

**FRH ACCOUNTING SERVICES  
5505 VERNON RD  
JACKSONVILLE, FL 32209-2216  
(904) 708-6692  
FRH ACCOUNTING SERVICES**

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August 11, 2018

SHAWN D DELIFUS FOUNDATION INC  
5507 AHMAD DRIVE WEST  
JACKSONVILLE, FL 32209

**Statement of Charges for Services Rendered:**

**Tax Preparation Fees:**

Tax return preparation fee	\$	300.00
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<b>Total fee</b>	<b>\$</b>	<b>300.00</b>
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JACKSONVILLE, FL 32209-2216  
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August 11, 2018

SHAWN D DELIFUS FOUNDATION INC  
5507 AHMAD DRIVE WEST  
JACKSONVILLE, FL 32209

Dear Client,

Enclosed is the 2017 U.S. Form 990-EZ, Return of Organization Exempt from Income Tax, for SHAWN D DELIFUS FOUNDATION INC for the tax year ending June 30, 2018.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before November 15, 2018 to:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

FAYE HOGG

## Short Form

OMB No. 1545-1150

Form **990-EZ****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A</b> For the 2017 calendar year, or tax year beginning Jul 1, 2017, and ending Jun 30, 2018	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SHAWN D DELIFUS FOUNDATION INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 5507 AHMAD DRIVE WEST City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32209
<b>D</b> Employer identification number 81-3731288	
<b>E</b> Telephone number (904) 616-8318	
<b>F</b> Group Exemption Number ▶	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶ N/A	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 16,366.	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	16,366.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>			
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>			
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>			
<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>			
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>		16,366.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>		3,035.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		558.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt. <b>16</b>		12,560.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>		16,153.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		213.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>		777.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt. <b>20</b>		-45.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>		945.

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 02/14/18 PRO

Form **990-EZ** (2017)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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**Expenses**  
 Required for section  
 501(c)(3) and 501(c)(4)  
 organizations; optional for  
 others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

Form **990-EZ** (2017)

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	X
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>FAYE HOGG</u> Telephone no. ▶ <u>(904) 708-6692</u> Located at ▶ <u>5505 VERNON ROAD, JACKSONVILLE FL</u> ZIP + 4 ▶ <u>32209</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ . . . . .	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	X



- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
<b>46</b>		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		X

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		X
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		X
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- b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f** Total number of other employees paid over \$100,000 . . . . . ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

- d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ Yes ☐ No

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	JOYCE DELIFUS, PRESIDENT	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FAYE HOGG	FAYE HOGG			P00514303
	Firm's name ▶ FRH ACCOUNTING SERVICES	Firm's EIN ▶ 20-8701588			
	Firm's address ▶ 5505 VERNON RD, JACKSONVILLE, FL 32209-2216		Phone no. (904) 708-6692		

- May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Line 16: Other Expenses****Continuation Statement**

Description	Amount
ADVERTING & MARKETING	581.
BANK FEES	25.
supplies	1,010.
OFFICE SUPPLIES	567.
outreach programs	10,377.
<b>Total</b>	<b>12,560.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****Part III: Purpose****Continuation Statement**

Organization's Primary Exempt Purpose
LEVITATE CHILDREN AND FAMILIES THROUGH
NUTRITION AND THE SPORT OF SWIMMING:
WE WILL MOVE FROM ONE PUBLIC HOUSING COMPLEX
TO ANOTHER.





**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

SHAWN D DELIFUS FOUNDATION INC

Employer identification number

81-3731288

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				15,834.		15,834.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .				15,834.		15,834.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						15,834.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .				15,834.		15,834.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .				15,834.		15,834.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	100 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)**11** Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

  

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 . . .			
<b>b</b> Excess from 2014 . . .			
<b>c</b> Excess from 2015 . . .			
<b>d</b> Excess from 2016 . . .			
<b>e</b> Excess from 2017 . . .			

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Area with horizontal dashed lines for supplemental information.

SHAWN D DELIFUS FOUNDATION INC  
PROFIT & LOSS STATEMENT  
6/30/2018

	7/31/2017	8/31/2017	9/30/2017	10/31/2017	11/30/2017	12/31/2017	1/31/2018	2/28/2018	3/31/2018	4/30/2018	5/31/2018	6/30/2018	YTD
CONTRIBUTED REVENUE	\$ 1,412.50	\$ 1,794.80	\$ -	\$ 50.00	\$ 1,194.83	\$ 179.00	\$ 784.00	\$ 1,571.70	\$ 1,090.15	\$ 2,650.00	\$ 4,219.01	\$ 1,420.00	\$ 16,365.99
TOTAL REVENUE	<u>\$ 1,412.50</u>	<u>\$ 1,794.80</u>	<u>\$ -</u>	<u>\$ 50.00</u>	<u>\$ 1,194.83</u>	<u>\$ 179.00</u>	<u>\$ 784.00</u>	<u>\$ 1,571.70</u>	<u>\$ 1,090.15</u>	<u>\$ 2,650.00</u>	<u>\$ 4,219.01</u>	<u>\$ 1,420.00</u>	<u>\$ 16,365.99</u>
PROGRAM EXPENSE	\$ 1,110.70	\$ 150.00	\$ 150.00	\$ 100.00	\$ 50.17	\$ 42.32	\$ 817.28	\$ 681.76	\$ 302.27	\$ 2,355.56	\$ 4,118.87	\$ 472.87	\$ 10,351.80
DEVELOPMENT EXPENSE	-												
ADMIN EXPENSE	321.06	844.64	436.25	\$ 150.00	\$ 397.16	\$ 442.15	\$ 246.07	\$ 782.65	\$ 623.61	\$ 603.49	\$ 285.93	\$ 667.42	\$ 5,800.43
TOTAL EXPENSE	<u>\$ 1,431.76</u>	<u>\$ 994.64</u>	<u>\$ 586.25</u>	<u>\$ 250.00</u>	<u>\$ 447.33</u>	<u>\$ 484.47</u>	<u>\$ 1,063.35</u>	<u>\$ 1,464.41</u>	<u>\$ 925.88</u>	<u>\$ 2,959.05</u>	<u>\$ 4,404.80</u>	<u>\$ 1,140.29</u>	<u>\$ 16,152.23</u>
NET INCOME (LOSS)	\$ (19.26)	\$ 800.16	\$ (586.25)	\$ (200.00)	\$ 747.50	\$ (305.47)	\$ (279.35)	\$ 107.29	\$ 164.27	\$ (309.05)	\$ (185.79)	\$ 279.71	\$ 213.76

# SHAWN D DELIFUS FOUNDATION

## STATEMENTS OF FUNCTIONAL EXPENSES

As of June 30, 2018

	2017-2018			
	Program	Management & General	Fundraising	Total
Salaries & Wages	\$ -	\$ -	\$ -	\$ -
Payroll Taxes & Benefits				
Total Salaries & Related Expense	\$ -	\$ -	\$ -	\$ -
Professional Fees				
Contracted Services		3,035.00		3,035.00
Telephone & Internet				-
Postage		558.34		558.34
Office Supplies		566.37		566.37
Supplies		1,009.93		1,009.93
Bank Fees		24.99		24.99
Advertising & Marketing	189.00	391.80		580.80
OutReach Programs	10,376.80			10,376.80
<b>TOTAL EXPENSES</b>	<b>\$ 10,566</b>	<b>\$ 5,586</b>	<b>\$ -</b>	<b>\$ 16,152</b>

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## SHAWN D DELIFUS FOUNDATION

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### STATEMENTS OF ACTIVITIES

As of June 30, 2018

	<u>2017-2018</u>
	<u>Unrestricted</u>
<b>REVENUE AND OTHER SUPPORT</b>	
Contributions	\$ 16,366
Donated Services	
Investment Income	
Other Income	
Unrelated Business Income	
Total Revenue and Other Support	<u>\$ 16,366</u>
 <b>EXPENSES</b>	
Program Expenses:	
Swimming, Safety & Nurtrition	9,232
Pacesetters (senior) Exercise & Nutrition	1,334
Management & General Fundraising	5,586
	<u>\$ 16,152</u>
 <b>CHANGE IN NET ASSETS</b>	\$ 214
 NET ASSETS - Beginning of year	\$ 226
 <b>NET ASSETS-END OF YEAR</b>	<u>\$ 440</u>



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**SHAWN D DELIFUS FOUNDATION**

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**STATEMENTS OF FINANCIAL POSITION**  
**As of June 30, 2018**

**ASSETS**

2017-2017

**CURRENT ASSETS**

CASH

945

Total Current Assets

945

**NET ASSETS**

Unrestricted Funds (Free to use as you wish)

945

Total Net Assets

945

# SHAWN D DELIFUS FOUNDATION

## EXPENSES

DATE	DESCRIPTION	AMOUNT	Adimn contract svcs
07/02/2017	WEIGHTLOSS FOLDER	34.66	swimn
42919	CK 148-GEORGE IBANEZ WATER SAFETY CLASS	120.00	nutrition
42921	CK 149-ARVITA GLEN	100.00	office supplies
42923	CK 142 melinda henry nutrition education	50.00	regular supplies
42926	FLYERS FOR SWIM GRADUATION OFFICE MAX	48.15	postage
42926	WALMART ENVELOPE	20.30	bank
42926	CK 150 FRANCIS ANDERSON WATER SAFETY CLASS	120.00	
42929	HARBOR T FREIGHT	28.86	
42929	DOLLAR GENERAL POSTER MATERIAL SWIMIN	32.90	
42929	DOLLAR GENERAL WATER SWIMIN	3.66	
42930	FLYERS FOR SWIM GRADUATION OFFICE MAX	27.01	
42933	TROPHY DEPOT SWIMIN GRAD	117.71	
42936	CK 147 MELINDA HENRY	50.00	
42937	CK 177 MARY DEJARNETTE	50.00	
42940	FLYERS FOR SWIM GRADUATION OFFICE MAX	13.91	
42940	CERTIFICATES FOR SWIM GRADUATION OFFICE MAX	5.87	
42940	CERTIFICATES FOR SWIM GRADUATION WALMART	14.86	
42940	OFFICE MAX	38.52	
42940	POSTAGE	17.02	
42941	OFFICE MAX POSTER SWIMIN	128.38	
42944	OFFICE MAX BANNER	14.22	
42944	OFFICE MAX SWIMIN SUPPLIES	54.79	
42944	PARTY SPOT BALLONS	66.81	
42944	DOLLAR GENERAL	51.36	
42944	DOLLAR GENERAL FLYERS SWIMIN	27.82	
42944	GIFT CARD WEIGHTLOSS PROGRAM	54.95	
07/31/2017	CK 181 IRIS HARRIS WEIGHT LOSS WINNER	125.00	
07/18/2017	BANK FEE	15.00	
		1,431.76	

1,431.76

SHAWN D DELIFUS FOUNDATION

EXPENSES

08/02/2017 CK 182 FAYE HOGG ACCOUNTANT	650.00	Adimn contract svcs	810.00
08/02/2017 usps	21.05	swimn	100.00
08/04/2017 office max	13.59	nutrition	50.00
08/04/2017 CK 183 HILDA ALEXANDER PHOTOS SWIMN PROJECT	100.00	office supplies	13.59
08/07/2017 CK 179 ARVITA GLENN	100.00	regular supplies	
08/09/2017 CK 180 JOANN MCGRUFF	60.00	postage	21.05
08/11/2017 CK 178 MELINDA HENRY NUTRITUIONIST	25.00		
08/22/2017 CK 176 PAULA YOUNG COMMUNITY WELLNESS	25.00		
	994.64		994.64

SHAWN D DELIFUS FOUNDATION

EXPENSES

09/07/2017 ck 5001 ARVITA GLENN	100.00	Adimn contract svcs	200.00
09/05/2017 CK5003 HILDA ALEXANDER PHOTOS swimn	100.00	swimn	100.00
09/18/2017 ck186 JULY AND AUG PAYMNT FRHACCOUNTING	100.00	nutrition	50.00
09/21/2017 CK188 SHIRLEY BOWMAN WEIGHT LOSS WINNER	25.00	office supplies	
09/27/2017 CK187 EDITH HICKSWEIGHT LOSS WINNER	25.00	regular supplies	
09/29/2017 SUNBz BUSINESS FEE	236.25	postage	236.25
		marketing	
	586.25		586.25

10/05/2017 D J POWER FITNESS LEROY JENKINS BIGGEST LOSER  
10/07/2017 CK5006 ARVITA GLEN  
10/11/2017 FAYE HOGG SEPT PAYMT  
10/23/2017 CK190 RHONETTE JAMES WEIGHT LOSS WINNER  
10/28/2017 CK191 weight loss

50.00	Admin contract svcs	150.00
100.00	swimn	
50.00	nutrition	100.00
25.00	office supplies	
25.00	regular supplies	
	postage	
	marketing	
250.00		250.00
		250.00

11/08/2017 FAYE HOGG ACCOUNTANT CK 5008  
11/17/2017 CK5007 ARVITA GLEN  
11/21/2017 Walmart  
11/21/2017 dollar general  
11/22/2017 PUBLIX nutrition  
11/25/2017 Walmart  
11/29/2017 GO PRINT

50.00	Admin contract svcs	150.00
100.00	swimn	
47.36	nutrition	50.17
9.63	office supplies	91.61
50.17	regular supplies	
34.62	postage	155.55
155.55	marketing	
447.33		447.33

12/02/2017 USPS	15.68	Admin contract svs	200.00
12/04/2017 USPS	23.52	swimn	
12/05/2017 CK 193 MARRY DEJARNETTE	50.00	nutrition	42.32
12/06/2017 CK5010 FAYE HOGG	50.00	office supplies	
12/11/2017 MICHAELS STORE	30.18	regular supplies	132.39
12/15/2017 DOLLAR GENERAL	8.03	postage	109.76
12/15/2017 PUBLIX FRUIT NUTRITION	42.32	marketing	
12/18/2017 DOLLAR GENERAL	5.62		
12/18/2017 FAMILY DOLLAR	21.40		484.47
12/20/2017 FAMILY DOLLAR	55.39		
12/21/2017 USPS	39.20		
12/27/2017 CK5009 ARVITA GLENN	100.00		
12/28/2017 USPS	15.68		
12/28/2017 USPS	15.68		
12/30/2017 DOLLAR GENERAL	11.77		
	484.47		

01/02/2018 JOANN MCGRUFF CK194-SECRETARY	50.00	Admin contract svs	150.00
01/03/2018 RONALD SIMMONS "196 swimn	75.00	swimn	817.28
01/04/2018 FAMILY \$	14.98	nutrition	
01/04/2018 DOLLAR GENERAL	22.04	office supplies	
01/08/2018 MARY DEJARNETTE-SECRETARY	50.00	regular supplies	60.56
01/08/2018 FAYE HOGG-ACCOUNTANT	50.00	postage	35.51
01/12/2018 CITY OF JAX	350.00	marketing	
01/16/2018 EDUCATIONAL SERVICES cpr seimn	257.43		
01/20/2018 USPS	34.30		1,063.35
01/26/2018 BIG OAK RESTAURANT CPR	134.85		
01/26/2018 DOLLAR TREE	14.98		
01/26/2018 DOLLAR TREE	8.56		
01/31/2018 USPS	1.21		

1,063.35	1,063.35	
02/01/2018 Mr P's rent bldg deposit SWIMN FUND RAISER		
02/05/2018 usps	100.00	Admin contract svcs
02/05/2018 FRH ACCOUNTING 1099 MIS CK199	40.00	swimn
02/06/2018 CK5011 ARVITA GLENN SECRETARY	75.00	nutrition
02/06/2018 CK5013 ARVITA GLENN SECRETARY	100.00	office supplies
02/07/18 CK2 MARY DEJARNETTE	100.00	regular supplies
02/07/18 CK: JOAN MCGRUFF	50.00	postage
02/09/2018 FAYE HOGG	50.00	marketing
02/14/2018 AMERICAN SAFETY CPR	257.47	
02/16/2018 WALMART	35.24	
02/16/2018 OFFICE MAX	23.87	
02/22/2018 TIKI GRAPHICS	115.00	
02/22/2018 TIKI GRAPHICS	39.00	
02/22/2018 TIKI GRAPHICS	35.00	
02/22/2018 SAMS	49.54	
02/23/2018 CK#3 johnson ynca nutrition	80.00	
02/23/2018 BIG OAKS RESTAURANT	144.29	
02/27/2018 Ck #5 MR P"S Resturant	100.00	
02/28/2018 usps	20.00	
	1,464.41	1,464.41
03/02/2018 dollar general	15.78	Admin contract svcs
03/02/2018 family dollar	20.33	swimn
03/02/2018 office max	116.10	nutrition
03/03/2018 ck 6 MARY DEJARNETTE	50.00	office supplies
03/03/2018 ck 8 GEORGE IBANEZ WATER SAFETY	50.00	regular supplies
03/06/2018 ck 11 Francis Anderson water safety	120.00	postage
03/06/2018 ck 5016 faye hogg	50.00	marketing
03/08/2018 ck 4 joann mcgriff	25.00	
03/08/2018 office max	51.90	
03/08/2018 office max	(2.14)	
		275.00
		170.00
		132.27
		192.50
		36.11
		120.00
		925.88



3/9/2018 usps	15.00		
43169 ck 7 mary dejanette	50.00		
3/16/2018 restraurant depot exercise	132.27		
3/21/2018 usps	55.00		
3/26/2018 ck 5015 Arvita Glenn	100.00		
3/27/2018 office depot	26.64		
3/28/2018 usps	50.00		
	925.88	925.88	
4/3/2018 JOHNSON YMCA SWIMN	250.00	Admin contract svcs	150.00
4/4/2018 CK 10001 ERIC BROWN asist with nutrition	50.00	swimn	852.00
4/4/2018 USPS	225.00	nutrition	1,503.56
4/5/2018 CK 9 LAURIE BURKE CPR	200.00	office supplies	49.70
4/5/2018 RESTAURANT DEPOT nutrition	106.16	regular supplies	168.80
4/5/2018 CK 12 SWIMN INSTRUMENT GEORGE Ibanez	112.00	postage	225.00
4/11/2018 HARLAND CHECK ORDER	9.99	marketing	
4/12/2018 CK 5018 FAYE HOGG	50.00	banking	9.99
4/12/2018 RESTAURANT DEPOT nutrition	96.26		
4/18/2009 CK 302 LINDA WHITE exerciser	100.00		
4/18/2018 CK 10002 FACILITY RENTAL nutrition	250.00		
4/18/2008 SAM	52.46		2,959.05
4/19/2018 CASSANDRA SCOTT CK306 nutrition	200.00		
4/19/2018 CK 301 FRANCIS SCOTT WATER SAFETY	120.00		
4/21/2018 SAM	51.44		
4/23/2018 OFFICE MAX	25.89		
4/23/2018 ALONZO RECKS PHOTOS 307 nutrition	100.00		
4/24/2018 CK 305 EDUCATION ENHANCE nutrition	410.00		
4/24/2018 WALMART	54.20		
4/24/2018 DOLLAR GENERAL	10.70		
4/25/2018 ck 304 ra dana dalton nutrition	150.00		
4/25/2018 ck 309 george ibanez safety class swimn	120.00		
4/26/2017 ck 5017 ARVIT GLENN	100.00		

4/28/2018 RESTAURANT DEPOT nutrition  
4/24/2018 RESTAURANT DEPOT nutrition  
4/28/2018 OFFICE MAX

5/1/2018 CK 308 JOANN MCGRUFF  
5/2/2018 OFFICE MAX  
5/4/2018 WITHDRAWL SWIMN DONATION YMCA  
5/4/2018 CK 313 RONALD SIMMONS EXERCISE  
5/5/2018 CK 5020 FAYE HOGG  
5/7/2018 SAM  
5/8/2018 WITHDRAWL SWIMN DONATION YMCA  
5/14/2018 OFFICE MAX  
5/14/2018 USPS  
5/16/2018 CK 315 JOANN MCGRUFF  
5/18/2018 DOLLAR GENERAL SWIMN  
5/30/2018 CK 326 STEVEN CONNELL

71.88  
19.26  
23.81

2,959.05

2,959.05

25.00  
23.69  
3,942.00  
25.00  
50.00  
45.00  
108.00  
62.24  
30.00  
25.00  
43.87  
25.00

Admin contract svcs  
swimn  
nutrition  
office supplies  
regular supplies  
postage  
marketing  
banking  
steve

100.00  
4,093.87  
25.00  
85.93  
45.00  
30.00  
  
25.00  
  
4,404.80

4,404.80

4,404.80

06/01/2018 OFFICE MAX	22.26	Admin contract svs	275.00
06/01/2018 USPS	50.00	swimn	108.00
06/05/2018 CK 330 JOANN MCGRIF	25.00	nutrition	364.87
06/05/2018 PUBLIX	96.28	office supplies	22.26
06/05/2018 SAM	73.46	regular supplies	290.16
06/05/2018 DOLLAR	11.77	postage	80.00
06/06/2018 CK 5019 ARVITA GLENN	100.00	marketing	
06/06/2018 CK 5021 ARVITA GLENN	100.00	banking	
06/06/2018 CK 329 FITNESS IS LIFE EXERCISE	100.00		
06/07/2018 CK 5022 FAYE HOGG	50.00		1,140.29
06/08/2018 CK 327 RONALD SIMMONS EXERCISE	25.00		
06/09/2018 RESTAURANT DEPOT	39.87		
06/09/2018 DOLLAR GENERAL	5.35		
06/09/2018 WALMART	37.78		
06/09/2008 FAMILY \$	14.45		
06/09/2018 PUBLIX	8.38		
06/13/2018 CK 331 JOHNSON YMCA SWIMN	108.00		
06/15/2018 CK 314 MELINDA HENRY NUTRITIN	50.00		
06/18/2018 USPS	20.00		
06/18/2018 USPS	10.00		
06/22/2018 CK 332 JOHNSON YMCA EXERCISE	125.00		
06/29/2018 DOLLAR GENERAL	42.69		
06/29/2018 CK 333 RONALD SIMMONS COMMUNITY EVENT	25.00		
	1,140.29		1,140.29
TOTAL EXPENSE TO DATE			16,152.23

SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	2016 ADDRESS	AMOUNT
07/05/2017	MELINDA EADY	322 EAST 21ST STREET JAX FL 32206	100.00
07/05/2017	PAY PAL DONOR NO NAME		56.50
07/13/2017	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	100.00
07/13/2017	ANTHONY WOOD	3827 MONCRIEF ROAD W JAX FL 32209	30.00
07/13/2017	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	300.00
07/18/2017	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	86.00
07/24/2017	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	500.00
07/31/2017	JILL PROSINSKI	798 SCRUB JAY DRIVE ST AUGUSTINE, FL 32092	240.00
			1,412.50

# SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

2016

DATE	NAME	ADDRESS	AMOUNT
08/01/2017	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	400.00
08/02/2017	SHAWN DELIFUS ESTATE		1,284.80
08/04/2017	MELINDA EADY	322 EAST 21ST STREET JAX FL 32206	100.00
08/07/2017	FALASCA SIMMONS	11736 TOTTOISE WAY N 32218	10.00
			<u>1,794.80</u>

SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

NOTHING IN SEPT 2017

DATE                      NAME  
10/31/2017 BENNYE BARRETT

SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION  
ADDRESS  
5531 BURL WOOD DRIVE, ORLANDO FL 32810

AMOUNT  
50.00

50.00



SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
11/07/2017	DANIEL DELIFUS		450.83
11/07/2007			25.00
11/17/2018	THEORPIA CARTER	1731 W 12TH STREET 32209	5.00
11/17/2018	LATHERIA BARNES	1088 WOODSTOCK AVE 32254	5.00
11/17/2018	CLARA SMITH	7432 REI 32209	10.00
11/17/2018	MARY WILLIS	2439 W EDGEWOOD AVE 32209	5.00
11/17/2018	AMALNDA ROBINSON	6804 RHODE ISLAND DR W 32209	20.00
11/17/2018	JEANETTE SMITH	BROOK HAVEN DR 32254	5.00
11/17/2018	L LASTER	2108 WEST 39TH STREET 32209	5.00
11/17/2018	MR. & MRS. ALBERT MERRIWEATHER	4851 FREDERICKSBURG AVE 32208	5.00
11/17/2018	HATTIE FOWLER	8419 FINCH AVE 32219	5.00
11/17/2018	BARBRA BAKER	12435 BISCAYNE LAKE DR 32218	5.00
11/17/2018	CAROYLN OWENS	6417 BARRY DR. WES 32208	5.00
11/17/2018	IRIS HARRIS	6643 CRYSTAL RIVER RD EAST 32219	5.00
11/17/2018	JANICE DAWKINS	164 RIBAUT SCENIC DR 32208	5.00
11/17/2018	MATTIE REDDICK	1338 AGNES STREET 32208	5.00
11/17/2018	CAROL THOMAS	11366 HARTS ROAD 32218	30.00
11/17/2018	RONALD SIMMONS	2837 AHMAD DR N 32209	10.00
11/17/2018	SANDRA MITCHELL	3726 WOODCREEK LANE 32206	5.00
11/17/2018	RUBY COADELL	6431 KINLOCK DR 32219	5.00
11/17/2018	SHIRLEY SMITH	NONR	10.00
11/17/2018	CAROYLN OWENS	9534 CARBONDALE DR E 32208	5.00
11/17/2018	LUIS FLOWEFRS	2373 BEAUMONT ST 32209	10.00
11/17/2018	JACKIE STUBBS	2358 KINWOOD AVE 32209	5.00
11/17/2018	EUNICE HOGAN	3316 MARLAND ST 32209	5.00
11/17/2018	EVEANNA WEAVER	DEVONSHIRE BLVD 32208	5.00
11/17/2018	MAUDE MCKENZIE	3548 MARTHA STREET 32209	5.00
11/17/2018	SANDRA FRAIZER	8585 DARLINGTON DR 32208	5.00
11/17/2018	LINDA WHITE	1933 PULLMAN CT. 32209	20.00
11/17/2018	GRACIE SMITH	NONE	5.00
11/17/2018	UNKNOWN	NONE	10.00
11/17/2018	AMELIA WALLACE	3803 ROBENA ROAD 32218	20.00
11/17/2018	RUTH STEPHENS	2433 W 45TH 32209	5.00
11/17/2018	KIMBERLY GIBSON	1332 W 21ST APT 1 32209	5.00
11/17/2018	CHERYL WINTON	3523 DAWSON STREET 32209	5.00

11/17/2018	TINA CONEY	DAKOTA DRIVE 32209	10.00
11/17/2018	SANDRA BRIDGES	1123 HARRISON STREET 32206	5.00
11/17/2018	EUNICE JAMES	6849 CARTIER CIRCLE 32208	5.00
11/17/2018	ZELLA MCKINGHT	2759 DARROW STREET 32209	10.00
11/17/2018	MARY A	3322 MARLAND STRRET 32209	5.00
11/17/2018	CYNTHIA BACON	253 E 44TH ST. 32208	5.00
11/17/2018	PERRY ROBINSON	10415 SPARROW LANE 32218	5.00
11/17/2018	BARBRA BAKER	2041 CARL ROAD 32209	5.00
11/17/2018	JAMES HENRY	3132 MARLAND STREET 32209	5.00
11/17/2018	ANNETTE MOBLEY	UNKNOWN	15.00
11/17/2018	SHIRLEY JACKSON	3542 MARTHA ST 32209	5.00
11/17/2018	RUTH WRIGHT	3143 MARLO STREET 32209	5.00
11/17/2018	IDA GETTIS	4930 PARIS AVE 32209	5.00
11/17/2018	CLAUDIA FLAGLER	1043 TURTLE CREEK DR S	5.00
11/17/2018	BERNICE WRIGHT	4662 HARBORVIEW DR 32208	5.00
11/17/2018	TINA CONEY	5621 DAKOTA DR. 33209	10.00
11/17/2018	DAN & RHUNETTE JAMES	2509 W 23RD STREET 32209	15.00
11/17/2018	MILDRED FLAGG WESTER	418 S CHILLING WORTH DR WEST PALM BCH FL 33409	59.00
11/17/2018	DORIS S MIMS	8872 YEOMAN DR. 32208	20.00
11/17/2018	SARAH DELIGAR	5735 KINLOCK CT., 32219	59.00
11/17/2018	MATTIE L JOHNSON	9516 ABERDARE AVE 32208	20.00
11/17/2018	MARCEL & NORMAN WHITE	3315 EDGEWOOD AVENUE WEST 32209	55.00
11/17/2018	LLOYD & JENNIFER C BUTLER	3914 VICTORIA LANDING DE N	22.00
11/28/2017	CLAUDEN JOHNSON	1017 ASHTON ST, 32208	50.00
11/28/2017	GREGORY KATO	6941 CAVALIER RD 32208	54.00
			1,194.83
			1,194.83

SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
12/01/2017	CLAUDEN JOHNSON	1017 ASHTON STREET 32208	54.00
12/01/2017	CHRISTOPHER & JANICE EVANS	6483 LAKE MEADOW DR BURKE VA 22015	25.00
12/29/2017	NELRAE & RAHMAN ALI	1023 N LIBERTY ST 32206	100.00
			179.00

# SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
01/02/2018	PATRICIA GODBOLT	921 LONGRIDGE CT ORANGE PK FL 32065	50.00
01/02/2018	JOYCE PAYNE	719 WINGRED PLACE ORANGE PK FL 32073	100.00
01/02/2018	SAVANNAH MARTIN	1117 W 24TH STREET JAX FL 32209	10.00
01/02/2018	JASPREET KONDAL	367 ST JOHNS GOLT DRIVE ST. AUGUSTINE FL 32092	50.00
01/02/2018	ALTREBIA LYONS	7864 BELLEMEADE BLVD S. JAX FL 32211	15.00
01/02/2018	SHARON COON	101 W 27TH ST JAX FL 32206	20.00
01/02/2018	ALTON DOBSON	1193 CHERRY CREEK ROAD JAX FL 32218	25.00
01/02/2018	PEARL DAVIS	5633 MINOSA CIRCLE E JAX FL 32209	10.00
01/02/2018	JOAN TURNER	1215 SQUIRRELL LANCE S JAX FL 32218	25.00
01/02/2018	KIN HINTON & PEPPER STEPPERS	1402 MILTON AVE JAX FL 32218	100.00
01/02/2018	RACHEL MCCONAGO	5530 CABOT DR N JAX FL 32244	20.00
01/02/2018	RENEE SURCEY	P O BOX 5571722 JAX FL 32255	100.00
01/02/2018	OTIS & CAROLYN GIRARDEAU	1768 CAVALCADE CT JAX FL 32218	54.00
01/02/2018	DAVE & ALVANINE BROWN	507 CAMELIA STREET JAX FL 32233	10.00
01/02/2018	TONYA BELL	702 REFLECTION COVE CT JAX FL 32218	50.00
01/02/2018	MARY MADISON	1836 WEST 41ST ST JAX FL 32209	50.00
01/02/2018	CONSTANCE MITCHELL	507 CAMELIA ST ATLANTIC BCH FL 32233	20.00
01/02/2018	KESHAN CHAMBLISS	5846 FELIX DRIVE N JAX FL 32209	20.00
01/02/2018	UNKNOWN		55.00
			784.00

# SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
02/02/01-02/28/18	NORMA WHITE	3315 EDGEWOOD AVE JAX FL32209	25.00
02/02/01-02/28/18	MR. & MRS. L W MUNGIN	11402 SARASOTA LANCE JAX FL 32218	50.00
02/02/01-02/28/18	PERRY ROBINSON	10415 SONG SPARROW LANE JAX FL 32254	10.00
02/02/01-02/28/18	MARCIA SMITH	3779 JULIET LEIA CIR W JAX FL 32218	10.00
02/02/01-02/28/18	BELINDA OVERSTREET	7701 TIMBERLIN PARK BL D #615 JAX FL 32256	100.00
02/02/01-02/28/18	MARK ENGLN	1110 FRUIT COVE ROAD ST. JOHNS FL 32259	50.00
02/02/01-02/28/18	DANIEL DELIFUS	4274 BROAD CREEK LANE JAX FL 32218	600.00
02/02/01-02/28/18	JESSICA SPENCER	2372 COMPANIN CIR E JAX FL 32224	10.00
02/02/01-02/28/18	LINDA SULLIVAN	MARSH LANDING CT ORANGE PARK FL 32003	50.00
02/02/01-02/28/18	CLARA SMITH	7432 RICHARDSON ROAD 32209 JAX FL	50.00
02/02/01-02/28/18	LEONARD & TEDRA	3116 GARDEN BROOK ROAD JAX FL 32208	20.00
02/02/01-02/28/18	JAMES & MAUDE MCKENZIE	3548 MARTH STREET JAX FL 32209	10.00
02/02/01-02/28/18	JASPREET KONDAL	367 ST JOHNS GOLF DR ST AUGUSTINE FL 32092	50.00
02/02/01-02/28/18	SHARON COON	101 W 27TH ST JAX FL 32206	20.00
02/02/01-02/28/18	ALTON WAYNE DOBSON	11983 CHERRY CREEK ROAD JAX FL 32218	25.00
02/02/01-02/28/18	JOAN TURNER	1215 SQUIRRELL LN S JAX FL 32218	25.00
02/02/01-02/28/18	SAVANNAH MARTIN	1117 W 24TH ST JAX FL 32209	10.00
02/02/01-02/28/18	ALFREDIA LYONS	7864 BELLEMEADE BLVD S JAX FL 32211	15.00
02/02/01-02/28/18	PEARL DAVIS	5633 MINOSA CIR E JAX FL 32209	10.00
02/02/01-02/28/18	UNKNOWN		144.60
02/02/01-02/28/18	UNKNOWN		287.10
			1,571.70
			1,571.70

# SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
03/03/2018	ELNORA THOMAS	10711 MEADOW LEA DR 32218	25.00
03/03/2018	LEROY JENKINS	10858 DUNNOTAR RD 32221	25.00
03/03/2018	SHIRLEY BOWMAN	2235 BARRY DR S 32208	20.00
03/03/2018	MARY WILLIS	2439 W EDGEWOOD AVE 32209	10.00
03/03/2018	JOYCE STREATON	5204 FOXBORO ROAD 32208	10.00
03/03/2018	MARY BURCH	3322 MARLAND ST 32209	15.00
03/21/2018	JACQUELINE CALDWELL	11517 RIVA RIDGE CT 32218	25.00
03/21/2018	ANGELA PETERSON	325 CIRCLE DR 32208	10.00
03/21/2018	JOYCE DELIFUS	5507 AHMAD DR W 32209	566.00
03/21/2018	SHIRLEY JACKSON	3542 MARTHA ST, 32209	10.00
03/21/2018	CAMILLA LEE	1450 FALABELLA DR 32218	100.00
03/21/2018	JANICE DAWKINS	1964 RIBAUT SCENIC DR 32208	10.00
03/21/2018	WILLIE & SARAH GANT	5073 ANDREW ROBINSON DR 32209	25.00
03/21/2018	UNKNOWN		20.00
03/21/2018		PAYPAL	219.15
			1,090.15

# SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
04/03/2018	JOYCE DELIFUS	5507 AHMAD DR W 32209	400.00
04/09/2018	WINONA GATSOM	4943 FOXBORO RD 32208	20.00
04/12/2018	JOYCE DELIFUS	5507 AHMAD DR W 32209	2,000.00
04/16/2018	ROSEMARY & FRANCIS ANDERSON	1541 MOUNTAIN LAKE DR E 32221	75.00
04/16/2018	JAMES & LORETTA WIGGINS	9705 SAPPINGTON AVE 32208	25.00
04/24/2018	PAUL & JILL PROSINSK	798 SCRUB JAY DR ST AUGUSTINE 32092	130.00
			2,650.00



SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
05/03/2018	JOYCE DELIFUS	5507 AHMAD DR W 32209	4,000.00
05/08/2018	JOYCE DELIFUS	5507 AHMAD DR W 32209	62.00
05/08/2018	CHRISTIANA ALEXANDER	1152 Walnut St 32206	52.00
05/08/2018	THANH NGUYEN	n kyle way st Johns 32259	20.00
05/08/2018	AGNES DIXON	2863 PERRY ROAD 32225	50.00
05/08/2018		UNKNOWN	35.00
05/31/2018		INTEREST	0.01
			4,219.01

SHAWN D DELIFUS FOUNDATION INC -CONTRIBUTION

DATE	NAME	ADDRESS	AMOUNT
06/01/2018	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	250.00
06/05/2018	LUCY & IVAN STOKES	2142 BRIGHTON BAYTRAIL WEST 32246	100.00
06/09/2018	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	120.00
06/11/2018	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	50.00
06/18/2018	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	300.00
06/27/2018	JOYCE DELIFUS	5507 AMAD DRIVE WEST JAX FL 32209	300.00
06/29/2018		5507 AMAD DRIVE WEST JAX FL 32209	300.00
			1,420.00

TOTAL TO DATE

16,365.99

## CLUB CHECKING ACCOUNT \*9688

Deposit Balances as of 8/9/2018

Dividend Rate: 0.10 %

Pending Holds: \$10.59

Available Balance: **\$4,534.67**

Dividend Earned this Year: \$0.08

Prior Year Dividend: \$0.67

Current Balance: \$4,545.36

## Transactions

Date	Description + Check Nr	Type	Category	Credit	Debit	Current
JUN 29 2018	Deposit	Deposit	UNCATEGORIZED	\$300.00		\$749.06
JUN 29 2018	Check Number 333 333	Check Withdrawal	UNCATEGORIZED		(\$25.00)	\$449.06
JUN 27 2018	Deposit	Deposit	UNCATEGORIZED	\$300.00		\$474.06
JUN 22 2018	POS Purchase DOLLAR GENERAL # DOLLAR GENERAL # 29 JACKSONVILLE FL US CARD NBR: 8253 6/22/18 10:24	POS Withdrawal	Discount Stores		(\$42.69)	\$174.06
JUN 22 2018	Check Number 332 332	Check Withdrawal	UNCATEGORIZED		(\$125.00)	\$216.75
JUN 18 2018	POS Purchase USPS PO 11440702 USPS PO 11440702 JACKSONVILLE FL US CARD NBR: 8253 6/18/18 20:09	POS Withdrawal	Postal Services -...		(\$10.00)	\$341.75
JUN 18 2018	POS Purchase USPS PO 11440702 USPS PO 11440702 JACKSONVILLE FL US CARD NBR: 8253 6/18/18 20:03	POS Withdrawal	Postal Services -...		(\$20.00)	\$351.75
JUN 18 2018	Deposit	Deposit	UNCATEGORIZED	\$300.00		\$371.75
JUN 15 2018	Check Number 314 314	Check Withdrawal	UNCATEGORIZED		(\$50.00)	\$71.75
JUN 13 2018	Check Number 331 331	Check Withdrawal	UNCATEGORIZED		(\$108.00)	\$121.75
JUN 11 2018	Deposit	Deposit	UNCATEGORIZED	\$50.00		\$229.75
JUN 09 2018	POS Purchase PUBLIX SUPER MAR 5210 NORWOOD AVE JACKSONVILLE FL US CARD NBR: 8253 6/09/18 17:52	POS Withdrawal	Food		(\$8.38)	\$179.75
JUN 09 2018	POS Purchase FAMILY DOLLAR #5 3040 EDGEWOOD AVE W JACKSONVILLE FL US CARD NBR: 8253 6/09/18 16:32	POS Withdrawal	UNCATEGORIZED		(\$14.45)	\$188.13
JUN 09 2018	POS Purchase Wal-Mart Super C 1219 WAL-SAMS JACKSONVILLE FL US CARD NBR: 8253 6/09/18 15:49	POS Withdrawal	Food		(\$37.78)	\$202.58
JUN 09 2018	POS Purchase DOLLAR-GENERAL # DOLLAR-GENERAL # 16 JACKSONVILLE FL US CARD NBR: 8253 6/09/18 15:02	POS Withdrawal	Discount Stores		(\$5.35)	\$240.36
JUN 09 2018	Deposit	Deposit	UNCATEGORIZED	\$120.00		\$245.71
JUN 09 2018	POS Purchase RESTAURANT DEPOT   RESTAURANT DEPOT JACKSONVILLE FL US CARD NBR: 8253 6/09/18 08:17	POS Withdrawal	Food		(\$39.87)	\$125.71

CKING

Balance  
End of  
June  
2018

vChat

Total  
\$945.06

*Savings***BUSINESS SAVINGS ACCOUNT \*0572**

Dividend Rate: 0.00 %

Dividend Earned this Year: \$0.00

Prior Year Dividend: \$0.00

Deposit Balances as of 8/9/2018

**Available Balance: \$196.00****Current Balance: \$201.00**

No transactions were found for the given search criteria.

