990-PF

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB № 1545-0052

, 2008, and ending For calendar year 2008, or tax year beginning Initial return Final return Amended return ☐ Address change □ Name change G Check all that apply: A Employer identification number Name of foundation Use the IRS B.C. Lanier Wings of Hope Foundation, Inc. 3370482 label. Otherwise, B Telephone number (see page 10 of the instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite print (407) 312-0884 8219 Narrow Leaf Point or type. See Specific City or town, state, and ZIP code C If exemption application is pending, check here ▶ Instructions. Sanford, FI 32771 D 1. Foreign organizations, check here . . ▶ □ H Check type of organization: ✓ Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test, check here and attach computation . > Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here . ▶ F If the foundation is in a 60-month termination

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F If the foundation is in a 60-month termination of year (from Part II, col. (c), Other (specify) line 16) ▶ \$ 4.560 (Part I, column (d) must be on cash basis) Part Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per ıncome ıncome purposes books the amounts in column (a) (see page 11 of the instructions).) (cash basis only) 70.511 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a . 7 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances ഒ e o **b** Less: Cost of goods sold c Gross profit or (loss) (attach schedule) MAY Other income (attach schedule) STATEMENT1 65,357 0 65,357 Total. Add lines 1 through 11 135.868 0 65.357 0 0 0 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . 15 Pension plans, employee benefits 0 0 0 150 16a Legal fees (attach schedule) STATEMENT2. **b** Accounting fees (attach schedule) . . . and Administrative c Other professional fees (attach schedule) 61 0 0 n Depreciation (attach schedule) and depletion , 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) STATEMENT4 36,218 0 Operating 24 Total operating and administrative expenses. 36,429 Add lines 13 through 23 95,505 95.505 25 Contributions, gifts, grants paid 131,934 95,505 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 3,934 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 29,555

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No 11289X

Form 990-PF (2008)

D,	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	beginning of year	EIIG	n year
μ¢		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	626	3,054	
	2	Savings and temporary cash investments	0	100	100
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	İ	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
ts		Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			.,
As	9	Prepaid expenses and deferred charges	0	6	6
	10a	Investments—US and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
		Investments—other (attach schedule)			
		Land, buildings, and equipment basis ▶			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ► Deposits)	0	1,400	1,400
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	626	4,560	4,560
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
ı≝	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
Ë	21	Mortgages and other notes payable (attach schedule)		<u></u>	
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Balances		Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted	626	4,560	
ā	25	Temporarily restricted			
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund .			
ŠŠ	29	Retained earnings, accumulated income, endowment, or other funds .			
Net Assets	30	Total net assets or fund balances (see page 17 of the instructions)	626	4,560	
Z		Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	626	4,560	
Pa	art III	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	net assets or fund balances at beginning of year-Part II, colu	ımn (a), line 30 (must		
	end-d	of-year figure reported on pnor year's return)			626
2	Enter	amount from Part I, line 27a		2	3,934
3	Othe	r increases not included in line 2 (itemize) ▶		3	0
		lines 1, 2, and 3			4,560
5	Decre	eases not included in line 2 (itemize)		5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)	, line 30 6	4,560

(a) List and describe the	e kind(s) of property sold (e.g., real estate,	(b) How acc	200 (6)	Date acquired	(d) Date sold
	se, or common stock, 200 shs MLC Co)	D-Dona		no , day, yr)	(mo , day, yr)
1a NONE					
<u>b</u>					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	-	(h) Gau (e) plus (n or (loss) f) minus (g)
a		· · · · · · · · · · · · · · · · · · ·		-	
b					
С					
d					
е					
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/6	9	(I) Gains (Col	. (h) gain minus
(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		col (k), but not	less than -0-) or rom col. (h))
а					
b					· · · · · · · · · · · · · · · · · · ·
С					
d					
e			_	<u></u>	
2 Capital gain net income or (i	ier Cabilai iossi 🕡 🔍	enter in Part I, line 7 er -0- in Part I, line 7	} 2		
3 Net short-term capital gain of	or (loss) as defined in sections 12	22(5) and (6):			
If gain, also enter in Part I, lir If (loss), enter -0- in Part I, li	ne 8, column (c) (see pages 13 an ne 8	d 17 of the instructions).} ₃	:	
	er Section 4940(e) for Reduc	ed Tax on Net Inve		Income	
If "Yes," the foundation does no	e section 4942 tax on the distribut of qualify under section 4940(e). E t in each column for each year;	o not complete this pa	art.	·	
(a) Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable			(d)
Calendar year (or tax year beginning in)		Net value of nonchantable		(col (b) (livided by col (c))
2007	105,253		3,311		1.788886
2006	89,765 94,104	 	5,212		7.222755
2005 2004	60,800		4,849 6,618		9.406888 .187066
2003	51,850	<u> </u>	6,178		.392684
				2	85.998279
3 Average distribution ratio for	the 5-year base period—divide the state on has been in existence if less than the state of the s		or by the	3	17.199656
·		•		4	23,686
4 Enter the net value of noncha	antable-use assets for 2008 from	Part X, line 5			
5 Multiply line 4 by line 3 .	5	407,391			
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	407,391
	r than line 7, check the box in P	art VI, line 1b, and cor	 nplete tha	8 t part using a	95,505 a 1% tax rate. See
the Part VI instructions on pa	19t 10.				

	990-PF (2008) B.C. Lanier Wings of Hope Foundation, Inc. 59-33704 tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of t			age 4
		ne in	SU UCL	10115)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.			
L	Date of ruling letter (attach copy of ruling letter if necessary—see instructions)	-	. 0	
D	Domestic foundations that meet the section 4940(e) requirements in Part V, Check			<u> </u>
_	here ► ☐ and enter 1% of Part I, line 2/b			
٠	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-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) .		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0	
6	Credits/Payments			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a			1
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10		0	
1	Enter the amount of line 10 to be: Credited to 2009 estimated tax ▶ Refunded ▶ 11		0	
	t VII-A Statements Regarding Activities		Vaa	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4	Yes	No 🗸
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1b		./
	of the instructions for definition)?	·ID		<u> </u>
	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.	1c	-	1
	Did the foundation file Form 1120-POL for this year?			_
u	(1) On the foundation. \triangleright \$0 (2) On foundation managers. \triangleright \$0			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
-	foundation managers. > \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	11.	✓
	If "Yes," attach a detailed description of the activities.			ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		√
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	7	
7	conflict with the state law remain in the governing instrument?	7	1	
			•	
Od	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► Florida			
h	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? If "No," attach explanation	8b	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
-	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			
	page 27\? If "Yes." complete Part XIV	9		✓
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			
	names and addresses	10	✓	

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Par	t 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 page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.WINGSOFHOPE.NET	13	√	
14	The books are in care of ► Kathleen Gautsch Telephone no. ► 407	-3120 32771		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		. 1	► □ N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			·
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . \square Yes \checkmark No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1
	disqualified person?			i
	 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . ☐ Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . ☐ Yes ✓ No 			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			į
	the foundation agreed to make a grant to or to employ the official for a period after			1
	termination of government service, if terminating within 90 days.)			'
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 page 20 of the instructions)? N/A	_ 1b	-	
	Organizations relying on a current notice regarding disaster assistance check here			1
С	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 2008?	1c		✓
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)):			!
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			l i
	6e, Part XIII) for tax year(s) beginning before 2008?	:		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		Ì	-
	(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 page 20 of the instructions.) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2008 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			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			į
	of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.)	3b		<i> </i>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		✓
	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 2008?	4b		✓

Forn	1990-PF (2008) B.C. Lanier Wings o	of Ho	ope Four	ndati	ion, Ir	nc.		59-3	3704	82 Page 6
Pa	rt VII-B Statements Regarding Activities	s for \	Which Forn	1 4720	May Be	Requi	red (cor	ntinued)	
5a	During the year did the foundation pay or incur	any ar	mount to:							
	(1) Carry on propaganda, or otherwise attempt to		-	•	-	• •	☐ Yes	✓ No		
	(2) Influence the outcome of any specific public		•		••		гэ.,	[]]		
	directly or indirectly, any voter registration of (3) Provide a grant to an individual for travel, so						∐ Yes	✓ No		,
	(4) Provide a grant to an individual for travel, si						ves	M NO		
	section 509(a)(1), (2), or (3), or section 4940(d)						☐ Yes	√7 No		
	(5) Provide for any purpose other than re		· -		-					
	educational purposes, or for the prevention of cruelty to children or animals? . Yes No									
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transa	ctions fail to	qualify	under the e	exception	ns desci	ribed in		
	Regulations section 53.4945 or in a current notice								N / 25b	
	Organizations relying on a current notice regard	-						▶□		'
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four y for th	ndation claim e grant? .	exemp	otion from t	the tax	☐ Yes	□ No		
	If "Yes," attach the statement required by Regu	latıons	section 53.4	945–5(0	d).					
6a	Did the foundation, during the year, receive any		-	-						
	on a personal benefit contract? Did the foundation, during the year, pay premiums						☐ Yes	√ No	6b	
b	If you answered "Yes" to 6b, also file Form 8870.	s, unec	ny or monecu	y, on a	personal be	enent C	onitact?		-00	
7a	At any time during the tax year, was the foundation a	a party t	o a prohibited	tax she	lter transact	ion? .	☐ Yes	 ✓ No		
<u>b</u>	If yes, did the foundation receive any proceeds or							N/A	7b	
Pa	rt VIII Information About Officers, Dire and Contractors	ectors	, Trustees,	Found	dation Ma	anagei	rs, High	ily Paic	i Empl	oyees,
1	List all officers, directors, trustees, foundation								e instru	ctions).
(a) Name and address		(b) Title, and average hours per week devoted to position				emple	(d) Contributions to employee benefit plans and deferred compensation		(e) Expense account other allowances	
	thleen Gautsch, 8219 Narrow Leaf Point nford, Fl. 32771	Presid	ent 20.0		0			0		0
An	thony Gautsch, 8219 Narrow Leaf Point	V.P. Tı	easurer 20.0	0				0		
	nford, Fl. 32771									0
	ricia Czupka, 104 Baywest Drive ando, Fl. 32835	Direct	or 1.0		0	o		0		0
Ma	ry Grace Vanetta, 17505 Deer Isle Circle	Directo	or 1.0		0			0		0
	nter Garden, FI, 34787									
2	Compensation of five highest-paid employee If none, enter "NONE."	es (oth	er than thos	e inclu	ded on lin	e 1-s	ee page	23 of t	he inst	ructions).
	(a) Name and address of each employee paid more than \$50	,000,	(b) Title, and a hours per of devoted to p	week -	(c) Compe	nsation	plans and	butions to e benefit I deferred nsation	(e) Expe	nse account, allowances
NO	NE							-,		
									<u> </u>	
			 		<u> </u>			~	<u> </u>	<u> </u>
			-							
							L			
Tot	al number of other employees paid over \$50,00	0 .								<u> </u>

Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		3 70482 d Emplo	
3 Five highest-paid independent contractors for professional services (se	ee page 23 of the instructions). If no	ne. enter	"NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	
NONE	-		
	-		
	-		
	-		
Total number of others receiving over \$50,000 for professional services .	<u> </u>	▶	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research papers productions.		Expe	nses
1 FUND RAISING AUCTION AND DINNER WHICH RAISED THE SIGNIF REVENUE FOR THE CHARITABLE PURPOSE	ICANT CONTRIBUTIONS AND		35,802
2			
3			· · · · · ·
4			
Part IX-B Summary of Program-Related Investments (see page	e 23 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax y	year on lines 1 and 2	Amo	ount
1 N/A			
2			
All other program-related investments See page 24 of the instructions			
3			
Total. Add lines 1 through 3			0

Form 990-PF (2008)	B.C.	Lanier	Wings	of	Hope	Foundation,	Inc.
OIII 330-1 1 (2000)	₽. €.	TOTAL CT	******	O-E	11OpC	I Cultua C I Cili,	,

59-3370482

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Pa	Minimum Investment Return (All domestic foundations must complete this part. see page 24 of the instructions.)	Foreign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., purposes:		
а		1a	
b	Average of monthly cash balances	1b	23.938
c	Fair market value of all other assets (see page 24 of the instructions)	1c	109
d	Total (add lines 1a, b, and c)	1d	24,047
۰	Reduction claimed for blockage or other factors reported on lines 1a and		
C	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	24,047
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 25		
	of the instructions)	4	361
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	23,686
6	Minimum investment return. Enter 5% of line 5	6	1,184
Par	Tt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) profoundations and certain foreign organizations check here ▶ ☐ and do not complete this part		ating
1	Minimum investment return from Part X, line 6	1	1,184
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,184
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	1,184
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,184
Pai	Tt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	95,505
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	95,505
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 page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,505
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

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Pai	t XIV Private Operating Foun	dations (see pag	ge 27 of the inst	ructions and Pa	rt VII-A, questior	า 9)
1a	If the foundation has received a rulii	ng or determination	n letter that it is a	private operating		
	foundation, and the ruling is effective				N/	
	Check box to indicate whether the for	· · · · · · · · · · · · · · · · · · ·	operating foundation	on described in sec	ction 4942(j)(3	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	_ 	(e) Total
	investment return from Part X for	(a) 2008	(b) 2007	(c) 2006	(d) 2005	
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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			ii	:	
	under section 4942(j)(3)(B)(i)					
D	"Endowment" alternative test—enter % of minimum investment return shown in Part X, line 6 for each year listed			. <u>-</u>		
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					
Par	t XV Supplementary Informat	tion (Complete	this part only if	the foundation	had \$5,000 or	more in assets
	at any time during the y		27 of the instru	ctions.)		
1	Information Regarding Foundation					
	List any managers of the foundation before the close of any tax year (but	ut only if they have				
KAT	HLEEN GAUTSCH and ANTHONY	GAUTSCH				
b	List any managers of the foundation ownership of a partnership or other					ge portion of the
NOI						
2	Information Regarding Contributi	on, Grant, Gift, L	oan, Scholarship,	, etc., Programs:		
	Check here ► ☑ if the foundation unsolicited requests for funds. If the organizations under other condition	e foundation mak	es gifts, grants, et	ected charitable of the control of t	organizations and of the instructions)	does not accept to individuals or
а	The name, address, and telephone	number of the pe	rson to whom app	olications should b	oe addressed:	
N/A						
b	The form in which applications sho	uld be submitted	and information ar	nd materials they	should include:	· · ·
N/A	A 100 - 100			_		
o N/A	Any submission deadlines:					
d	Any restrictions or limitations on a factors:	wards, such as b	y geographical ar	eas, charitable fie	elds, kinds of insti	tutions, or other
N/A	-					

Form 990-PF (2008) B.C. Lanier Wings of Hope Foundation, Inc. 59-3370482

Page 10

2400 S. RIDGEWOOD AVE. SOUTH DAYTONA,FL 32119 GIRLS AND BOYS TOWN OF CENTRAL FLORIDA 37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES 150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861	3 Grants and Contributions Paid During	the Year or Appro-	ved for F	uture Payment	
Name and address (home or business) or substantial contributor a Paid during the year CHILDREN'S HOME SOCIETY 2400 S. RIDGEWOOD AVE. SOUTH DAYTONA,FL 32119 GIRLS AND BOYS TOWN OF CENTRAL FLORIDA 37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES INTERVENTION SERVICES INTERVENTION SERVICES INTERVENTION SERVICES INTERVENTION SERVICES NONE MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 Total Total A proveed for future payment NONE SO1(c)3 general charitable purpose 23,0 32,0 3		If recipient is an individual, show any relationship to	Foundation status of		Amount
CHILDREN'S HOME SOCIETY 2400 S. RIDGEWOOD AVE. SOUTH DAYTONA,FL 32119 GIRLS AND BOYS TOWN OF CENTRAL FLORIDA 37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES INONE 501(c)3 general charitable purpose 63,0 63,0 63,0 70 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES INONE 501(c)3 general charitable purpose 3 3 4 ANGEL'S CARING EYES NONE 501(c)3 general charitable purpose 2 P.O. Box 618172 ORLANDO, FL 32861 Total D Approved for future payment	Name and address (home or business)	or substantial contributor	recipient	Controllion	
2400 S. RIDGEWOOD AVE. SOUTH DAYTONA,FL 32119 GIRLS AND BOYS TOWN OF CENTRAL FLORIDA 37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES INS SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 Total Total P 30 1(c)3 general charitable purpose 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 63.0 60	a Paid during the year				
GIRLS AND BOYS TOWN OF CENTRAL FLORIDA 37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES NONE 501(c)3 general charitable purpose 3 150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES NONE 501(c)3 general charitable purpose 2 P.O. Box 618172 ORLANDO, FL 32861 D Approved for future payment	CHILDREN'S HOME SOCIETY	NONE	501(c)3	general charitable purpose	32,000
GIRLS AND BOYS TOWN OF CENTRAL FLORIDA 37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES 150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 NONE 501(c)3 general charitable purpose 2 Total Description: 501(c)3 Seneral charitable purpose 2 2 501(c)3 Seneral charitable purpose	2400 S. RIDGEWOOD AVE.				
37 ALAFAYA WOODS BLVD. OVIEDO, FL 32765 INTERVENTION SERVICES NONE 501(c)3 general charitable purpose 3 150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES NONE 501(c)3 general charitable purpose 2 P.O. Box 618172 ORLANDO, FL 32861 Total Approved for future payment	SOUTH DAYTONA,FL 32119				
OVIEDO, FL 32765 INTERVENTION SERVICES 150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 Total Description: NONE 501(c)3 General charitable purpose 2 2 2 3 95,5	GIRLS AND BOYS TOWN OF CENTRAL FLORIDA	NONE	501(c)3	general charitable purpose	63,000
INTERVENTION SERVICES NONE 501(c)3 general charitable purpose 3 150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES NONE 501(c)3 general charitable purpose 2 P.O. Box 618172 ORLANDO, FL 32861 Total Approved for future payment	37 ALAFAYA WOODS BLVD.				
150 SPARTAN AVE. MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 Total Total Approved for future payment NONE SO1(c)3 General charitable purpose 2 2 3 4 501(c)3 General charitable purpose 2 4 501(c)3 F.O. Box 618172 Approved for future payment	OVIEDO, FL 32765				
MAITLAND, FL 32751 ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 Total Approved for future payment NONE 501(c)3 general charitable purpose 2 2	INTERVENTION SERVICES	NONE	501(c)3	general charitable purpose	305
ANGEL'S CARING EYES P.O. Box 618172 ORLANDO, FL 32861 Total	150 SPARTAN AVE.				
P.O. Box 618172 ORLANDO, FL 32861 Total	MAITLAND, FL 32751				
ORLANDO, FL 32861 Total ▶ 3a 95,5 b Approved for future payment ▶ 35 95,5	ANGEL'S CARING EYES	NONE	501(c)3	general charitable purpose	200
Total	P.O. Box 618172				
b Approved for future payment	ORLANDO, FL 32861				
b Approved for future payment	Total			▶ 3a	95,505
Total	Total			▶ 2h	

<u> </u>									
12 Subtot	al. Add columns (b), (d), and (e)		0		29,555				
	Add line 12, columns (b), (d), and (e)				13	29,555			
	sheet in line 13 instructions on page 28 to								
Part XV	-B Relationship of Activities to the								
Line No. ▼	Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	ich income is i s exempt purp	reported in colur poses (other than	mn (e) of Part in by providing	XVI-A contributed funds for such	d importantly to purposes) (See			
9	THE EVENT HELPS RAISE FUNDS FOR	THE DONATI	ONS TO CHILD	REN'S CHAR	ITIES				
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Pa	rt XV		on Regarding Organizations	Transfers	To and	Trans	actions	and R	elationshi	ps With	Non	char	table
1	ın se	the organization	directly or indirect he Code (other tha									Yes	No
•			eporting foundatio			exempt (organizatio	on of:			1a(1)		
	(2)	Other assets .									1a(2)		✓_
ı		er transactions:											- ;
			o a noncharitable								1b(1)		-/ -
			sets from a nonch s, equipment, or o								1b(2) 1b(3)		
			s, equipment, or t arrangements .								1b(4)		
		oans or loan gu	-					• • •			1b(5)		
		•	services or member								1b(6)		√
			equipment, mailin	-	_						1c		√
	value value	e of the goods, o	of the above is ") other assets, or se ion or sharing arra (c) Name of no	rvices given ngement, sh	by the rep now in colu	orting form	oundation he value o	. If the foo	undation re	ceived less sets, or se	than ervices	fair m	arket ived.
(0)		(b) Amount involved	(c) Name of no	TICHANIADIE EXE	inpi organiza		(d) Descrip	Juon or trai	isiers, transact	ions, and sna	any ar	angem	
			N/A										
			<u></u>										
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	+											.	
			 										
					· · · · · · · · · · · · · · · · · · ·								
													
	desc	inbed in section	ectly or indirectly 501(c) of the Coc e following sched	le (other tha	ith, or rela n section	ited to, 501(c)(3	one or m)) or in se	ore tax-e ction 527	exempt organical control organ	anizations 	☐ Ye	s 🗆	No
		(a) Name of o			Type of org	anızatıon			(c) Descript	ion of relatio	nship		
<u>N//</u>	١											·	
													
	Under	nenalties of periuni	I declare that I have e	ramined this so	tura includia	2000mp	anvina schac	lules and st	atomonte and	to the best s	f my ka	oudoda	o and
			d complete Declaration										
	L '	Ruthlean	Dauta	مال			15/14	112009	$\downarrow \varphi_{\alpha}$	1000	A		
Ð	Sign	nature of officer or tr	<u> </u>				Date	1000	Title	Man			
Sign Here						Date		ĺ		Preparer's	s identi	ifying	
5	, s >	.						Check if		number (s	see Sig	natur	
Šį	P F G	Preparer's						self-emp	noyea ▶ 🔲	page 30 d	or the i	nstruc	uons)
	Paid Preparer's Use Only	signature				<u> </u>							
	20	Firm's name (or y self-employed), a							EIN ▶				
		and ZIP code							Phone no	()			

Schedule B (Form 990, 990-EZ.

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

B.C. LANIER WINGS OF HOPE FOUNDATION. INC. 59 3370482 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their

990-EZ, or 990-PF).

Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

	4		4		
age	•	of		of Part	1

Name of organization

B.C. LANIER WINGS OF HOPE FOUNDATION, INC.

Employer identification number
59 3370482

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MASCO CONTRACTORS SERVICES CENTRAL,INC. 2339 BEVELLE ROAD DAYTONA BEACH, FL 32119	\$ 11,350	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number 59 3370482

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	NONE			
		\$		
(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	
		\$	I	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$	Jl	
(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	
		\$		

B. C. LANIER WINGS OF HOPE FOUNDATION, INC.

<u>59-3370482</u>

FORM 990-PF	······································	OTHER IN	STATEMENT 1		
DESCRIPTION GROSS INCOME FROM	SPECIAL	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FUNDRAISING EVENTS		<u>72,707</u>	0	72,707	
TOTAL TO FORM 990-PF, PART 1 LINE 11		72,7070		<u>72,707</u>	
FORM 990-PF		LEGAL FEES		STATEMENT 2	
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		(D) CHARITABLE E PURPOSES	
LEGAL FEES	<u>150</u>	0	0	0	
TOTAL TO FORM 990-P PG 1, LINE 16A	F, <u>150</u>	0_	0	0	
FORM 990-PF		TAXES		STATEMENT 3	
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCO		(D) CHARITABLE PURPOSES	
LICENSES & PERMITS	<u>61</u>	0	0	0	
TOTAL TO FORM 990-PP PG 1, LINE 18	F, <u>61</u>	0		0	

B.C.LANIER WINGS OF HOPE FOUNDATION, INC. 59-3370482

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOK	(B) NET INVEST- MENT INCOME	(C) ADUSTED NET INCOME	(D) CHARITABLE PURPOSES
TELEPHONE	150	0	0	0
WEBSITE HOSTING	166	0	0	0
AUTO AND TRAVEL	704	0	704	0
BANK CHARGES	1,661	0	1,661	0
DECORATION & DISPLAY	318	0	318	0
FOOD EXPENSE	21,687	0	21,687	0
MEETING EXPENSE	519	0	519	0
OFFICE	1,945	0	1,945	0
SUPPLIES	915	0	915	0
POSTAGE	1,708	0	1,708	0
PRINTING	5,565	0	5,565	0
SPONSOR AWARDS	780	0	780	0
DUES	100	0	100_	0
TO FORM 990-PF, PG 1 LINE 23	_36,218		35,902	0

STATEMENT 4

B.C. LANIER WINGS OF HOPE FOUNDATION, INC.

59-3370482

FORM 990-PF SCHEDULE OF SUBSTANTIAL CONTRIBUTORS STATEMENT 5 PART VII-A LINE 10

NAME OF CONTRIBUTOR

ADDRESS

. TUPPERWARE BRAND CORP.

P.O. BOX 2353, ORLANDO,FL. 32802

. MASCO CONTRACTORS SERVICES

CENTRAL, INC.

2339 BEVELLE RD., DAYTONA BEACH, FL. 32119

. ANTHONY AND KATHLEEN GAUTSCH

8219 NARROW LEAF POINT, SANFORD, FL. 32771

STATEMENT 5