2949113504706

QMB-445 1545-0047

2019

Form 990 PE

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

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

	Internal Re	venue Serviec مر مر مر مراه و GO to www.irs.go	ov/FormyyuPF for inst		167/816	
W F1 MC	For cale	nder year 2019 or tax year beginning 1.	2/26 , 201 9,	and ending 1.2	/31 , 2019 A Employer identification num	
	יי זע	LAND JR CHARITABLE TRUST	uil_		82-6387 <u>611</u>	лраг
	FIRST	NATL BANK MT DORA-PO BOX TO			B Telephone number (see Inst	ructions)
	MOUNT	DORA, FL 32756	352-383-2140			
			C If exemption application is	pending, check here 🟲 💢		
	G Che	ck all that apply: X initial return	D 1 Foreign organizations, chec	ik here, 💆 🗖		
/		Final return Address change	2 Foreign organizations meet	and the 85% test, check		
\int	H Cho	ck type of organization: X Section 501	Name change (c)(3) exempt private f	oundation IV	here and attach computation	in
For colendary Mount Do A 2021 G Check a H Check ty Se Fair marks (from Part (from Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Section 4947(a)(1) nonexempt charitable tr	ust Other taxable t	private foundation	E If private foundation status	was terminated	
, ,	I Fair		ounting method. X C	1/4 ///	under section 507(h)(1)(A)	, check here.
	•		Other (specify)		F If the foundation is in a 60	
\			column (d), must be on o	cash basis.)	under section 507(b)(1)(B)	
	Hant	Analysis of Revenue and	(a) Revenue and	(b) Net investme	n((c) Adjusted net	(d) Disbursements for charitable
		Expenses (The total of amounts in columns (b), (c), and (d) may not	expenses per books	income	income	purposes
		necessarily equal the amounts in column (a) (see instructions).)				(cash basis only)
		Contributions, offin, grants, etc., received (allach schodulb)	31,892,793.			THE TERMS OF THE PROPERTY OF T
		Z Chack - I if the foundation is not required to altach Sch. B				
		3 Interest on savings and temperary each livestments				
			1		1. 1.	
	1	5 a Gross rents	All and sections of the section of t	and an artist of the state of t	NGCGGADALOUC DWAWWWETANHUNKA (ddiddio)	
	gy.	6 a Not gain or (loss) from sale of assets and on line 10. b Gross sales price for all				
ě	로	7 Capital gain net income (from Part IV. line 2)		AMARIAN ANTANA MANAGAMBAN ANTANA MANAGAM		
	8	8 Net short-term capital gain		MANUAL MA	MAN .	
	~ ₹	9 Income modifications			alkileri Ulkelinakonerienkinkun purkkingariakingkin	
		10 a Gross rates less returns and allowances				
	j	b Less, Cost of goods sold.				
		C Armss (motil or (loss) (nitrich schedule)			NAME OF THE PARTY	
		11 Other income (attach schedule)				
		12 Total. Add lines 1 through 13	31,892,794.	<u></u>	1. 1.	
		.1. 11.41.	0.			
	89	14 Other employee salaries and wages.				
	E I	15 Pension plans, amployee benefits 16a Legal fees (ettech schodulc) b Accounting fees (ettech schodulc)	<u> </u>			A Austra
	웃	h Accounting fees (attach scr)		-		
		16a Logal fees (attach schodulc) b Accounting fees (attach sch).				
-	\$	17 Interest .	= =			
-	Ę					PARTHEMATRA COMPRESSOR STATES OF THE STATES
	ni:	19 Depreciation (attach schodule) and depiction				
	上	20 Occupancy				
	Ac	 				
9	걸	23 Other expenses (attach schedule)			**	
	(2)					
H	E	24 Total operating and administrative expenses. Add lines 13 through 23				
Z	1	25 Contributions, gifts, grants paid,				
Z	Ž.	26 Total exponens and disbursements.		and the second s		
$\ddot{\circ}$		Add lines 24 and 25	0,	D. D. G.	O. O. O.	
ഗ	1	a Excess of monaun over expenses	.			
		and distursements	31,892,794.			
		b Net investment income (if negative, enter -0-). C Adjusted not income (if negative, enter -0-).				

BAA For Paperwork Reduction Act Notice, see Instructions.

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Form 990-PF (2019)

CITY CONT	Trick to	3-1 Ch4-	Attached schedules and amounts in the dos- column should be for end-of-year amounts of	riphon	Beginning of year		nd of	year
	HiW E	Balance Sheets	(See instructions)	ччу	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
$\neg \neg$	1	Cash - non-interest	-bearing					
			ary cash investments			89,1	53.	89,153.
	_	Accounts receivable	-					
	3	Less: allowance for		-	A TO SERVICE AND A SERVICE AND		unianu)	NEW THE PROPERTY OF THE PROPER
						ladinoselaninunakenprieze	MARINE S	endration tenar algebra
		Pledges receivable.				hana ana ana ana ara-ara-ara-	HUNKIN	HARLEY CHALLED THE BURNESS HER STREET HER STREET
}	_	Less allowance for	doubtful accounts =					
	_	Grants receivable						
	6	Receivables due from offic disqualified persons (attai	ers, directors, trustees, and other ch schedule) (see instructions)			NW//Buiston		
	7	Other notes and loans rec	eivable (attach sch) . , 🟲					
		Less, allowance for	doubtful accounts 🟲					
ļ	8	Inventories for sale	or use					
	9	Prepaid expenses at	nd deferred charges .					
윰	10 a	Investments - U.S. obligations (attach s	and state government chedule)					
SS	b	Investments — corporate	stock (attach schodulo) STATEMEN			15,188,2	202.	19,758,738.
4		Investments - corporate		T 2		2,589,4		2,695,418
		Investments - land,					機能的	NATURAL MENTENDER DE L'ANDRE DE L
	''	equipment: basis						
		Loss: accumulated deprec	nation					
	12	Investments - mort	gage loans	<i>-</i>				
			(attach schedule) STATEMEN	T 3		9,350,0	00.	9,350,000.
		Land, buildings, and					湖湖城	
1 2 3 4 5 6 7 8 9 10 12 13 14 15 16 7 18 19 20 21 22 23 24 25 26 27 8 29 30 Add 5 Decr	,,,	Less: accumulated deprec	· · · · · · · · · · · · · · · · · · ·		asarachsansoronominaessas	CONTRACTOR PROPERTY OF THE PRO	11-11-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A-1-A	ATTENDED TO THE PERSON NAMED OF THE PERSON NAM
	15	,	be F SEE STATEMENT 4	j				76,418.
	16	Total assets (to be	completed by all filers -	·	0.	27,216,	779.	31,969,727.
	17	Accounts payable at	nd accrued expenses					
	18	Grants payable						
ΥR	19	Deferred revenue						
ž	20	Loans from officers, direc	tors, trustees, & other disqualified persons	,				
逶	21	see the instructions. Also, see page 1, item I)						
<u>.a</u>)	1				
_		•			_		_	
	23	17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, & other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe		0.		0 -		
SS		Foundations that for and complete lines		►X				
	24	Net assets without of	donor restrictions					
73	25	Net assets with don	or restrictions			27,216,	779.	
Fun	ľ	Foundations that do and complete lines	not follow FASB ASC 958, check he	ere 🗕				
6	26	-	principal, or current funds					
級	1		or land, bldg., and equipment fund					加斯加州的公共
Ž,	ĺ		ulated income, endowment, or other funds					
₹	1		fund balances (see instructions)		0.	27,216,	779.	
女			net assets/fund balances		<u> </u>	***		
_		(see instructions)			0.	27,216,	77 <u>9.</u>	
Par		Analysis of Char	iges in Net Assets or Fund	Baland	ces			
7	Total	net assets or fund b	alances at beginning of year — P			agree with	1	0.
2		r amount from Part I.					2	31,892,794.
2		increases not included in (3	
-		lines 1, 2, and 3					4	31,892,794.
7 5			(Itemize) SEE STATEMENT	ς			5	4,676,015.
ב			palances at end of year (line 4 min		5) - Part II column (b)	Ine 29	6	27,216,779.
-	IVID	THE GOVERN OF THIRD C	-				<u> </u>	Earm 000-PE (2019)

Let I	Capital Gains and	Losses for Tax on Investmen	it Income		•	
Lana zatra Andi	(a) List and describe	the kind(s) of property sold (for examp arehouse, or common stock, 200 sh	le, real estate,	(b) How acquirer P — Purchase D — Donation	(c) Dair acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
1 a	N/A					
b	-1.97					
c					 	
<u>d</u>		E M (Partie)			1	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			(h) Gain or ((a) plus (f) m	(loss) Inus (g))
a						
<u>p</u>						
d	wv					
	**************************************			1		
**********	Complete only for assets showin	ig gain in column (h) and owned by the	foundation on 12/31/69.		(I) Gains (Col	. (h)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		gain minus col. (k), t han •0•) or Losse s (f	
a						
b						
d						
c		et capital loss)	enter in Part I, line 7	_		
		_11 (1033), 611		2	 	
				- а		
Par				nent Income	<u>'</u>	
Was	the foundation liable for the se	ction 4942 tax on the distributable a ify under section 4940(e). Do not co	mplete this part		Yes	No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of		(d) Distribution (col (b) divided	
	2018			•		
	2017					
PLEASANA	2016					
	2015			_		
	2014					
2	Total of line 1, column (d)		•	2		
3	Average distribution ratio for the number of years the foundation	5-year base period – divide the total on has been in existence if less than	on line 2 by 5 0, or by the 5 years	3		
4	Enter the net value of noncha	ritable-uso assets for 2019 from Par	t X, line 5 .	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		6		 -
7	Add lines 5 and 6		• •	7	<u> </u>	
8	,	de only for assets showing garn in column (ft) and owned by the foundation on 12/31/69. MV as of 12/31/69 (i) Adjusted basis (i) Excess of col. (i) over col. (j), if any over				
	If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box In Part VI, line	t 1b, and complete that part	using a 1% tax		
BAA		TEEA0303	L 08/22/19		Forr	n 990-PF (2019)

ı	1			
	990-PF (2019) W T BLAND JR CHARITABLE TRUST		387611	Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 – see ir	istructions	i) unna sparita protesta (sp
1 8	Except operating remaindered accounts an exercise account and account and account account account and account account account and account acco	7 🏁		
	Date of ruling or determination letter: (attach copy of letter if necessary – see instructions)	LI	4	٥
t	Domestic foundations that meet the section 4940(e) requirements in Part V.	138	***************************************	. O
	check here. Land enter 1% of Part I, line 27b			
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	」 ┌		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable		2	0.
•	foundations only; others, enter -0-) Add lines 1 and 2	· · · · · ·	3	0.
3 4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter	er (0-).	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	"	5	0.
6	Credits/Payments.			
_	a 2019 estimated tax pyrmts and 2018 overpayment credited to 2019 6 a			
_	Exempt foreign organizations — tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6 c			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d)e 1	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached		8	· · · · · · ·
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	►_	9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	-[-	10	
_11	Enter the amount of line 10 to be: Credited to 2020 estimated tax	▶ '	<u> 11 </u>	
	MIM Statements Regarding Activities			
1 2	During the tax year, did the foundation attempt to influence any national, state, or local legislation or participate or intervene in any political campaign?	did it	[Yes No
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition			16 X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publis or distributed by the foundation in connection with the activities	hed		
	Did the foundation file Form 1120-POL for this year?			1c X
•	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 ►\$ ■ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	OÙ.	0.	
•	foundation managers +\$ 0.	***		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ľ	2 X
	If 'Yes,' attach a detailed description of the activities		5	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the cha	s nges .	į	3 X
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		[4a X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T .			5 X
G	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ķ	
•	By language in the governing instrument, or		B	
	,			
_	 By state legislation that effectively amends the governing instrument so that no mandatory directions that of with the state law remain in the governing instrument? 	CHILICA		6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yos,' complete Part II, col' (c), and Part XV		ļ	7 X
8 :	Enter the states to which the foundation reports or with which it is registered. See instructions FL			
I	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 G7</i> if 'No,' attach explanation	,,,,,		8P X

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Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.

SEE STATEMENT 6

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

TEEA030/L 08/22/19

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Form 990-PF (2019)

orm	990-PF (2019) W T BLAND JR CHARITABLE TRUST	82- 6 3	887611		Р	age 5
Par	Statements Regarding Activities (continued)		Tyte:		Yes	No
	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	. 55	<u>X</u>
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persiadvisory privileges? If 'Yos,' attach statement See instructions.			12		х_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address	applicatio	n? [13	X	
14	The books are in care of FIRST NATIONAL BANK OF MT DORA Telephone	no. ► <u>3</u>	<u>52-38</u> 3	<u>-21</u>	40_	
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		<u>-</u>	Ñ.Ā.	Yes	N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	over a	[16	71885101	No X
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If 'Yes,' onter the name of the foreign country					
	Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any Itom is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 :	a During the year, did the foundation (either directly or indirectly).	ר״זע ר	- I			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐Yes [X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐Yes [X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yos [X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	_ '	χNο			
	b If any answer is 'Yes' to la(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 Organizations relying on a current notice regarding disaster assistance, check here	} ►		1 Ь	N N	/A
		'	_ [
	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?	,,,,,,		1 c		X
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?. If 'Yes,' list the years ► 20 _ , 20 _ , 20	Yes	χNο			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions.)	(a)(z) (0	Г	2 b	N	/A
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	here				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
	b If 'Yes,' did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve 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)	ed	- t	3 b		VA
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its				10	
~4	charitable purposes?			48		X
	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?	• 1		4 b		X
BA			For	m 99	0-PF	(2019)

Form 990-PF (2019) W T BLAND JR CHARI	TABLE TRUST			<u> 38761</u>	1 Pago 6
Partivilia Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	foreigner -
5 a During the year, did the foundation pay or incur ar (1) Carry on propaganda, or otherwise attemp	ny amount to		here.	Х Мо	Yes No
(2) Influence the outcome of any specific publi	ic election (sec section			_	
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	tion drive?		\vdash	X No	
(4) Provide a grant to an organization other than					
in section 4945(d)(4)(A)? See instructions	1) 111	1.1.1	, Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	n of cruelty to children t	or animais r	_	X No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53,4945 or in a c See instructions		• • •	otions 	_	5b N/A
Organizations relying on a current notice regard	rding disaster assistanc	e, check here			
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	sibility for the grant?.		N/A. □Yes	∏ No	
If 'Yes,' attach the statement required by Regu			_		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?		• •	Tes	ΧNο	6b X
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, directly or indirect	ny, nn a personal bene	nt contract?		
7a At any time during the tax year, was the found			ш	X No	
b If 'Yes,' did the foundation receive any proces				A\N.	7 b
8 Is the foundation subject to the section 4960 tax of or excess parachute payment(s) during the ye		an a i ,uuu,uuu in remunei	Yes	X No	
Part VIII Information About Officers, Di		Foundation Manag	gers, Highly Pai	d Empt	oyees,
and Contractors 1 List all officers, directors, trustees, and found					
t List all officers, directors, trustees, and found	(b) Title, and average	(c) Compensation	(d) Contributions t	0 (
(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee bener plans and deferr compensation	it (E)	Expense account, other allowances
FIRST NATIONAL BANK OF MT DORA PO BOX 1406	TRUSTEE 4.00	0.		0.	0.
MOUNT DORA, FL 32756				_	
JOHN D PEASE III	DIST COMMITTE	0.		0.	0.
PO BOX 1406 MOUNT DORA, FL 32756	1.00	San-			
JOHN D PEASE IV	DIST COMMITTE	0.		0.	0.
PO BOX 1406 MOUNT DORA, FL 32756	1.00				
CLARE L GARNER JR	DIST COMMITTE	0.		0.	0.
PO BOX 1406 MOUNT DORA, FL 32756	1.00				
2 Compensation of five highest-paid employees (or		on line 1 — see instructio	ns). If none, enter 'NC (d) Contributions t	NE.	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average thours per week devoted to position	(c) Compensation	employee benefing and deferr compensation	it (8)	Expense account, other allowances
NONE					
	·				
					· · · · · · · · · · · · · · · · · · ·
				_	
Total number of other employees paid over \$50,000			<u> </u>	•	0
BAA	TEFADRON OF			Fr	nrm 990-PF (2019)

form 990-PF (2019) W T BLAND JR CHARITABLE TRUST	82-638	
RankVIII Information About Officers, Directors, Trustees, Founds and Contractors (continued)		mployees,
3 Five highest-paid independent contractors for professional services. See ins	tructions. If none, enter 'NONE.'	
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter NONE: (a) Name and address of each person paid more than \$50,000 (b) Type of service NE stat number of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities It the foundation's four largest direct charitable addring the tax year include relevant statistical information such as the number of parazzions and other hendiciaries served, conferences convened, research papers produced, etc. 1 N/A 2 2 3 4 3 4 All other program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A 2 3 4 4 4 All other program-related investments. See instructions. 3		(c) Compensation
Information About Officers, Directors, Trustees, Foundation Managers, Highly I and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NON (a) Name and address of each person paid more than \$50,000 (b) Type of service ONE		
- Marie	in the state of th	
,		
, , , , , , ,		
		0
Total number of others receiving over \$50,000 for professional services		<u> </u>
Partix A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year, include relovant statistical	information such as the number of	Expenses

' #/^		
2		
<u> </u>		
3		
4		
Rank & Summary of Program-Related Investments (see instruc	tions)	gau et
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
2		
All other program-rolated investments. See instructions.		
3		
Total, Add lines 1 through 3	<u> </u>	0.
BAA		Form 990-PF (2019)

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

Enter 1% of Part I, line 27b. See instructions

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Adjusted qualifying distributions. Subtract line 5 from line 4. ...

Form 990-PF (2019)

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PartXIII Undistributed Income (see Insti	uctions)	,		
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				2,152.
2 Undistributed income, if any, as of the end of 2019			<u>li popularion de la company d</u>	
a Enter amount for 2018 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2019:				PROFESIONAL PROFESION AND AND AND AND AND AND AND AND AND AN
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018 .				
f Total of lines 3a through &	0.			
4 Qualifying distributions for 2019 from Part				
XII, line 4: F \$				
a Applied to 2018, but not more than line 2a			O.	
 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				0.
e Remaining amount distributed out of corpus.	O.			
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:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	O.			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
		<u> </u>		
d Subtract line 6c from line 6b. Taxable amount - see instructions.		0		
·			Hararate Committee and American Committee Comm	
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount — see instructions			О.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2020				2,152.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see Instructions) .	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
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				Form 990-PF (2019)
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TEEA0309L 08/22/19

Form 990-PF (2019) W T BLAND <u>JR CHAF</u>	RITABLE TRUS	Т		82-638761	Page 19
Part XIMM Private Operating Foundat	i ons (see instru	uctions and Part	VII-A, question	ו 9)	N/A
1 a If the foundation has received a ruling or determine effective for 2019, enter the date of the	rmination letter that ruling	it is a private operati	ing foundation, and t	ne ruiing ►	[2]
b Check box to indicate whether the foundati	ion is a private ope	erating foundation d		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	17.0515	(e) Total
investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d),2016	
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.					<u> </u>
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					,
a 'Assets' alternative test onter:					
(1) Value of all assets					-
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					
Supplementary Information assets at any time during the	Complete this) ne year — see ir	s part only if the nstructions.)	e foundation ha	d \$5,000 or more	e in
Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they hav NONE	gers:	than 2% of the total o	contributions receive e section 507(d)(2)	d by the foundation bo	fore the
b List any managers of the foundation who own a partnership or other entity) of which the NONE	n 10% or more of the foundation has a	e stock of a corporati 10% or greater inte	on (or an equally lar rest.	ge portion of the awne	rship of
2 Information Regarding Contribution, Grant, Check here X if the foundation only m requests for funds. If the foundation make 2a, b, c, and d. See instructions.	akes contributions to es gifts, grants, etc	o preselected charitates, to individuals or a	ole organizations and organizations undo	r other conditions, co	olicited omplete items
a The name, address, and telephone number of	or email address of t	the person to whom a	applications should b	o addressed.	
b The form in which applications should be	submitted and info	ormation and mater	ials they should inc	lude'	
c Any submission deadlines.	- 				
d Any restrictions or limitations on awards,	such as by geogra	aphical areas, charit	table ficids, kinds o	f institutions, or othe	r factors:
BAA		TEEA0310L 08/22/19			Form 990-PF (2019)

3 Grants and Contributions Paid During the	(Continued) Year or Approved for Fut	ure Payment		N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		
Total			⊨ 3	8
h Approved for future payment Total			▶ 3	b
	reea0501L	08/22/19		Form 990-PF (2019)
BAA	TELAU501L	00/27/13		10(11) === 11 (==12)

Analysis of Income-Producing	Activities				
Inter gross amounts unless otherwise indicated		ed business income	Excluded	by section 512, 513, or 514	(e)
Program service revenue:	(a) Businoss code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a					
b	7.5				
£	1				
d					
0					
f	 		ĵ: 		
g Fees and contracts from government agencies					
2 Membership dues and assessments	· · · · · · · · · · · · · · · · · · ·				
3 Interest on savings and temporary cash investments			<u> </u>		
4 Dividends and interest from securities		-	14	1.	
5 Net rental income or (loss) from real estate:	THE REPORT OF THE PARTY OF THE	VIEW CONTRACTOR			
a Debt-financed property	PERSONAL PRESENCE	CALCUMATION OF THE PROPERTY OF	A HALLES TO A STATE OF THE STAT	THE PROPERTY OF THE PERSON OF	
b Not debt-financed property.					
6 Net reptal income or (loss) from personal property .			 		
7 Other investment income			1		
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events		 			
10 Gross profit or (loss) from sales of inventory		- 	1		/
11 Other revenue.			ing sha		
a	HILLIAM CONTROL CONTROL AND	and the second of the second o	a control of the cont	Direct State of State	PARTIE OF THE PA
b					
c	 	1	1		
d	<u> </u>				<u> </u>
6	 		1		
12 Subtotal, Add columns (b), (d), and (e)		91		1.	
13 Total. Add line 12, columns (b), (d), and (e)		ν		13	1,,
(See worksheet in line 13 instructions to verify calculations					
Relationship of Activities to the		lishment of Exemp	t Purp	oses	
					tly to the
Line No. Explain below how each activity for which in accomplishment of the foundation's exempt	purposes (c	other than by providing f	funds foi	such purposes). (See	instructions)
N/A					
N/A		····	***************************************		
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					4 4,814,1484
		A PARAMETER STATE			
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Part Av	加 殿 i	nformation Re Exempt Organi	garding Tran	isfers to and I	Fransactions	and Rel	ationship	s With No	nchari	table	
a Trar (1) (2) b Oth (1)	the or cribed tring to nsfers Cash Other er trai	rganization directl in soction 501(c) political organiza from the reportin	y or indirectly er (other than sec ations? g foundation to	a noncharitable o	xempt organiza	n any other n section 5 ation of:	organization 27,	•		1a(1) 1a(2)	X X X
(3) (4) (5) (6) c Sha	Renta Reim Loan Perfe aring e	al of facilities, equ bursement arrang s or loan guarant ormance of service of facilities, equip	olpment, or other dements des des or membersh ment, mailing lis	r assets ip or fundraising s sts, other assets.	solicitations	 ees			.,	1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c	X X X X
any	/ trans	swer to any of the s, other assets, or a saction or sharing	arrangement, si	now in column (a)) the value of the	ic goods, v	u jei 235015,	Of BELLAIDER	100011-0	- discon	
(a) Line n	iQ.	(b) Amount involved	(c) Name (of noncharitable exemp	ot organization	(d) Da	scription of tran	ışfera, transactı	ons, and s	haring arrangements	
N/A						ļ ———					
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2 a ls t	the fou	Indation directly or d in section 501(c	Indirectly affiliate (other than se	d with, or related to ction 501(c)(3)) o	o, one or more ta r in section 527	x-exempt o	rganizations			, Yes XN	lo ol
Ыſ"	Yes.	complete the folio	wing schedule.								
		Name of organiz		(b) Type	of organization			c) Descriptio	n of rela	ationship	
37 /3	(0)	Traine or organia		(47.137-							_
N/A				ļ. 							
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,											
				 							
							totomosts and t	la the best of my	knowloda	and belief. It is true	
- 12	Under b corcect.	ensities of perjury. I de- and complete Deciarat	ciare inal I have exam ion of preparer (other	ninna inis relum, includ r fhan taxpaver) is base	ing accompanying at	of which prepa	rer hes any knov	wjedde 110 me nazi oj ilih	Kilismisingi	and belief, it is busy	
Sign		4								May the IRS discus	38
	N	۸/ . ۱	ا مڪي		21.4/4				_	ihis return with the preparer shown be	t .
Here	7(-Xannes	- Johnson -	fard	3/09/2	O VP	& TRUST	OFFICE	<u>R</u>	_ 500 Instructions	
	Signa	turo of officer or trustee		سب	Pate	Title	· 			X Yns	No
		Print/Type preparer's		Purbarer's a	genture 2		Dule	Check	н	PTIN	
		1		(0	011 VCX	M		I	ш.	504 55555	
Paid		JOHN S RIC	E, CPA	JOHN S	RICE, CP	<u>A</u>	3/09/20	sett cmpl	ayrd	[P01335321	
	-64	Firm's partie		KURRAS RICE	& BROWN F	λΑ		Firm's EIN	59-2	754585	
Prepar		1							_== , ==	<u>- +</u>	
Use O	піу	Firm's address		NELLY ST	4004			-	200	202 6200	
		1	MOUNT DOR	A, FL 32757	- 4831			Phone no.	<u> </u>	383- <u>6300</u>	
BAA			_							Form 990-PF (2	:019

TEEA0503L 08/22/19

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number Name of the organization 82-6387611 W T BLAND JR CHARITABLE TRUST Organization type (check one) Section: Filers of: (enter number) organization 501(c)(Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF |X| 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money X or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (II) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious. charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

TEEA0701L 08/09/10

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

- ۲- فحصات	B (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 2
ame of org	nnization	} ' '	Identification number
	AND JR CHARITABLE TRUST		0,011
	Contributors (see instructions). Use duplicate copies of Part I if additional s		(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1	WT BLAND JR GST-EXEMPT TR	-	Person X Payroll
	PO_BOX_1406	\$ <u>5,999,481.</u>	Noncash X (Complete Part II for
	MOUNT DORA, FL 32756		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(¢) Total contributions	(d) Type of contribution
2	WT BLAND JR GST-NONEXEMPT TR	\$ 25,893 <u>,312</u> .	Person X Payroll X Noncash X
	MOUNT DORA, FL 32756		(Complete Part II for noncash contributions)
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - \$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- *	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-\$	Person Payroll Noncash (Complete Part II for noncash contributions)
BAA	TEEA0702L 08/09/19	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2019)

TEEA0702L 08/09/19

BAA

Employer identification number

W T BLAND JR CHARITABLE TRUST

82-6387611

(a) No. from Part I	Noncash Property (see instructions) Use duplicate copies of Part II if additional s (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CASH & EQUIV, FIXED INCOME & EQUITY SECURITIES @ FMV	-	
		\$ 5,982,807.	12/26/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	CASH & EQUIV, FIXED INCOME & EQUITY SECURITIES @ FMV	-	
		\$ 25,821,349.	12/26/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (Sec instructions.)	(d) Date received
		-	
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _	
(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. . 	
		- s	

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nme of organi	(Form 990, 990-EZ, or 990-PF) (2019)		Employer Identification number		
גדם יחינו	NO TO CHARTMARTE TRUST		82-6387611		
	or (10) that total more than \$1,000 for the the following line entry. For organizations cor contributions of \$1,000 or less for the year. (I Use duplicate copies of Part III if additional s	e year from any one contributed nploting Part III, onter the total of Enter this information once. See in pace is needed.	exclusively religious, character, etc., estructions) \$NA		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	- /				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of glft	(d) Description of how gift is held		
					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			·		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
ВАА		TEEA0704L 08/09/19	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		

2019	FEDERAL STATEMENTS	PAGE 1
CLIENT 11048	W T BLAND JR CHARITABLE TRUST	82-638761
STATEMENT 1 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE ST	VALUATION BOO	
CORPORATE STOCKS	METHOD VALU	
EQUITIES	COST \$ 15,188 TOTAL \$ 15,188	3,202. \$ 19,758,738. 3,202. \$ 19,758,738.
STATEMENT 2 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BO	DNDS	
CONTOR THE DOME	VALUATION BOO METHOD VALU	
CORPORATE BONDS FIXED INCOME	COST \$ 2,589	9,424. \$ 2,695,418.
	TOTAL <u>\$ 2,589</u>	9,424. \$ 2,695,418.
STATEMENT 3 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER OTHER INVESTMENTS REAL ESTATE CLOSELY-HELD EQUITY INTERE BLANDFORD GROVES INC TOTAL	STS	0,000. \$ 650,000. 0,000. 8,700,000.
	TOTAL \$ 9,350	9,350,000.
STATEMENT 4 FORM 990-PF, PART II, LINE 15 OTHER ASSETS	DOOK 11	FAIR MARKET
ACCRUED INCOME	TOTAL S	ALUE VALUE 5 76,418. 76,418.

2019

FEDERAL STATEMENTS

PAGE 2

CLIENT 11048

WT BLAND JR CHARITABLE TRUST

82-6387611

STATEMENT 5 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 4,676,015.

STATEMENT 6 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

W T BLAND GST-EXEMPT QTIP TRUST

PO BOX 1406 MOUNT DORA, FL 32756

W T BLAND GST-NONEXEMPT QTIP TRUST

PO BOX 1406

MOUNT DORA, FL 32756