

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

Name of foundation THE SPURLINO FOUNDATION		A Employer identification number 59-6875441	
Number and street (or P.O. box number if mail is not delivered to street address) 7214 N MOBLEY RD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code ODESSA, FL 33556		B Telephone number (see instructions) (813) 961-3220	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 73,457,120		J Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>MODIFIED CASH</u> (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	2,000,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,343	2,343	2,343	
	4 Dividends and interest from securities	877,767	877,767	877,767	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	995,277			
	b Gross sales price for all assets on line 6a 7,169,813				
	7 Capital gain net income (from Part IV, line 2)		995,277		
	8 Net short-term capital gain			968,328	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	3,875,387	1,875,387	1,848,438	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,730	1,730		
	c Other professional fees (attach schedule)	36,397	36,397		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	81,425	6,046		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	73,691	129		73,562
	24 Total operating and administrative expenses. Add lines 13 through 23	193,243	44,302		73,562
	25 Contributions, gifts, grants paid	9,005,000			9,005,000
	26 Total expenses and disbursements. Add lines 24 and 25	9,198,243	44,302		9,078,562
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-5,322,856			
	b Net investment income (if negative, enter -0-)		1,831,085		
c Adjusted net income (if negative, enter -0-)				1,848,438	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	973,406	447,606	447,606
	2 Savings and temporary cash investments	1,184,963	774,240	774,240
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	10,470,134	9,648,455	22,804,402
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	37,127,097	33,564,005	49,430,872
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	49,755,600	44,434,306	73,457,120	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	49,755,600		
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	49,755,600	44,434,306	
30 Total liabilities and net assets/fund balances (see instructions) .	49,755,600	44,434,306		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	49,755,600
2 Enter amount from Part I, line 27a	2	-5,322,856
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,562
4 Add lines 1, 2, and 3	4	44,434,306
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	44,434,306

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	995,277
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	968,328

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	7,174,905	65,012,622	0.11036
2017	8,011,305	60,468,402	0.13249
2016	6,470,475	60,590,188	0.10679
2015	4,678,450	60,753,710	0.07701
2014	3,043,105	57,806,848	0.05264

2 Total of line 1, column (d)	2	0.479290
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.095858
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	67,351,751
5 Multiply line 4 by line 3	5	6,456,204
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	18,311
7 Add lines 5 and 6	7	6,474,515
8 Enter qualifying distributions from Part XII, line 4	8	9,078,562

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	18,311
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	18,311
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	18,311
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	30,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	30,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	23
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	11,666
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 11,666 Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► CYRUS SPURLINO Telephone no. ► (813) 926-9311			

Located at **►** 7214 N MOBLEY ST ODESSA FLZIP+4 **►** 335562303

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b		No
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? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CYRUS SPURLINO 7214 N MOBLEY ST ODESSA, FL 335562303	Trustee 25.00	0		
CYRUS SPURLINO 7214 N MOBLEY ST ODESSA, FL 335562303	Foundation Mana 25.00	0		

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

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

Total number of other employees paid over \$50,000. ►

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

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

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

Part IX-A Summary of Direct Charitable Activities

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

1	Expenses

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	67,870,704
b	Average of monthly cash balances.	1b	506,708
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	68,377,412
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	68,377,412
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,025,661
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,351,751
6	Minimum investment return. Enter 5% of line 5.	6	3,367,588

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

1	Minimum investment return from Part X, line 6.	1	3,367,588
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	18,311
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	18,311
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,349,277
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	3,349,277
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	3,349,277

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	9,078,562
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	9,078,562
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	18,311
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	9,060,251

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				3,349,277
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 301,163				
b From 2015. 1,695,732				
c From 2016. 3,455,144				
d From 2017. 5,037,867				
e From 2018. 4,049,464				
f Total of lines 3a through e.	14,539,370			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 9,078,562				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				3,349,277
e Remaining amount distributed out of corpus	5,729,285			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	20,268,655			
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . .	301,163			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	19,967,492			
10 Analysis of line 9:				
a Excess from 2015. 1,695,732				
b Excess from 2016. 3,455,144				
c Excess from 2017. 5,037,867				
d Excess from 2018. 4,049,464				
e Excess from 2019. 5,729,285				

Part XIV

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

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

1 Information Regarding Foundation Managers:

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

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

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

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

<p>a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:</p> <p>CYRUS SPURLINO 7214 N MOBLEY RD ODESSA, FL 335562303 (813) 926-9311</p>
<p>b The form in which applications should be submitted and information and materials they should include:</p> <p>NONE SPECIFIED</p>
<p>c Any submission deadlines:</p> <p>NONE</p>
<p>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:</p> <p>501(c)(3) AND 509(a)(1) ORGANIZATIONS ONLY</p>

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	9,005,000
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14		2,343
4 Dividends and interest from securities. . . .			14		877,767
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					995,277
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). . .					1,875,387
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		1,875,387

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

b If "Yes," complete the following schedule.

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2020-05-19	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input checked="checked" type="checkbox"/>	PTIN P00639223
	Thomasena Supan				
	Firm's name ▶ Thomasena L Bashor PA				Firm's EIN ▶ 59-3453708
	Firm's address ▶ 8811 Van Fleet Rd Riverview, FL 33578				Phone no. (813) 505-9679

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
SCHWAB 1935	P	2018-01-01	2019-12-31
SEVEN CANYONS	P	2018-12-20	2019-04-15
SEVEN CANYONS	P	2018-01-01	2019-04-15
SEVEN CANYONS	P	2018-01-01	2019-04-15
MORGAN STANLEY 8959	P	2019-01-01	2019-12-31
MORGAN STANLEY 8959	P	2018-01-01	2019-12-31
MORGAN STANLEY 7859	P	2018-01-01	2019-12-31
JOHNSON AND JOHNSON	P	2007-08-01	2019-10-11
MORGAN STANLEY 2238	P	2018-01-01	2019-12-31
MORGAN STANLEY 7549	P	2019-01-01	2019-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
972,334		1,028,721	-56,387
678,032		598,044	79,988
822,335		1,027,853	-205,518
1,339,542		1,021,190	318,352
439,497		433,807	5,690
469,257		454,454	14,803
323,974		336,352	-12,378
131,781		60,712	71,069
511,426		512,126	-700
5		3	2

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			-56,387
			79,988
			-205,518
			318,352
			5,690
			14,803
			-12,378
			71,069
			-700
			2

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
WASATCH CGD	P	2019-01-01	2019-12-31
RYDEX CGD	P	2019-01-01	2019-12-31
MORGAN STNLEY 8959 CGD	P	2019-01-01	2019-12-31
WASH SALE 8959	P	2019-01-01	2019-12-31
WASH SALE 8959	P	2018-01-01	2018-12-31
SCHWAB 1935	P	2018-01-01	2019-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
868,516			868,516
9,285			9,285
4,771			4,771
6			6
70			70
598,982		701,274	-102,292

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			868,516
			9,285
			4,771
			6
			70
			-102,292

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ABE BROWN MINISTRIES 2921 NORTH 29TH ST TAMPA, FL 33605	NONE	PC	GENERAL OPERATING SUPPORT	80,000
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DR TAMPA, FL 33605	NONE	PC	GENERAL OPERATING SUPPORT	60,000
ACCION INTERNATIONAL 10 FAWCETT ST STE 200 CAMBRIDGE, MA 02138	NONE	PC	GENERAL OPERATING SUPPORT	40,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADAPTIVE SPORTS CENTER PO BOX 1639 CRESTED BUTTE, CO 81224	NONE	PC	GENERAL OPERATING SUPPORT	25,000
ALLEY CAT ALLIES 7920 NORFOLK AVE SUITE 600 BETHESDA, MD 20814	NONE	PC	GENERAL OPERATING SUPPORT	20,000
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	30,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS3310 W MAIN ST TAMPA, FL 33607	NONE	PC	GENERAL OPERATING SUPPORT	200,000
AMERICARES88 HAMILTON AVE STAMFORD, CT 06902	NONE	PC	GENERAL OPERATING SUPPORT	110,000
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NONE	PC	GENERAL OPERATING SUPPORT	100,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIG CAT RESCUE12802 EASY STREET TAMPA, FL 33625	NONE	PC	GENERAL OPERATING SUPPORT	30,000
BOYS GIRLS CLUBS OF TAMPA BAY 1307 N MACDILL AVE TAMPA, FL 33607	NONE	PC	GENERAL OPERATING SUPPORT	100,000
CANINE COMPANIONS FOR INDEPENDENCE 8150 CLARCONA-OCOEE ROAD ORLANDO, FL 32818	NONE	PC	GENERAL OPERATING SUPPORT	60,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S CANCER CENTER 4901 W CYPRESS STREET TAMPA, FL 33607	NONE	PC	BREAVEMENT CAMP SPONSORSHIP	60,000
CONCERN WORLDWIDE US INC 355 LEXINGTON AVE 16 FLOOR NEW YORK, NY 10017	NONE	PC	GENERAL OPERATING SUPPORT	85,000
CRISIS CENTER OF TAMPA BAY ONE CRISIS CENTER PLAZA TAMPA, FL 33613	NONE	PC	GENERAL OPERATING SUPPORT	125,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	PC	GENERAL OPERATING SUPPORT	100,000
FINCA INTERNATIONAL 1201 15TH ST NW 8TH FLOOR WASHINGTON, DC 20005	NONE	PC	GENERAL OPERATING SUPPORT	25,000
FLORIDA SHERIFFS YOUTH RANCHES PO BOX 2000 BOYS RANCH, FL 32064	NONE	PC	GENERAL OPERATING SUPPORT	100,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEIFER INTERNATIONAL1 WORLD AVE LITTLE ROCK, AR 72202	NONE	PC	GENERAL OPERATING SUPPORT	50,000
THE HUMANE SOCIETY OF THE UNITED ST 1255 23RD STREET NW STE 450 WASHINGTON, DC 20037	NONE	PC	GENERAL OPERATING SUPPORT	75,000
IFAW290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	PC	GENERAL OPERATING SUPPORT	100,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY CORPS45 SW ANKENY PORTLAND, OR 97204	NONE	PC	GENERAL OPERATING SUPPORT NORTHER UGANDA WATER	80,000
METROPOLITAN MINSTRIES 2002 NORTH FLORIDA AVE TAMPA, FL 33602	NONE	PC	GENERAL OPERATING SUPPORT	300,000
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET 11TH FLOOR NEW YORK, NY 10011	NONE	PC	GENERAL OPERATING SUPPORT	70,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 02114	NONE	PC	GENERAL OPERATING SUPPORT	70,000
PARTNERS IN HEALTH 800 BOYLSTON STREET STE 1400 BOSTON, MA 02199	NONE	PC	GENERAL OPERATING SUPPORT	75,000
PHILANTHROPY ROUNDTABLE 1120 20TH ST NW SUITE 550 SOUTH WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	10,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RED ROVERPO BOX 188890 SACRAMENTO, CA 95818	NONE	PC	GENERAL OPERATING SUPPORT	50,000
ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104	NONE	PC	GENERAL OPERATING SUPPORT	90,000
SAVE THE CHILDREN 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825	NONE	PC	GENERAL OPERATING SUPPORT	110,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SIERRA CLUB FOUNDATION 2101 WEBSTER ST STE 1250 OAKLAND, CA 94612	NONE	PC	GENERAL OPERATING SUPPORT	80,000
SPCA TAMPA BAY9099 130TH AVE N LARGO, FL 33773	NONE	PC	GENERAL OPERATING SUPPORT	20,000
THE FLORIDA AQUARIUM 701 CHANNELSIDE DRIVE TAMPA, FL 33602	NONE	PC	GENERAL OPERATING SUPPORT	30,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE NATURE CONSERVANCY 2500 MAITLAND CENTER PKWY STE 311 MAITLAND, FL 32751	NONE	PC	GENERAL OPERATING SUPPORT	30,000
TAMPA METROPOLITAN AREA YMCA 110 EAST OAK STREET TAMPA, FL 33602	NONE	PC	GENERAL OPERATING SUPPORT	750,000
THE SPRING OF TAMPA BAY INC PO BOX 5147 TAMPA, FL 33675	NONE	PC	GENERAL OPERATING SUPPORT	75,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE WILDS990 RIVERSIDE DRIVE POWELL, OH 43065	NONE	PC	GENERAL OPERATING SUPPORT	70,000
TREE FOUNDATIONPO BOX 48839 SARASOTA, FL 34230	NONE	PC	FOREST RESEARCHEDUCATION OUTREACH	10,000
US FUND FOR UNICEF 1447 PEACHTREE ST NE STE 310 ATLANTA, GA 30309	NONE	PC	GENERAL OPERATING SUPPORT	110,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215	NONE	PC	GENERAL OPERATING SUPPORT	25,000
UNITED WAY OF GREATER DAYTON 33 W FIRST ST STE 500 DAYTON, OH 45402	NONE	PC	GENERAL OPERATING SUPPORT	25,000
UNITED WAY OF SOUTHERN NEVADA 5830 W FLAMINGO ROAD LAS VEGAS, NV 89103	NONE	PC	GENERAL OPERATING SUPPORT	25,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY SUNCOAST 5201 W KENNEDY BLVD 600 TAMPA, FL 33609	NONE	PC	GENERAL OPERATING SUPPORT	220,000
UNITED WAY OF CENTRAL SOUTHERN UT 148 N 100 W PO BOX 135 PROVO, UT 84603	NONE	PC	GENERAL OPERATING SUPPORT	25,000
WATER FOR PEOPLE 100 E TENNESSEE AVE DENVER, CO 80209	NONE	PC	GENERAL OPERATING SUPPORT	80,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	PC	GENERAL OPERATING SUPPORT	60,000
AIR FORCE MUSEUM FOUNDATION PO BOX 1903 1100 SPAATZ STREET WRIGHT PATTERSON AFB, OH 45433	NONE	PC	GENERAL FUND OPERATING SUPPORT	30,000
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BLVDSTE160 TAMPA, FL 33614	NONE	PC	GENERAL OPERATING SUPPORT	75,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOK TOWER GARDENS FOUNDATION 1151 TOWER BLVD LAKE WALES, FL 33853	NONE	PC	GENERAL OPERATING SUPPORT	100,000
CARE151 ELLIS STREET NE ATLANTA, GA 30303	NONE	PC	GENERAL OPERATING SUPPORT	50,000
CHAMPIONS FOR CHILDREN INC 3108 AZEELE ST TAMPA, FL 33609	NONE	PC	GENERAL OPERATING SUPPORT	105,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMPUTER MENTORS GROUP 2802 E MLK BLVD STE F TAMPA, FL 33610	NONE	PC	GENERAL OPERATING SUPPORT	30,000
DAYTON LEADERSHIP ACADEMIES 1416 W RIVERVIEW AVE DAYTON, OH 45402	NONE	NC	GENERAL OPERATING SUPPORT	15,000
EARTH JUSTICE 50 CALIFORNIA STREET STE 500 SAN FRANCISCO, CA 94111	NONE	PC	GENERAL OPERATING SUPPORT	50,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EXPONENT PHILANTHROPY 1720 N STREET NW WASHINGTON, DC 20036	NONE	PC	GENERAL OPERATING SUPPORT	2,000
FEEDING AMERICA TAMPA BAY 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	PC	GENERAL OPERATING SUPPORT	750,000
FLORIDA WILDLIFE CORRIDOR PO BOX 1802 TAMPA, FL 33601	NONE	PC	GENERAL OPERATING SUPPORT	70,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRAMEWORKS OF TAMPA BAY 402 E OAK AVE TAMPA, FL 33602	NONE	PC	GENERAL OPERATING SUPPORT	50,000
MARY LEE'S HOUSE 2806 N ARMENIA AVE TAMPA, FL 33607	NONE	PC	GENERAL OPERATING SUPPORT	40,000
OASIS NETWORK OF NEW TAMPA 16057 TAMPA PALMS BLVD 315 TAMPA, FL 33647	NONE	PC	GENERAL OPERATING SUPPORT	30,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RCMA402 WEST MAIN STREET IMMOKALEE, FL 34142	NONE	PC	GENERAL OPERATING SUPPORT	60,000
SUCCESS 4 KIDS AND FAMILIES 2902 N ARMENIA AVE STE 200 TAMPA, FL 33607	NONE	PC	GENERAL OPERATING SUPPORT	50,000
VOICES FOR CHILDREN OF TAMPA BAY 3314 HENDERSON BLVD STE 207 TAMPA, FL 33609	NONE	PC	GENERAL OPERATING SUPPORT	60,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORLD FOOD PROGRAM 1725 I STREET NW STE 510 WASHINGTON, DC 20006	NONE	PC	GENERAL OPERATING SUPPORT	110,000
CAMELOT COMMUNITY CARE 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760	NONE	PC	GENERAL OPERATING SUPPORT	50,000
CATHOLIC CHARITIES DIOCESE OF ST PE 1213 16TH ST NORTH ST PETERSBURG, FL 33705	NONE	PC	GENERAL OPERATING SUPPORT	40,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EASTER SEALS FLORIDA INC 2403 E HENRY AVE TAMPA, FL 33610	NONE	PC	GENERAL OPERATING SUPPORT	60,000
FRIENDS OF JOSHUA HOUSE FOUNDATION PO BOX 26333 TAMPA, FL 33623	NONE	PC	GENERAL OPERATING SUPPORT	30,000
RAINFOREST TRUST7078 AIRLIE ROAD WARRENTON, VA 20187	NONE	PC	GENERAL OPERATING SUPPORT	150,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STARTING RIGHT NOW1212 W CASS ST TAMPA, FL 33606	NONE	PC	GENERAL OPERATING SUPPORT	100,000
THE CENTRE FOR WOMEN 105 W SLIGH AVE TAMPA, FL 33604	NONE	PC	GENERAL OPERATING SUPPORT	50,000
THE CHILDHOOD LEAGUE CENTER 674 CLEVELAND AVE COLUMBUS, OH 43215	NONE	PC	GENERAL OPERATING SUPPORT	20,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A KID'S PLACE OF TAMPA BAY INC 1715 LITHIA PINECREST ROAD BRANDON, FL 33511	NONE	PC	GENERAL OPERATING	60,000
ALLIANCE FOR PUBLIC SCHOOLS FOUNDAT 5201 W KENNEDY BLVD TAMPA, FL 33609	NONE	PC	GENERAL OPERATING	50,000
AUDUBON FLORIDA 4500 BISCAYNE BLVD STE 350 MIAMI, FL 33137	NONE	PC	GENERAL OPERATING	60,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BESS THE BOOK BUS2316 E 3RD AVE TAMPA, FL 33605	NONE	PC	GENERAL OPERATING	40,000
BIG BROTHERS BIG SISTERS OF AMERICA 2502 N ROCKY POINT DR STE 550 TAMPA, FL 33607	NONE	PC	GENERAL OPERATING	40,000
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	NONE	PC	GENERAL OPERATING	35,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHILD AID917 SW OAK ST SUITE 208 PORTLAND, OR 97205	NONE	PC	GENERAL OPERATING	30,000
CHILDREN'S HOME SOCIETY OF FLORIDA 1515 MICHELIN COURT LUTZ, FL 33549	NONE	PC	GENERAL OPERATING	100,000
COMMUNITY CLOUD FOREST CONSERVATION 3059 HAPSHIRE BLVD SE GRAND RAPIDS, MI 49506	NONE	PC	GENERAL OPERATING	30,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONSERVATION TRUST FOR FLORIDA INC 1731 NW 6TH STREET STE F GAINESVILLE, FL 32609	NONE	PC	GENERAL OPERATING	75,000
DOLPHIN RESEARCH CENTER 58901 OVERSEAS HWY GRASSY KEY, FL 33050	NONE	PC	GENERAL OPERATING	20,000
EARLY LEARNING COALITION OF HILLSBO 6800 N DALE MABRY HWY STE 158 TAMPA, FL 33614	NONE	PC	GENERAL OPERATING	50,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE S 17TH FLOOR NEW YORK, NY 10010	NONE	PC	GENERAL OPERATING	60,000
FLORIDA KEYS WILD BIRD CENTER 92080 OVERSEAS HWY TAVERNIER, FL 33070	NONE	PC	GENERAL OPERATING	25,000
HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVE TAMPA, FL 33607	NONE	PC	GENERAL OPERATING	95,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOMELESS EMPOWERMENT PROGRAM 1120 NORTH BETTY LANE CLEARWATER, FL 33755	NONE	PC	GENERAL OPERATING	60,000
LEARN TO EARN DAYTON MCESC 200 S KEOWEE DAYTON, OH 45402	NONE	PC	GENERAL OPERATING	75,000
LIFEPATH HOSPICE3010 W AZEELE ST TAMPA, FL 33609	NONE	PC	GENERAL OPERATING	50,000
Total ▶ 3a				9,005,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOWRY PARK ZOO1101 W SLIGH AVE TAMPA, FL 33604	NONE	PC	GENERAL OPERATING	500,000
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	PC	GENERAL OPERATING	40,000
QUANTUM LEAP FARM 10401 WOODSTOCK RD ODESSA, FL 33556	NONE	PC	GENERAL OPERATING	75,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REBUILDING TOGETHER TAMPA BAY 911 E 122ND AVE TAMPA, FL 33612	NONE	PC	GENERAL OPERATING	75,000
SOS CHILDREN'S VILLAGE USA INC 1620 I STREET NW STE 900 WASHINGTON, DC 20006	NONE	PC	GENERAL OPERATING	20,000
TAMPA BAY PERFORMING ARTS CENTER IN 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	NONE	PC	GENERAL OPERATING	75,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY AREA COMMUNITY DEVELOPME 14013 N 22ND ST TAMPA, FL 33613	NONE	PC	GENERAL OPERATING	50,000
USA FOR UNHCR 1310 L STREET NW STE 450 WASHINGTON, DC 20005	NONE	PC	GENERAL OPERATING	50,000
GRAMEEN FOUNDATION USA 1400 K ST NW STE 550 WASHINGTON, DC 20005	NONE	PC	GENERAL OPERATING	70,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMANE SOCIETY OF PINELLAS 3040 STATE ROAD 590 CLEARWATER, FL 33759		PC	GENERAL OPERATING	40,000
DECA PREP200 HOMEWOOD AVE DAYTON, OH 45405	NONE	PC	GENERAL OPERATING SUPPORT	25,000
KIDS CANINES3215 NUNDY ROAD TAMPA, FL 33618	NONE	PC	GENERAL OEPRATING SUPPORT	40,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MORE HEALTH INC 3821 HENDERSON BLVD TAMPA, FL 33629	NONE	PC	GENERAL OPERATING SUPPORT	45,000
NORTH FLORIDA LAND TRUST INC 2038 GILMORE ST JACKSONVILLE, FL 32204	NONE	PC	GENERAL OPERATING SUPPORT	40,000
PCA-TAMPA BAY 1411 N WESTSHORE BLVD STE 205 TAMPA, FL 33607	NONE	PC	GENERAL OPERATING SUPPORT	90,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TECHNOSERVE INC 1777 N KENT ST STE 1100 ARLINGTON, VA 22209	NONE	PC	GENERAL OPERATING SUPPORT	30,000
THE SKILLS CENTER 5470 E BUSCH BLVD 132 TAMPA, FL 33617	NONE	PC	GENERAL OPERATING SUPPORT	40,000
CAT DEPOT2542 17TH STREET SARASOTA, FL 34234	NONE	PC	UNRESTRICTED	25,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DEFENDERS OF WILDLIFE 1130 17th Street NW WASHINGTON, DC 20036		PC	UNRESTRICTED	50,000
FLORIDA WILDLIFE FEDERATION PO Box 6870 TALLAHASSEE, FL 32314		PC	UNRESTRICTED	25,000
INTERNATIONAL PLANNED PARENTHOOD FE 125 Maiden Lane 9th Floor NEW YORK, NY 10038		PC	UNRESTRICTED	25,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOTE MARINE LABORATORY 1600 Ken Thompson Parkway SARASOTA, FL 34236		PC	UNRESTRICTED	20,000
NON PROFIT LEADERSHIP CENTER OF TAM 1408 N Westshore Blvd Suite 140 TAMPA, FL 33607		PC	UNRESTRICTED	20,000
PLANNED PARENTHOOD FEDERATION OF AM 123 William St 10th Floor NEW YORK, NY 10038		PC	UNRESTRICTED	25,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT HOPE PO Box 250255 Carter Hall Lane MILLWOOD, VA 22646		PC	UNRESTRICTED	20,000
TAMPA BAY WATCH 3000 Pinellas Bayway South TIERRA VERDE, FL 33715		PC	CLASSROOM BOAT FOR THE PIER	250,000
WILD ANIMAL HEALTH FUND 581705 White Oak Rd YULEE, FL 32097		PC	UNRESTRICTED	20,000
Total ▶ 3a				9,005,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORLD WILDLIFE FUND 1250 24th St NW WASHINGTON, DC 20037		PC	UNRESTRICTED	20,000
OAK GROVE CHURCH OF GOD 6830 N Habana Ave TAMPA, FL 33614		PC	UNRESTRICTED	3,000
Total ▶ 3a				9,005,000

TY 2019 Accounting Fees Schedule**Name:** THE SPURLINO FOUNDATION**EIN:** 59-6875441**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
bashor & legendre llp	1,730	1,730	0	0

TY 2019 Other Expenses Schedule**Name:** THE SPURLINO FOUNDATION**EIN:** 59-6875441**Software ID:** 19009920**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DIANA BAKER	72,000			72,000
MEETING EXPENSES	1,562			1,562
OFFICE	129	129		

TY 2019 Other Increases Schedule**Name:** THE SPURLINO FOUNDATION**EIN:** 59-6875441**Software ID:** 19009920**Software Version:** 2019v5.0

Description	Amount
ARBITRARY CORRECTION	1,562

TY 2019 Other Professional Fees Schedule**Name:** THE SPURLINO FOUNDATION**EIN:** 59-6875441**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	36,397	36,397	0	0

TY 2019 Taxes Schedule**Name:** THE SPURLINO FOUNDATION**EIN:** 59-6875441**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	75,379			
FOREIGN TAX	6,046	6,046		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
Name of the organization THE SPURLINO FOUNDATION		Employer identification number 59-6875441

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
THE SPURLINO FOUNDATION

Employer identification number
59-6875441

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CYRUS SPURLINO 7214 N MOBLEY RD ODESSA, FL 335562303	\$ 2,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE SPURLINO FOUNDATION	Employer identification number 59-6875441
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization THE SPURLINO FOUNDATION	Employer identification number 59-6875441
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Part III

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

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

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