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 warm irs gov/Form990PF for instructions and the latest information

	1	OMB No 1545-0047
191	7_	2019
1 11		Open to Public Inspection

		_		s.gov/Form990PF for instr			orniauori.	Open to Public Inspection				
_			dar year 2019 or tax year beginning		, and e	naing	A Employer identification	number				
	Nam	e oi	foundation NIC-HILD				A Employer identification	i iluliibei				
	RI	'.Δ1	NTON CHARITABLE FOUNDAT	ION, INC.			59-3162785					
-	Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number											
	20	00	LAKE MORTON		863-688-76	11						
_	City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here											
~	LAKELAND, FL 33801											
G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here												
			Final return	Amended return			2 5	nature the 95% toot				
_			Address change	Name change			Foreign organizations me check here and attach co	imputation				
H	Cr		type of organization: X Section 501(c)(3) ex	•		00	E If private foundation sta					
<u>)</u> 1				Other taxable private founda			under section 507(b)(1)	(A), check here				
ا رح			arket value of all assets at end of year J Accounting	-	Accr	ual	F If the foundation is in a					
	(Tro		Part II, col. (c), line 16) Oti 5 , 780 , 714 . (Part I, colum	her (specify)	is \		under section 507(b)(1)	(B), check here				
٢		·	Analysis of Revenue and Expenses			vactment	(a) Adjusted net	(d) Disbursements				
L	a		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)				
_	П	1	Contributions, gifts, grants, etc., received					1				
		2	Check X if the foundation is not required to attach Sch B									
		3	Interest on savings and temporary cash investments	58,128.	. 5	8,128.	58,128.	STATEMENT 1				
		4	Dividends and interest from securities	75,291.	7	5,291.	75,291.	STATEMENT 2				
		5a	Gross rents	54,733.	5	4,733.	54,733.	STATEMENT 3:1				
		b	Net rental income or (loss) 32,321.					STATEMENT 4				
	e l	6a	Net gain or (loss) from sale of assets not on line 10	26,935.								
	Revenue	b	Gross sales price for all assets on line 6a 33,075.									
	اچ	7	Capital gain net income (from Part IV, line 2)		2	<u>6,935.</u>						
		8	Net short-term capital gain									
		9 10-	Income modifications Gross sales less returns and allipwances									
		IUA	Less Cost of goods sold EIVED									
			Gross profit or (loss)									
		11	Other IEE me MAY 1 1 2020					i i				
		12	Other Rome MAY 1 1 2020 O	215,087.	21	5,087.	188,152.					
		13	Compensation of officers, directors, trustees, etc	45,000.		0.	0.	45,000.				
		14	Compensation of officers directors, trustees, etc. Other employee safaries and wages									
		15	Pension plans, employee benefits									
	Se		Legal fees STMT 5	3,600.		0.						
	ē		Accounting fees STMT 6	2,195.		0.	0.	0.				
CC.	۵		Other professional fees									
SCANNE	ž		Interest Taxes STMT 7	321.		0.	0.	0.				
څ	stra	18 19	Taxes STMT 7 Depreciation and depletion	22,412.	2	2,412.						
$\bar{\epsilon}$	Ē	20	Occupancy	22,412.		<u> </u>	22/1220					
;	힘	21	Travel, conferences, and meetings		-							
	77	22	Printing and publications									
	g s	23	Other expenses STMT 8	150.		0.	0.	0.				
	aţi		Total operating and administrative			_						
	<u>P</u>		expenses. Add lines 13 through 23	73,678.	2	2,412.	22,412.					
	٦		Contributions, gifts, grants paid	181,600.				181,600.				
		26	Total expenses and disbursements.	055 050	_	2 412	00 410	226 600				
_	\dashv		Add lines 24 and 25	255,278.		2,412.	22,412.	226,600.				
			Subtract line 26 from line 12:	-40,191.								
			Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	- 4 0,131•	1 0	2,675.		 				
			Adjusted net income (if negative, enter -0-)			<u>-, , , , , , , , , , , , , , , , , , , </u>	165,740.					

Form **990-PF** (2019)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

(a) List and describe the kninck) of property sold (for examels, real estate, 200 shs. M.C. Co.). 1. TSO SH PUBLIX STOCK 9	Part	IV Capital Gains a	and Losses for Tax on Ir	nvestmen	t Income					
(a) Gross sales price (ii) Depreciation allowed (or allowable) (g) Cost or other bases (lo) place (r) immus (gi) (s) place (r) immus (gi) (r) immus (gi					ite,	` P - F	Purchase	(c) Date (mo., c	acquired day, yr.)	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale (h) Earn or (loss) (e) Brus (l) minus (g)) 3 33,075. 6,140. 26,935. 6 6 Complete only for assets showing pain in column (n) and owned by the foundation on 12/51/69. (ii) FAIV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis (iii) Adjusted basis as of 12/31/69 (iii) Adjusted basis (iii)									08/05/19	
(a) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Earn or (loss) (les) plus expense of sale (les) plus expense of sale (les) plus (f) minus (g)) s 33,075. 6,140. 26,935. c 4 d 5 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (l) Earn or (loss) (li) Earn or (li)	<u>b</u>								_	
(e) Gross sales price (f) Deprication allowed (g) Cost or other basis plus expense of sale (h) Cann or (loss) 8 33,075. 6,140. 26,935. 9 Camplets only for assets showing gain in column (h) and owned by the foundation on 12/31/69. 9 Camplets only for assets showing gain in column (h) and owned by the foundation on 12/31/69. 9 (i) FMIV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted by the foundation on 12/31/69 (iii) Adjusted by the foundation on 12/31/69 (iii) Adjusted by the foundation of 12/31/69 (iii) Adjusted by the foundation and the foundation bable for the section 4940(g) for Reduced Tax on Net Investment Income (iii) Adjusted qualifying distributions and the foundation bable for the section 4940 (iii) and the foundation bable for the section 4940 (iii) and the foundation bable for the section 4940 (iii) and the foundation bable for the section 4940 (iii) and the foundation bable for the section 4940 (iii) and the foundation and										
(a) Cross sales pince (f) Deprecation allowed (or allowable) (g) Cost or other basis (h) plus (f) minus (g)) 3 33,075. 6 4 6 7 40. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adju						 	- +		·	
E. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) Adjusted basis (k) Excess of col. (i) col. (i), fany col. (ii), but not less than 4-) or Losses (from col. (h)) as of 12/31/69 (ii) FMV as of 12/31/69 (iii) FMV as of 12/31		(e) Gross sales price								
Complete only for assets showing gain in column (h) and owned by the foundation on 1231/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (l) Adjusted basis as of 1	а	33,075.		***************************************	6,14	0.			***	26,935.
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Complete only for assets showing gain in column (h) and owned by the foundation on 1231/69. (i) FMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) Care (b), but not less than -0-) or Lesses (from col. (h), but not less than -0-) or Lesses (from col. (h), but not less than -0-) or Lesses (from col. (h)) 2 Capital gain net income or (net capital loss) (ii) Gain, also enter in Part I, line 7 (ii) Gain (iii)								·		
Complete only for assets showing gain in column (fi) and owned by the foundation on 123 fi89. (i) FMV as of 12/31/69 (ii) Adjusted basis (iv) Expess of Col. (ii) (iii) and in the shan-9 of Col. (iv) gain meus col. (iv) that in the shan-9 of Losses (from col. (iii)) as of 12/31/69 a				<u> </u>		-				
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Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter-0- in Part I, line 7 If gain, also enter in Part I, line 8 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(g)(2) applies, leave this part blank. Was the foundation labele for the section 4942 tax on the distributable amount of any year in the base period? If Yes, the foundation despit quality under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year; see the instructions before making any entries. (g) Calendar year (or lax year beginning in) Adjusted qualitying distributions Net value of noncharitable-use assets (col. (b) divided by zol. (c)) 2016 160, 583. 2, 609, 860. 3, 061529 2017 190, 824. 2, 646, 081. 2016 2016 212, 545. 2, 664, 108. 0, 793781 2015 164, 907. 0. 0, 000000 2014 150, 100. 4, 923, 685. 3, 048782 Total of line 1, column (d) 3, Average distribution 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 4. Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 Multiply line 4 by line 3 6. Enter 1% of net investment income (1% of Part I, line 27b) 7. Add lines 5 and 6 8. Enter qualifying distributions from Part XII, line 4 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.	(i	i) FMV as of 12/31/69						Losses	(from col.	(h))
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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). If (loss), enter 0-9 n Part I, line 8 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 X No If Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year; see the instructions before making any entries. Base period years Calendar year (or fax year beginning in) Adjusted qualifying distributions Adjusted qualifying distributions Net value of noncharitable-use assets (c) Distribution ratio (c) Distribution ratio (c) Distribution ratio (c) (c) (d) divided by col. (c)) 2018 160, 583. 2, 609, 860. .061529 2017 190, 824. 2, 646, 081. .072116 2016 2017 190, 824. 2, 646, 081. .072116 2016 2017 190, 824. 2, 646, 108. .072116 2016 2017 150, 100. 4, 923, 685. .030485 2 Total of line 1, column (d) 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 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 5 136, 062. 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	е			J		\exists				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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). If (loss), enter 0-9 n Part I, line 8 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 X No If Yes, the foundation doesn't qualify under section 4940(e). Do not complete this part. I Enter the appropriate amount in each column for each year; see the instructions before making any entries. Base period years Calendar year (or fax year beginning in) Adjusted qualifying distributions Adjusted qualifying distributions Net value of noncharitable-use assets (c) Distribution ratio (c) Distribution ratio (c) Distribution ratio (c) (c) (d) divided by col. (c)) 2018 160, 583. 2, 609, 860. .061529 2017 190, 824. 2, 646, 081. .072116 2016 2017 190, 824. 2, 646, 081. .072116 2016 2017 190, 824. 2, 646, 108. .072116 2016 2017 150, 100. 4, 923, 685. .030485 2 Total of line 1, column (d) 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 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 5 136, 062. 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	2 Capit	tal gain net income or (net cai	ortal loss) If gain, also enter	r in Part I, line - in Part I. line	/ 7	}	2			26,935.
If gain, also enter in Part I, line 8, column (c). Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	•	, ,	•			7				
Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income				ia (0).] [
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? If Yes, "the foundation doesn"t qualify under section 4940(e). Do not complete this part. 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years (a) Calendar year (or tax year beginning in) 2018 160,583. 2,609,860. 2017 190,824. 2,646,081. 2016 2016 2112,545. 2,664,108. 2017 190,824. 2,646,081. 0,72116 2016 2015 164,907. 0. 0.000000 2014 150,100. 2 104 150,100. 4,923,685. 2 303485 2 1048782 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 Enter it w of net investment income (1% of Part I, line 27b) Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.				Dadwaad	Tour on No.	1	3			0.
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Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets Col. (b) divided by col. (c)	1 Ente	(a)	 	nstructions de	fore making any e			<u> </u>		(d)
2018	Calen	Base periód vears		tributions	Net value of no		ble-use assets	;		oùtion ratio
2017	- Outon			0,583.		2,	609,860		(001. (0) 01.	
2015 164,907. 0			19	0,824.		2,	646,083	L .		.072116
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5 136,062. 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,927. 7 Add lines 5 and 6 7 137,989. 8 Enter qualifying distributions from Part XII, line 4 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.	the f	oundation has been in existen	ice if less than 5 years					3		.048782
6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	4 Enter	the net value of noncharitab	le-use assets for 2019 from Part X,	line 5				4		2,789,191.
7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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.	5 Multi	ply line 4 by line 3						5_		136,062.
8 Enter qualifying distributions from Part XII, line 4 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.	6 Enter	1% of net investment incom	e (1% of Part I, line 27b)					6		1,927.
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.	7 Add	lines 5 and 6						7_		137,989.
								8		226,600.
			line 7, check the box in Part VI, line	1b, and comp	piete that part using	g a 1%	tax rate.			

	990-PF (2019) BLANTON CHARITABLE FOUNDATION, INC. 59- rt, VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	3162 - see ii	785 nstru		Page 4 1 5)	-
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			_		İ
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	<u> </u>				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			1,9	27.	
	of Part I, line 27b					ĺ
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.	_
3	Add lines 1 and 2			<u>1,9</u>	<u> 27.</u>	_
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-			1,9	<u>27.</u>	_
6	Credits/Payments:				į	1
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1,519.					
b	Exempt foreign organizations - tax withheld at source 6b 0.				į	j
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.					
d	Backup withholding erroneously withheld 6d 0.		<u> </u>			
7	Total credits and payments. Add lines 6a through 6d	<u> </u>		1,5	<u> 19.</u>	_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4	08.	_
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					_
	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11					_
Pa	rt 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 participate or intervene in			Yes		-
	any political campaign?		1a		X	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b	•	X	:
	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.					j
	Did the foundation file Form 1120-POL for this year?		1c		X	:
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					_
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation]
	managers. ► \$0.				لببا]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	;
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					ļ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	-
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	r / 7\	4a			-
	•	I/A	4b 5	_	Х	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		3			i
	If "Yes," attach the statement required by General Instruction T.					
D	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		٠			1
	 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 					ļ
	remain in the governing instrument?		6	$\overline{\mathbf{x}}$		j
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	X		-
′	Did the foundation have at least \$5,000 in assets at any time during the year? If Tes, complete that it, con (0), and that At A				1	Ī
٥.	Enter the states to which the foundation reports or with which it is registered. See instructions.					
οd	Enter the states to which the regulation reports of with which it is registered, ecc instructions.					
.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
U	of each state as required by General Instruction G? If "No," attach explanation		8b	x		•
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				- T	ĺ
•	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9		X)
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Х	- <i>U</i>
	The state of the s	Eou	m 990	-PF	(2010)	·

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	990-PF (2019) BLANTON CHARITABLE FOUNDATION, INC. 59-316	<u> 2785</u>		Page 5
Pa	rt 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		X
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_	<u></u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► E SNOW MARTIN JR Telephone no. ►863-6	<u>88-7</u>	<u>611</u>	
	Located at ▶ 200 LAKE MORTON DRIVE, LAKELAND, FL ZIP+4 ▶3	<u> 3801</u>		
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	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1 3		[
	foreign country			
Pa	art 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?] }
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for 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.)			
t	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 N/A	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		X
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)):			
á	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?			1
t	If "Yes," list the years \(\bigs_{} \),			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			<u> </u>
	statement - see instructions.) N/A	2b_	ļ	
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	Ì		
	>			1 1
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	o 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.) N/A	3b	ļ	
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	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		X
		orm 99 0	0-PF	(2019)

TOtal names of the street of t	Form 990-PF (2019) BLANTON CHARITABLE FOUND	ATION, INC.		59-31627	35	Page 6
(1) Carry on propagands, or otherwise attempts to influence septiation (section 4945(p))	Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)	-15.4	
(2) Influence the autonome of any specific public election (see saction 4955); or to carry on, directly or andirectly, any voter registration drive? 3) Provide a great to an individual for travel, study, or other similar purposes? (4) Provide a great to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than rehipous, charitable, escentific, literary, or educational purposes, or for the prevention of cruelity to children or animals? 5) If any answer is "Ves" to \$15(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.645-5(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.645-5(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.649-5(5), did any of the transactions of the statement required by Regulations section \$3.649-5(5), did any of the transaction from the tax because it maintained expenditure responsibility for the grant? 1) "Yes, statish estalement required by Regulations section \$3.649-5(5), did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1) "Yes, statish estalement required by Regulations section \$3.649-5(5), did the foundation, during the year, escene any funds, directly or indirectly, to a personal benefit contract? 1) "Yes, statish during the year, escene any funds, directly or indirectly, on a personal benefit contract? 1) "Yes, statish assument provided by the fundation receive any proceeds or have any set in norm attributable to the transaction? 2) At a say time during the year, vest the fundation appears and the fundation measures and the fundation of the fundation of the year. 2) The fundation of fundation during the year? 2) The fundation of fundation during the year? 2) The fundation of fundation of the year. 3) The fundation of the year of year of y					Yes	3 No
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(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4450(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scenific, literary, or educational purposes, or for the prevention of curety to children or animals? b I lary answer is "Nes to 641)-(5), did any of the transactions fail to qualify under the exceptions described in Repulsitions section \$3.495 for in a current notice regarding desister assistance, check here of if the answer is "Nes to gestion (4), does the foundation children or form the tax because it maintained expenditure responsibility for the grant? If "Yes, stants the stellment required by Requisitions section \$3.4945-5(d). 5a Did the foundation, duming the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes a tradition in the stellment required by Requisitions section \$3.4945-5(d). 5a Did the foundation, duming the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 "Yes To Bo, the Form 8870. 7a A lary wind either or the stant of the stant of the stant of the foundation supplex to the second-4500 for payment(s) of more than \$5,00,000 in remuneration or yes To Na T	(2) Influence the outcome of any specific public election (see section 4955); or	or to carry on, directly or indire				
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Part VIII		\$1,000,000 in remuneration o		[]		
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(a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0-) (ff not paid adverage not paid enter -0-) (ff not paid ent	Paid Employees, and Contractors			·	_	
Total number of other employees paid over \$50,000	1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(a) F	vnance
764 JESSANDA CIRCLE LAKELAND FL BETH MASON 1918 SEMINOLE TRAIL LAKELAND FL 5.00 15,000. 0. 0. 0. 1918 SEMINOLE TRAIL LAKELAND FL 5.00 15,000. 0. 0. 200 LAKE MORTON DRIVE LAKELAND FL 5.00 15,000. 0. 0. 0. (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Tills, and average hours per week devoted to position NONE (c) Compensation (d) Combusions to employee serious account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000	(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	accour	nt, other rances
LAKELAND FL BETH MASON 1918 SEMINOLE TRAIL LAKELAND FL E. SNOW MARTIN, JR. 200 LAKE MORTON DRIVE LAKELAND FL Campensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000		SEC/TRES/DIR				
BETH MASON 1918 SEMINOLE TRAIL LAKELAND FL 5.00 15,000. 0. 0. E. SNOW MARTIN, JR. 200 LAKE MORTON DRIVE LAKELAND FL 5.00 15,000. 0. 0. 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Combuditors to employee each plans and deferred compensation allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000			1 - 000			
1918 SEMINOLE TRAIL LAKELAND FL S.000 15,000. 0. 0. E. SNOW MARTIN, JR. PRES/DIR 200 LAKE MORTON DRIVE LAKELAND FL S.00 15,000. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). 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 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutions in employee heading answering the strength of deterred compensation allowances (c) Compensation (c) Compensation (c) Compensation (d) Combutions in employee heading answering the strength of deterred compensation allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000			15,000.	0.		<u> </u>
LAKELAND FL E. SNOW MARTIN, JR. 200 LAKE MORTON DRIVE LAKELAND FL 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Combutions to employee head plans account, other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000		DIR				
E. SNOW MARTIN, JR. 200 LAKE MORTON DRIVE LAKELAND FL Solution of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000 PRES/DIR 5.00 15,000. 0. 0. (c) Compensation (c) Compensation (c) Compensation (d) Combutions to employee hard defined compensation (e) Expense account, other allowances (c) Compensation Total number of other employees paid over \$50,000			45.000			^
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE Total number of other employees paid over \$50,000			15,000.	0.	<u>.</u>	<u> </u>
ACCOMPENSATION OF THE PROPERTY		PRES/DIR				
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee paid more than \$50,000 (e) Expense account, other allowances Total number of other employees paid over \$50,000			15 000			•
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000	LAKELAND FL	5.00	15,000.	0.		<u> </u>
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000						
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000		_				
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions employee benefit plans and deferred compensation (e) Expense account, other allowances Total number of other employees paid over \$50,000	O O	luded on line 1) If none	enter "NONE "			
NONE NONE Total number of other employees paid over \$50,000	2 Compensation of five highest-paid employees (other than those inc		enter NONE.	(d) Contributions to	(e) F	xpense
Total number of other employees paid over \$50,000 ■ 0	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred compensation	accour	nt, other vances
TOtal names of the street of t	NONE					
TOtal names of the only of the part of the						
TOtal names of the only of the part of the		_				
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TOtal names of the only of the part of the		_				
TOtal names of the only of the part of the						
TOtal names of the only of the part of the		4				
TOtal names of the only of the part of the						
TOtal names of the supplemental to the supplem		4				
TOtal names of the supplemental to the supplem		1	1			
	Total number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·		Form	000-P	

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	.62/85 Page 7
Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NO		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of convice	(0) 00
110112		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
		Form 990-PF (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	2,758,212.
	Average of monthly cash balances	1b	73,454.
	Fair market value of all other assets	1c	
_	Total (add lines 1a, b, and c)	1d	2,831,666.
	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	0.
3	Subtract line 2 from line 1d	3	2,831,666.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	42,475.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,789,191.
6	Minimum investment return Enter 5% of line 5	6	139,460.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	139,460.
2a	Tax on investment income for 2019 from Part VI, line 5		
ь	Income tax for 2019. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	1,927.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	137,533.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	137,533.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	137,533.
P	art XII Qualifying Distributions (see instructions)		<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		225 522
а	, , , , , , , , , , , , , , , , , , , ,	1a	226,600.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	226,600.
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	5	1,927.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	224,673.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	r the section

Form **990-PF** (2019)

Form 990-PF (2019) BLANTON CHAR	TTABLE FOUND	DATION, INC.	23-31	62/65 Page 9
Part XIII Undistributed Income (see	instructions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7				137,533.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		_		
3 Excess distributions carryover, if any, to 2019:		0.		
1				
a From 2014				
b From 2015 c From 2016 167,100. 83,450.				
d From 2017 64,072. e From 2018 33,124.				
	347,746.			
f Total of lines 3a through e 4 Qualifying distributions for 2019 from	347,740.			
Part XII, line 4: ►\$26,600.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior				-
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				137,533.
e Remaining amount distributed out of corpus	89,067.			20,,000
	05,0071			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	436,813.			
7 Corpus Add lines 3f 4c, and 4e Subtract line 5	#70,010.			
b Prior years' undistributed income. Subtract		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0_•
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	436,813.			
10 Analysis of line 9:				

a Excess from 2015 b Excess from 2016

c Excess from 2017 d Excess from 2018 e Excess from 2019 167,100. 83,450.

64,072. 33,124. 89,067.

	CHARITABLE			<u>59-31</u>	62785 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2019, enter the date of t	he ruling	▶ L		/
b Check box to indicate whether the foun	dation is a private operatin	g foundation described i			42(4)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
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.					I
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					Į.
alternative test relied upon: a "Assets" alternative test - enter:					Í
(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 Info			if the founda	ation had \$5,000 or mo	ore in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi			ributions received	by the foundation before the clos	se of any tax
year (but only if they have contributed in	more than \$5,000). (See s	ection 507(a)(2).)			
NONE					
b List any managers of the foundation w			or an equally large	e portion of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% of greater interes	SI.			
NONE					
2 Information Regarding Contribut					
Check here ► if the foundation					ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone nun	nber or email address of th	ie person to whom applic	ations should be a	addressed:	
ann an maranta 11					
SEE STATEMENT 11					
b The form in which applications should	be submitted and informat	tion and materials they st	iould include:		
c Any submission deadlines:					
					
d Any restrictions or limitations on award	ls, such as by geographica	al areas, charitable fields,	kınds of institution	ns, or other factors:	

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN INSTITUTE OF MUSICAL STUDIES NONE N/A EDUCATIONAL 28 E 69TH ST 2,000. KANSAS CITY, MO 64113 ACHIEVEMENT ACADEMY NONE N/A EDUCATIONAL 716 E BELLA VISTA ST LAKELAND, FL 33805 3,000, BARTOW YOUTH VILLA NONE N/A HUMANITARIAN FLORIDA 60 2,000, BARTOW FL 33830 BELMONT UNIVERSITY NONE N/A HUMANITARION 1900 BELMONT BLVD 2,500, NASHVILLE TN 37212-3757 HUMANITARIAN BIRDIES FOR CHARITIES - JOHN DEERE NONE N/A CLASSIC 15623 COALTOWN RD 15 000. EAST MOLINE IL 61244 SEE CONTINUATION SHEET(S) ▶ 3a 181 600. Total b Approved for future payment NONE **▶** 3b Total 0.

Part XV Supplementary Informat				
3 Grants and Contributions Paid During th		 		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount 1
	or substantial contributor	recipient		
EXPLORATIONS V	NONE	N/A	HUMANITARIAN	
109 N KENTUCKY AVENUE				
LAKELAND, FL 33801				3,000.
FLORIDA SOUTHERN COLLEGE	NONE	N/A	EDUCATIONAL	
111 LAKE HOLLINGSWORTH DR	NONE	, , , , , , , , , , , , , , , , , , ,	BOCKITOWNE	
LAKELAND, FL 33801				81,500.
FLORIDA STATE UNIVERSITY	NONE	N/A	EDUCATIONAL	
600 W COLLEGE AVENUE				10.000
TALLAHASSEE, FL 32306				10,000.
HARRISON PERFORMING ARTS CENTER	NONE	N/A	EDUCATIONAL	
750 HOLLINGSWORTH ROAD				
LAKELAND, FL 33801				4,000.
CTUTE WILL CONSCIUTATION FOR THE CONSTITUTION	YOVE	N/A	EDUCATIONAL	
GIVE WELL COMMUNITY FOUNDATION 1501 FLORIDA AVE S	NONE	N/A	EDUCATIONAL	
LAKELAND, FL 33803				10,000.
IMPERIAL SYMPHONY ORCHESTRA	NONE	N/A	CHARITABLE	
1037 S FLORIDA AVENUE LAKELAND, FL 33803				20,000.
21M221M2, 12 33000				
ITHACA COLLEGE	NONE	N/A	EDUCATIONAL	
953 DANBY RD ITHACA, NY 14850				5,000.
11mcn, N1 14000				
LAKELAND COMMUNITY THEATRE	NONE	N/A	HUMANITARIAN	
121 S LAKE AVENUE				
LAKELAND, FL 33801				3,500,
LAKELAND VOLUNTEERS IN MEDICINE	NONE	N/A	HUMANITARIAN	
1021 LAKELAND HILLS BLVD	TOTAL STATE OF THE	[
LAKELAND, FL 33805				3,000.
PLATFORM ART, INC PO BOX 1034	NONE	N/A	HUMANITARIAN	
LAKELAND, FL 33803		1		2,500
Total from continuation sheets				157,100.

	BLAN	TON	CHARITABLE	FOUNDATION,	INC.

Recipient san individual, show any relationship to any foundation manager or substantial contributor or substantial contributor or substantial contributor status of recipient status of r	Part XV Supplementary Information 3 Grants and Contributions Paid During the		-		
UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLE, FL 33146 UNIVERSITY OF NORTH TEXAS NONE N/A EDUCATIONAL 1155 UNION CIRCLE DENTON, TX 76203 VISTE 1232 E MAGNOLIA LAKELAND, FL 33801 A A HUMANITARIAN 5,6		If recipient is an individual,	Foundation	Purpose of grant or	
INIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLE, FL 33146 A,01 INIVERSITY OF NORTH TEXAS NONE N/A EDUCATIONAL 1155 UNION CIRCLE DENTON, TX 76203 F,01 VISTE NONE N/A HUMANITARIAN 1232 E MAGNOLIA LAKELAND, FL 33801 A.2.	Name and address (home or husiness)	any foundation manager	status of	contribution	Amount
1320 S DIXIE HWY CORAL GABLE, FL 33146 UNIVERSITY OF NORTH TEXAS NONE N/A DENTON, TX 76203 VISTE NONE N/A HUMANITARIAN 1232 E MAGNOLIA LAKELAND, FL 33801		or substantial contributor	recipient		<u> </u>
1320 S DIXIE HWY CORAL GABLE, FL 33146 INIVERSITY OF NORTH TEXAS NONE N/A EDUCATIONAL STORY STO					
CORAL GABLE, FL 33146 CONTINUERSITY OF NORTH TEXAS NONE N/A EDUCATIONAL STORY STATE NONE N/A HUMANITARIAN 1232 E MAGNOLIA LAKELAND, FL 33801 .		NONE	N/A	HUMANITARIAN	
UNIVERSITY OF NORTH TEXAS NONE N/A EDUCATIONAL 5,00 VISTE NONE N/A HUMANITARIAN LAKELAND, FL 33801 .					4.000
1155 UNION CIRCLE DENTON, TX 76203 VISTE NONE N/A HUMANITARIAN 5,6	30KAL GADDE, FE 33140				
DENTON, TX 76203 VISTE NONE N/A HUMANITARIAN 5,6	INIVERSITY OF NORTH TEXAS	NONE	N/A	EDUCATIONAL	
VISTE NONE N/A HUMANITARIAN 1232 E MAGNOLIA LAKELAND, FL 33801 .	1155 UNION CIRCLE				
1232 E MAGNOLIA LAKELAND, FL 33801	DENTON, TX 76203				5,000
1232 E MAGNOLIA LAKELAND, FL 33801					
		NONE	N/A	HUMANITARIAN	
					5,600
				,	
					,
				-	
		•			
			 		
Total from continuation sheets					

Part XVI-A Analysis of Income-Producing Activities

	-			 	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Alliount	Infiction income
a	-				
b	1		-		_
<u> </u>					
d					" "
e	_		+ +		
g Fees and contracts from government agencies	_				·
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash			 		
investments			14	58,128.	
4 Dividends and interest from securities			14	75,291.	
5 Net rental income or (loss) from real estate:		· · · · ·	- -	,	
a Debt-financed property				· - · - · - · - · - · - · - · - · - · -	
b Not debt-financed property			16	32,321.	
6 Net rental income or (loss) from personal			 - 		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	İ				26,935.
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)	L	0	•	165,740.	26,935.
13 Total Add line 12, columns (b), (d), and (e)				13	192,675.
(See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities	s to the Accon	nplishment of E	empt P	urposes	
Line No. Explain below how each activity for which in	ncome is reported in	column (e) of Part XVI	-A contribute	d importantly to the accom	plishment of
the foundation's exempt purposes (other th			TMAT C	STATE \ DDOVIT	DEC DEVENUE
ALL INCOME (INTEREST,					JES KEVENUE
SO THAT SCHOLARSHIPS	AND GRANT	S CAN DE A	MAKDEL	<i></i>	
	<u> </u>	·			
					
			· · · · · · · · · · · · · · · · · · ·		
		= -			
		-			
		_			

19) BLANTON CHARITABLE FOUNDATION, INC. 59-3162785 Page 13
Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

		-			g with any other organization		tion 501(c)		Yes	NO
			· ·		to political organizations?					
		from the reporting founda	ation to a noncharitat	ble exempt or	ganization of:				-	
•) Cash							1a(1)		X
•) Other							1a(2)		<u>X</u>
		sactions:	ble avamet eranizet					45/43		v 1
	•	of assets to a noncharital						1b(1)		X
(2	•	nases of assets from a nor		rganization				1b(2) 1b(3)		X
(3	-	al of facilities, equipment, of						1b(4)		X
(4	-	bursement arrangements						1b(5)		X
•	•	s or loan guarantees rmance of services or mei	mharahin ar fundrau	nina caliaitatia	no.			1b(6)		X
	•	f facilities, equipment, mai		_				1c		X
						wave chow the fair	market value of the goods, o		ets	
		-		_	• •		n or sharing arrangement, si		,	
		s given by the reporting it			su iess tilali lali lilaiket valt	ie in any transaction	or snaring arrangement, s	1017 111		
a) Line	<u>`</u>	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		exempt organization	(d) Description	n of transfers, transactions, and s	haring an	rangeme	nts
- ,	-	(b) / iiiio diii: iiivoivad	(0)	N/A	onompt or gameation	(4) 5000.15.10				
				N/A						
	_									
-			- :							
							· · · · · · · · · · · · · · · · · · ·			
						-				
	+									
	+									
	+									
										
	+				11.51.51.51	-				
							 -			
	_									
22 lc	the four		thy affiliated with or r	elated to one	or more tax-exempt organi	zations described				
		501(c) (other than section	-		of more tax exempt organi	zations described	Г	Yes	x] No
		omplete the following sche		CHOII JZ7			_			
יו ע	163, 60	(a) Name of org			(b) Type of organization	1	(c) Description of relationsh	חום		
		N/A			(4) 1) 1 1 1 1 1 1 1 1 1		<u> </u>	<u> </u>		
		11/21								
			<u> </u>							
	Under	penalties of perjury, I declare t	that I have examined this	s return, includin	g accompanying schedules and	statements, and to the	best of my knowledge			
Sigr	and be	elief, it is true, correct, and con	nplete Declaration of pre	eparer (other tha	n taxpayer) is based on all inform	nation of which prepare	retu	the IRS orn with th	e prepar	er
Here		ارميداع	$\sim \Lambda$		15-5-20	Presid		wn below Yes		No No
		nature of officer or trustee	10 000	<i>d</i>	Date	Title		7 162		J 140
	Julia	Print/Type preparer's na		Preparer's s		Date	Check If PTIN			
		Transtype preparer 5 lia	IIIIO		, /	Jaio	self- employed			
Paic	4	VIDCINIA C	UNDETC	رزه ورابع	in) Milan	04/29/20		152	611	
	arer	VIRGINIA C		ADDIC	P.A.	U#/43/4U	Firm's EIN ▶ 26-00			
	Only	Firm's name ► VIR	GINIA C H	ARKIS,	r.A.		Filli Sein P 20-00	7 2 0 0	70	
-3 0	City	Firm's address > 7.0	O COLUMN N	TOOOTTO	T ATTENTIO					
		Firm's address ► 72					Dhamas 062 66	ס די	COF	
		LA	KELAND, F	L 3381	<u> </u>		Phone no. 863-68			(0040)
							Fo	rm 99 0	J-PF	(2019)

FORM 990-PF INTERE	ST ON SAVING	S AN	D TEMPOR	ARY (CASH IN	VESTMENTS	STATEMENT	1
SOURCE			REVENUE NET IN		(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
BANK			58,1	28.		58,128.	58,	128.
TOTAL TO PART I, LI	NE 3		58,1	28.		58,128.	58,	128.
FORM 990-PF	DIVIDENDS	AND	INTEREST	FRON	4 SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	G	APITAL SAINS VIDENDS	REV	(A) /ENUE BOOKS	(B) NET INVES MENT INCO		
PUBLIX SUPER MARKETS	75,291.		0.	•	75,291.	75,29	75,	291.
TO PART I, LINE 4	75,291.		0.	,	75,291.	75,29	75,	291.
FORM 990-PF		RENT	'AL INCOM	E			STATEMENT	3
KIND AND LOCATION O	F PROPERTY					ACTIVITY NUMBER	GROSS RENTAL IN	COME
INCOME FROM PARTNER	SHIP - LAWNI	ALE				1	54,	733.
TOTAL TO FORM 990-P	F, PART I, I	INE	5A				54,	733.
FORM 990-PF	F	RENTA	L EXPENS	ES			STATEMENT	4
DESCRIPTION			ACTI NUM		A	MOUNT	TOTAL	
	- su	STOTA	 \L -	1		22,412.	22,	412.
TOTAL RENTAL EXPENS	SES						22,	412.
	10 HODM 000 I	ים ה	PART I, L	TNE I	5 B		32	321.

FORM 990-PF	LEGAL	FEES	Si	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
LEGAL FEES	3,600.	0.	0.	0.	
TO FM 990-PF, PG 1, LN 16A =	3,600.	0.	0.	0.	
FORM 990-PF	ACCOUNTI	NG FEES	នា	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING	2,195.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 16B	2,195.	0.	0.	0.	
FORM 990-PF	TAX	ES	STATEMENT '		
DESCRIPTION .	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FL DEPT OF STATE EXCISE TAX	61. 260.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18 =	321.	0.	0.	0.	
FORM 990-PF	OTHER E	XPENSES	ទា	PATEMENT 8	
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE PURPOSES	
DESCRIPTION	PER BOOKS	MENT INCOME	NET INCOME	PURPUSES	
DESCRIPTION BANK CHARGES	PER BOOKS	MENT INCOME 0.	net income 0.	0.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	9
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
PUBLIX SUPER MARKETS INC	•	526,829.	3,030,88	85.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	526,829.	3,030,88	85.
FORM 990-PF O	THER INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r
PARTNERSHIP INTEREST - LAWNDALE	COST	70,487.	70,48	87.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT

11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. E. SNOW MARTIN, JR. 200 LAKE MORTON DRIVE LAKELAND, FL 33801

TELEPHONE NUMBER

863-688-7611

FORM AND CONTENT OF APPLICATIONS

FORM PROVIDED BY CONTACTING THE ABOVE OFFICE. REQUIREMENTS INCLUDE: STATE-MENT OF PROPOSED STUDY, COMPLETE BIOGRAPHICAL RECORD, EXPLANATION OF PLANS AND COMMITTMENTS AFTER SCHOLARSHIP, REFERENCES AND RECOMMENDATIONS, DETAILS OF ACADEMIC CAREER, EXPLANATION OF FINANCIAL NEEDS.

ANY SUBMISSION DEADLINES

NONE; APPLICATIONS ACCEPTED ON AN ONGOING BASIS

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE AVAILABLE FOR EDUCATIONAL FUNDING TO PURSUE STUDIES IN THE FIELDS OF ORGAN MUSIC; CHURCH MUSIC.