	for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3		+		-	<del></del>
J	of minimum investment return shown in Part X, line 6, for each year listed				,	
С	"Support" alternative test—enter:					
·	(1) Total support other than grass investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)				<u> </u>	
	(2) Support from general public and 5 or prore 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	on (Complete t	his part only if	the foundation	had \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation	-				
а	List any managers of the foundation before the close of any tax year (but of					by the foundation
	Bernard W Simpkins	100/		!£	/	
	List any managers of the foundation ownership of a partnership or other each					arge portion of the
2	N/A Information Regarding Contribution	Grant Gift Lo	an Scholarship	etc Programe:	_	_
2	Check here ► 🗵 if the foundation			_	organizations and	I does not accept
	unsolicited requests for funds. If the f complete items 2a, b, c, and d. See ir	oundation makes				
а	The name, address, and telephone nu		dress of the pers	on to whom applic	cations should be a	ddressed:
b	The form in which applications should	i be submitted ar	nd information and	d materials they sh	ould include:	
С	Any submission deadlines.					
	Anu vantulations on limitations of	iordo acabasa t	w goomenties!	aran ahawaala	holdo lundo ef ter	titutions ou sales
a	Any restrictions or limitations on av	varus, such as t	y geographical a	areas, criaritable i	neius, kinas ot ins	atations, or other

factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		·		
FUMC of Winter Park				
125 N. Interlachen Ave.				
Winter Park FL 32789		Public	Unrestricted	1,000.
Help Hope Live				
60 Sylvania Place				
Ormond Beach FL 32174		Public	Unrestricted	2,940.
Limbitless Solutions, Inc.				
12424 Research Parkway				10.000
Orlando FL 32826		Public	Unrestricted	10,000.
Merritt Island Breakfast Rotary Found, Inc				
P. O. Box 540574		n 1 1 1		050
Merritt Island FL 32954-0574		Public	Unrestricted	250.
St. Stephen's Way, Inc.				
2310 Lipscomb St.		D1-1-4-	III was the d	2 000
Melbourne FL 32901		Public	Unrestricted	2,000.
The Foundation for SCPS				
400 East Lake Mary Blvd. Sanford FL 32773		Public	Unrestricted	850.
The United Methodist Committee on Relief		PUDITC	onrestricted	830.
458 Ponce De Leon Ave, NE				
Atlanta GA 30308		Public	Unrestricted	5,000.
Tim Tebow Foundation		Tubito	omescriced	] 3,000.
2220 C.R. 210 W., Ste 108 PMB 317				
Jacksonville FL 32259		Public	Unrestricted	1,000.
VCSO Charity Committee, Inc.				1,000.
442 S. Beach St.				
Daytona Beach FL 32114		Public	Unrestricted	250.
See Statement		,		
				75,360.
Total		1	▶ 3a	98,650.
b Approved for future payment				
None				
·				
		ļ		
				İ
Total			<b>▶ 3b</b>	0
Total <u></u>	<del></del>		· · · · · · ► 3D	0.

nte	gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	( <i>e)</i>
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exemp function income (See instructions.)
1	Prog	ram service revenue.			+ +		(000 111011 001101101)
				<del></del>	<del> </del>	_ <del></del>	
	_					<del></del>	
	d _		-		<del> </del>		
	e –			<del> </del>	+		
	, <u> </u>	ees and contracts from government agencies		<del></del>	<del>- </del>		
2		bership dues and assessments					
3		est on savings and temporary cash investments			14	1,452.	
4		lends and interest from securities			14	40,153.	=
5		rental income or (loss) from real estate:			+		
•		Debt-financed property		<del> </del>			<u>.                                    </u>
		lot debt-financed property					
6		rental income or (loss) from personal property		•		<del></del> -	
7		r investment income					
8		or (loss) from sales of assets other than inventory		•	18	519,889.	
9		ncome or (loss) from special events				·	
10		s profit or (loss) from sales of inventory	- ''				
11		r revenue: a					
	b						
	c _						
	d _						
	e _	otal. Add columns (b), (d), and (e)					
40	Subt	otal Add columns (b) (d) and (e)				E C 1 4 O 4	
12	Subt	otal. Add coldinis (b), (d), and (e)	L		<u>l</u>	561,494.	
13	Tota	I. Add line 12, columns (b), (d), and (e)					561,494.
<b>13</b> See	<b>Tota</b> works	<ol> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> </ol>	 ıs.)				561,494.
13 See Par	Tota work: t XV	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	<b>Tota</b> works	<ol> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> </ol>		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	561,494.
13 See Par Line	Total works t XV e No.	Add line 12, columns (b), (d), and (e)     sheet in line 13 instructions to verify calculation     Relationship of Activities to the A		ent of Exemp	ot Purposes	13	

orm 9	90-PF	(2019)									Pa	ge <b>1</b> 3
Par	t XVI	Information Organization	n Regarding Trar ons	nsfers to	and Transac	tions and I	Relations	hips With	Nonchar	itable		
1	in : orga	section 501(c) (o anizations?	directly or indirectly other than section	501(c)(3)	organizations)	or in sect	tion 527,				Yes	No
а		-	porting foundation to			=	1 01:			4 - (4)		
										1a(1)		×
		Other assets .								1a(2)		×
b		er transactions:										
			a noncharitable exe							1b(1)		×
			ets from a noncharit		• •					1b(2)		×
			, equipment, or othe							1b(3)		×
			rrangements							1b(4)		×
		Loans or loan gua								1b(5)		×
			ervices or members							1b(6)		×
С			quipment, mailing li							_1c		×
d	valu valu	ue of the goods, o	of the above is "Ye ther assets, or servi on or sharing arrang	ices given jement, sh	by the reporting ow in column (	g foundation	n. If the fou	ndation rec	eived less	than	faır m	arke
(a) Lir	ne no	(b) Amount involved	(c) Name of nonc	hantable exer	mpt organization	(d) Desc	cription of tran	sfers, transacti	ons, and sha	ring arra	angeme	ents
						·	•					
		· -										
			=		_							
								<del></del>				
2a b	des	cribed in section 5	ectly or indirectly a 501(c) (other than se following schedule	ection 501(			nore tax-ex	kempt orgai			s 🗵	No
		(a) Name of organ			b) Type of organiza	ation		(c) Descript	on of relation	ship		
		•										
	_						<del>                                     </del>					
				<u>-</u>			<u> </u>		<u>-</u>			
	_					<u></u>	~				-	
			=	<del></del>			<del>                                     </del>					
Sigr		der penalties of perjury, I	declare that I have examine aration of preparer (other th	l ed this return, i an taxpayer) is	including accompany based on all informa	ying schedules an ation of which pre	I od statements, a parer has any k	and to the best o				
Her	'   N-	iCh-	Seffen		7-7-20	Chief Acc			May the IR with the pro See instruc	eparer s	hown b	elow?

Here	Signature of officer or trustee	Date Chief	Accounting Off	See instructions Yes No
Paid Prepa	Print/Type preparer's name	Preparer's signature	Date	Check I if self-employed
Use O		-Prepared	Fi	rm's EIN ▶
	Firm's address ▶		P≀	hone no
BAA			•	Form <b>990-PF</b> (2019)

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

## Form 990-PF: Return of Private Foundation

### Other Expenses

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Bank Fees	150.	150.	150.	
State Filing Fee	70.	70.	70.	
Total	220.	220.	220.	

# Form 990-PF: Return of Private Foundation

#### **Other Decreases**

#### **Continuation Statement**

<b>D</b> escription	Amount
Non deductible investment fees	17,164.
Book - 1099 adjustment Dividends	-351.
Book - 1099 realized gain on sale	12,303.
Income Tax Paid	924.
Total	30,040.

# Net Gain or Loss From Sale of Assets

Name Simpkins Family Foundation	Inc	Employer Identification No
Dimpains raining roundaction	, Inc.	11, 2220103
Asset Information:		
Description of Property	in Code	
Business Code Exclus	ion Code	
	How Acquired	
	Name of Buyer	<del>-</del>
Check Box, if Buyer is a Business .		
	Cost or other basis (do not reduce by deprecia	ation)
Sales Expense	_ Valuation Method	,
Total Gain (Loss)	Accumulated Depreciation	·
	ion Codo	
Business Code Exclus	ion Code	
	How Acquired	
Date Sold	Name of Buyer	
Check Box, if Buyer is a Business.		
	Cost or other basis (do not reduce by deprecia	ation)
Sales Expense .	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Business Code Exclus	ion Code	
	How Acquired	
Date Sold	Name of Buyer	
Check Box, if Buyer is a Business .	Name of Buyer	
	Cost or other basis (do not reduce by deprecia	ation).
	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Business Code Exclus	ion Code	
	How Acquired	
Date Sold		
Check Box, if Buyer is a Business .		<b></b>
· · · · · · · · · · · · · · · · · · ·	Cost or other basis (do not reduce by deprecia	ation)
	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	ion Code	
	How Acquired	
	Name of Buyer .	
Check Box, if Buyer is a Business		
	Cost or other basis (do not reduce by deprecia	ation)
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	·
Total Gain (2000)		
Totals:		
Total Gain (Loss) of all assets	519,889.	
Gross Sales Price of all assets	3,554,052.	
Unrelated Business Income	Business Code .	
Excluded by section 512, 513, 514	519,889. Exclusion Code.	
Related/Exempt Function Income		_
	ge 1	

# Legal and Professional Fees

' Form 990-PF Part I, Lines 16a - 16c

Name	Employer Identification No
Simpkins Family Foundation, Inc.	47-2225459

# Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
otal to Form 990-	PF, Part I, Line 16a				

# Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-P	F, Part I, Line 16b				

#### **Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Sam Bockman	Financial Advise	1,000.	1,000.	1,000.	
Total to Form 990	P-PF, Part I, Line 16c	1,000.	1,000.	1,000.	

<del></del>			_		
lame					yer Identification No
mpkins Family Foundat:	ion, Inc.	· · · · · ·	_	47-2	225459
	End o	f Year		End o	f Year
Line 10a - Investments -	State and Local	State and Local	US Govern		
	1				
US and State Government	Obligations	Obligations	Obligati	ons	Obligations
Obligations:	Book Value	FMV	Book Va	lue	FMV
	<u> </u>				
Tot to Fm 990-PF, Pt II, Ln 10a					
			r		
				End o	f Year
Line 10b - Investme	ents - Corporate	Stock:	Book	(	Fair Market
,	·		Value	•	Value
146 ADOBE INC 42765	.01 48152.26	-	ЛΩ	152.	48,152.
34 ALPHABET INC SHS CL				539.	45,539.
.386 ALTRIA GROUP INC	64364.45 691			$\frac{539.}{175.}$	69,175.
	04304.45 09.	173.20			
See L-10b Stmt			1,670,		1,670,916.
Totals to Form 990-PF, Part II, I	Line 10b		1,833,	782.	1,833,782.
					Γ
Line 40e Investme	ento Cornorato I	Pondo	End of Ye		1
Line 10c - Investme	ents - Corporate i	Bonas:	Book	-	Fair Market
			Value	,	Value
					7
Totals to Form 990-PF, Part II, I	ine 10c				
				End o	l f Year
Line 12 - Investme	ents - Mortgage I	oans:	Book		Fair Market
			Value		Value
·					
Totals to Form 990-PF, Part II, L	ine 12		<del></del>		
					<del></del>
· · · · · · · · · · · · · · · · · · ·				End o	f Year
Lina 42 Inve	estments - Other:	,	Daal		Fair Market
Lille 13 - INVE	satinenta - Otner:		Book		
			Value ———	•	Value ————
Totals to Form 990-PF, Part II, L	ine 13				

# Additional information from your 2019 Federal Exempt Tax Return

# Form 990-PF: Return of Private Foundation

Line 2(c)

itemization	Statement

Description	Amount
Merrill Lynch Trading Account	376,798.
Merrill Lynch Operating Account	18,232.
Total	395,030.

# Form 990-PF Part II Line 10, 12 and 13 Investments L-10b Stmt

### **Continuation Statement**

Line 10b Description	Line 10b Book	Line 10b FMV
36 AMAZON COM INC 65914.27 66522.24	66,522.	66,522.
196 AMGEN INC 37676.23 47249.72	47,250.	47,250.
233 ANTHEM INC 61245.51 70372.99	70,373.	70,373.
165 APPLE INC 24271.94 48452.25	48,452.	48,452.
1646 AT&T INC 52765.44 64325.68	64,326.	64,326.
566 BIOMARIN PHARMACEUTICALS 45494.54 47855.3	47,855.	47,855.
439 CATERPILLAR INC 59751.71 64831.52	64,832.	64,832.
533 CHEVRON CORP 67133.73 64231.83	64,232.	64,232.
897 CISCO SYSTEMS INC 42105.8 43020.12	43,020.	43,020.
1250 COCA COLA 58832.2 69187.5	69,188.	69,188.
593 CSX CORP 40021.63 42909.48	42,909.	42,909.
903 CVS HEALTH CORP 54211 67083.87	67,084.	67,084.
461 DISNEY 64202.36 66674.43	66,674.	66,674.
1530 EXXON MOBIL CORP 110506.1 106763.4	106,763.	106,763.
7123 FORD MOTOR CO 62753.42 66243.9	66,244.	66,244.
668 GILEAD SCIENCES INC 44562.17 43406.64 '	43,407.	43,407.
294 GOLDMAN SACHS GROUP INC 62542.56 67599.42	67,599.	67,599.
736 INTEL CORP 35202.66 44049.6	44,050.	44,050.
490 JOHNSON AND JOHNSON 63174.99 71476.3	71,476.	71,476.
323 MARRIOTT INTL INC A 40345.51 48911.89	48,912.	48,912.
726 MAXIM INTEGRATED PRODS 42835.89 44656.26	44,656.	44,656.
294 MICROSOFT CORP 28596.9 46363.8	46,364.	46,364.
205 NVIDIA 30089.37 48236.5	48,237.	48,237.
300 RAYTHEON CO DELAWARE 54033.58 65922	65,922.	65,922.
1751 SCHLUMBERGER LTD 69049.2 70390.2	70,390.	70,390.
364 TAKE TWO INTER SOFTWARE 35089.63 44564.52	44,565.	44,565.
255 UNITEDHEALTH GROUP INC 60787.08 74964.9	74,965.	74,965.
544 WALMART INC 49160.23 64648.96	64,649.	64,649.
Total	1,670,916.	1,670,916.

Simpkins Family Foundation, Inc. Form 990-PF: Return of Private Foundation

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

			1	
Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
Adam Agner Crouch	Director	1,000.	0.	0
11 Palmetto Dunes Ct.	2.00			
Ormond Beach, FL 32174				
Brittany Sobering	Director	1,000.	0	0
921 Arabian Ave.	2.00			
Winter Springs, FL 32708				
Kyle Jakubcin	Director	1,000.	0	0
1508 Corkery Ct	2.00			
Winter Springs, FL 32708				
Susan Timmins	Dir, Secy, Treas	1,000.	.0	0
4365 Comfort Street	2.00			
Cocoa, FL 32926				
Robin Godber	Chief Accounting Officer	1,000.	0	0
832 Nottingham Street	2.00			
Orlando, FL 32803				
		5,000.	0	.0

## Form 990-PF: Return of Private Foundation

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

**Continuation Statement** 

Tait AV, Line 3a. Grants and Contributions Faid During the Tear			Continuation Stateme		
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	.!			· -	
YMCA of Central Florida		Public	Unrestricted	25,000.	
433 N. Mills Ave.					
Orlando, FL 32803					
AdventHealth Daytona Beach Foundation	-	Public	Unrestricted	2,500.	
305 Memorial Medical Parkway, Suite 212				•	
Daytona Beach, FL 32117					
Aging Matters in Brevard		Public	Unrestricted	10,000.	
3600 W. King St.					
Cocoa, FL 32926					
Boy Scouts of America		Public	Unrestricted	2,000.	
P. O. Box 360356					
Melbourne, FL 32936					
Boys & Girls Clubs of Central Florida		Public	Unrestricted	5,000.	
P. O. Box 2987					
Orlando, FL 32802					
Brevard Schools Foundation, Inc.	-	Public	Unrestricted	4,060.	
2700 Judge Fran Jamieson Way					
Viera, FL 32940					
Cannonball Kids Cancer Foundation, Inc.		Public	Unrestricted	5,000.	
P. O. Box 547797					
Orlando, FL 32854					
Cheatham County Veteran's Memorial Park		Public	Unrestricted	500.	
P. O. Box 52					
Ashland City, TN 37015	•				
Community Based Care of Central Florida,		Public	Unrestricted	2,500.	
440 W. Kennedy Blvd.					
Orlando, FL 32810					
Daytona State College Foundation		Public	Unrestricted	2,500.	
1200 W. International Speedway Blvd.					
Daytona Beach, FL 32114					
Discovery Land Company Foundation		Public	Unrestricted	5,000.	
301 N. Canon Drive, Suite 328					
Beverly Hills, CA 90210					
Eastern Florida State College Foundation		Public	Unrestricted	3,800.	
3865 N. Wickham Rd.					
Melbourne, FL 32935					
Embrace Families Foundation		Public	Unrestricted	2,500.	
4001 Pelee St.					
Orlando, FL 32817					
Florida Southern College		Public	Unrestricted	5,000.	
111 Lake Hollingsworth Drive					
Lakeland, FL 33801					

75,360.