

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation HARPER-EGGINTON CHARITABLE FOUNDATION INC		A Employer identification number 27-3212314	
Number and street (or P O box number if mail is not delivered to street address) 3737 NORTH OCEAN BOULEVARD		Room/suite	
		B Telephone number (see instructions) (561) 265-2892	
City or town, state or province, country, and ZIP or foreign postal code GULF STREAM, FL 33483			
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>445,155</u>		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	132,528			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,133	1,133		
	4 Dividends and interest from securities	12,202	12,202		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a <u>20,000</u>				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	145,863	13,335	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	6,818	6,818	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	145	145	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	547	547	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	7,510	7,510	0	0
	25 Contributions, gifts, grants paid	132,000			132,000
26 Total expenses and disbursements. Add lines 24 and 25	139,510	7,510	0	132,000	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	6,353				
b Net investment income (if negative, enter -0-)		5,825			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	45,882	72,473	72,473
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	191,693	191,693	334,508
	c Investments—corporate bonds (attach schedule)	34,917	14,902	15,039
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	25,092	25,003	23,135
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	297,584	304,071	445,155	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	297,584	304,071		
30 Total net assets or fund balances (see instructions)	297,584	304,071		
31 Total liabilities and net assets/fund balances (see instructions) .	297,584	304,071		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	297,584
2 Enter amount from Part I, line 27a	2	6,353
3 Other increases not included in line 2 (itemize) ▶ _____	3	134
4 Add lines 1, 2, and 3	4	304,071
5 Decreases 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	304,071

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 3737 N OCEAN BOULEVARD GULF STREAM FL ZIP+4 33483

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
LINDA HARPER
3737 N OCEAN BOULEVARD
GULF STREAM, FL 33483
(561) 265-2892

b The form in which applications should be submitted and information and materials they should include
APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM WITH SUPPORTING DOCUMENTS, DESCRIBING THE EXEMPT PURPOSE OF THE ORGANIZATION AND ALL SUCH RECIPIENT ORGANIZATIONS SHOULD BE QUALIFIED UNDER INTERNAL REVENUE CODE SEC 501(C)(3) AND PUBLICLY SUPPORTED

c Any submission deadlines
THERE ARE NO SUBMISSION DEADLINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
THERE ARE NO RESTRICTIONS ON AWARDS. IT IS ANTICIPATED THAT ALL SUCH RECIPIENT ORGANIZATIONS WILL BE QUALIFIED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND PUBLICLY SUPPORTED

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

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALDRICH MEMORIAL NURSERY SCHOOL 855 ESSEX PARKWAY NORTHWEST ROCHESTER, MN 55901	NONE	501(C)(3)	FOSTER CHILDRENS' PHYSICAL SOCIAL, EMOTIONAL WELL- BEING	3,000
BELMONT HIGH SCHOOL 1476 SW WALTER AVE LAKE CITY, FL 32024	NONE	501(C)(3)	PUBLIC CHARTER SCHOOL FOR GRADES PRE-K THROUGH 10TH GRADES	15,000
BRICK STORE MUSEUM 117 MAIN STREET KENNEBUNK, ME 04043	NONE	501(C)(3)	TO SUPPORT OF EDUCATIONAL PROGRAMS, EXHIBITIONS, AND SPCIAL EVENTS OF THE MUSEUM	1,000
Total				132,000

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARIDAD CENTER 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472	NONE	501(C)(3)	PROVIDE FREE MEDICAL/DENTAL SERVICES TO UNINSURED FAMILIES IN PALM BEACH COUNTY	20,000
CHURCH COMMUNITY OUTREACH SERVICES INC PO BOX 1175 KENNEBUNK, ME 04043	NONE	501(C)(3)	FOOD FOR THE HOMELESS AND ASSIST ELDERLY PEOPLE	5,000
COMMUNITY HARVEST PO BOX 1393 KENNEBUNK, ME 04043	NONE	501(C)(3)	HOUSING, CLOTHING, FEEDING THE NEEDY	3,000
Total ▶ 3a				132,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DELRAY BEACH AMERICAN LITTLE LEAGUE 1101 NW 2ND STREET DELRAY BEACH, FL 33444	NONE	501(C)(3)	TO TEACH CHILDREN OF THE COMMUNITY SPORTSMANSHIP, HONESTY, COURAGE, AND RESPECT	10,000
DELRAY BEACH CHORALE (DELRAY SUMMER SING) PO BOX 1699 DELRAY BEACH, FL 33482	NONE	501(C)(3)	TO PRESERVE AND PROMOTE CLASSICS OF CHORALE LITERATURE AND MUSIC	10,000
DOROTHY DAY HOSPITALITY HOUSE 703 1ST ST SW ROCHESTER, MN 55902	NONE	501(C)(3)	ASSIST HOMELESS WITH SHELTER/FOOD	1,000
Total				132,000

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY PROMISE OF ROCHESTER 811 7TH STREET NW ROCHESTER, MN 55901	NONE	501(C)(3)	ASSIST HOMELESS FAMILIES	4,000
GOOD SHEPHERD FOOD BANK 3121 HOTEL ROAD PO BOX 1807 AUBURN, ME 042111807	NONE	501(C)(3)	TO PROVIDE FOOD FOR THOSE AT RISK OF HUNGER	5,000
GRACE STREET MINISTRIES PO BOX 7967 PORTLAND, ME 04112	NONE	501(C)(3)	OUTREACH MINISTRY -PASTORAL PRESENCE TO HOMELESS	20,000
Total				132,000



3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IOCC (INTL ORTHODOX CHRISTIAN CHARITIES) 110 WEST ROAD SUITE 360 BALTIMORE, MD 21204	NONE	501(C)(3)	TO PROVIDE SUPPLIES OF FOOD AND HYGIENE ITEMS, HELP THE EFFECTS OF WAR, POVERTY AND DISEASE	5,000
KENNEBUNKPORT CONSERVATION TRUST 57 GRAVELLY BRIDGE RD KENNEBUNKPORT, ME 04046	NONE	501(C)(3)	TO PROTECT LAND IN DANGER OF DEVELOPMENT	1,000
MAINE MEDICAL CENTER DEPARTMENT OF SPIRITUAL CARE 22 BRAMHALL ST PORTLAND, ME 04102	NONE	501(C)(3)	TO PROVIDE A QUALITY RELIGIOUS, PASTORAL AND SPIRITUAL CARE AND COUNSELING FOR PATIENTS, FAMILIES, FRIENDS, STAFF AND VISITING PROFESSIONALS OF THE MAINE MEDICAL CENTER	10,000
Total ▶ 3a				132,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MID MAINE HOMELESS SHELTER 28 TICONIC STREET WATERVILLE, ME 04903	NONE	501(C)(3)	EMERGENCY OVERNIGHT SHELTER AND MEALS FOR THOSE IN NEED	5,000
ROLLING GREEN ELEMENTARY SCHOOL 550 MINER RD BOYNTON BEACH, FL 33435	NONE	501(C)(3)	TO CREATE A COMMUNITY OF LIFE-LONG LEARNERS WHO ARE RESPONSIBLE	5,000
SOUTH CONGREGATIONAL CHURCH PO BOX 414 KENNEBUNKPORT, ME 04046	NONE	501(C)(3)	TO PROVIDE CHRISTIAN RELIGIOUS NEWS GLOBAL AND LOCALLY	2,000
Total				132,000



3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAYSIDE HOUSE 578 NE 6TH AVE DELRAY BEACH, FL 33483	NONE	501(C)(3)	TO PROVIDE WOMEN WITH ADDICTIONS THE SUPPORT NEEDED TO RECOVER	1,000
YORK COUNTY COMMUNITY ACTION 6 SPRUCE ST SANFORD, ME 04073	NONE	501(C)(3)	ALLEVIATE EFFECTS OF POVERTY AND ATTACK ITS UNDERLYING SOURCES	3,000
YORK COUNTY SHELTER PROGRAMS INC PO BOX 820 SHAKER HILL RD ALFRED, ME 04002	NONE	501(C)(3)	TO DISTRIBUTE FOOD AND SHELTER TO THE HOMELESS AND HUNGRY	3,000
Total				132,000

▶ **3a**

TY 2018 Accounting Fees Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,818	6,818	0	0

TY 2018 Investments Corporate Bonds Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
GENL ELEC CAP CORP NTS B/E 4.625%	14,902	15,039

TY 2018 Investments Corporate Stock Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBOTT LABS	3,954	12,007
ABBVIE INC. (ABBOTT LABS SPINOFF)	4,287	15,304
ALTRIA GROUP INC	7,485	14,471
AMER ELECTRIC POWER CO	796	1,570
AT&T INC	8,208	7,848
AVANOS MED INC COM	321	672
BRISTOL MYERS SQUIBB CO	11,436	22,351
CAMPBELL SOUP CO	3,151	2,969
CLOROX CO	8,193	18,959
COCA COLA CO COM	7,452	10,512
CONAGRA BRANDS-NET OF SPIN OFF	6,398	7,561
DELUXE CORP	780	1,192
DOWDUPONT INC	15,347	21,178
DUKE ENERGY HOLDING CORP NEW	8,237	12,945
ELI LILLY & CO	8,254	26,847
GENERAL MILLS, INC	8,204	8,839
INTEL CORP	3,935	8,494
JOHNSON & JOHNSON COM	8,314	17,551
KELLOGG CO	7,454	8,038
KIMBERLY CLARK CORP	7,817	14,470
KRAFT HEINZ CO	2,659	3,658
LAMB WESTON HOLDINGS (SPIN OFF FR CONAGRA)	1,886	8,680
MEDTRONIC PLC	14,301	17,191
MERCK & CO INC NEW COM	780	1,681
MONDELEZ INTL INC	5,182	10,248
NEXTERA ENERGY INC COM	8,227	26,421
PFIZER INC	782	1,659
PG&E CORP (HOLDING COMPANY)	8,299	4,370
PHILIP MORRIS INTL INC	7,328	7,811
PROCTER & GAMBLE CO	3,175	4,504

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VERIZON COMMUNICATIONS INC	8,227	12,706
WEC ENERGY GROUP	824	1,801

TY 2018 Investments - Other Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ENTERPRISE PRODUCTS PARTNER LP MLP	AT COST	0	885
ISHARES US PFD STOCK	AT COST	25,003	22,250

TY 2018 Other Expenses Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	445	445	0	0
INVESTMENT FEES	13	13	0	0
ORDINARY INCOME PUBLIC TRADED PARTNERSHIP	89	89	0	0

TY 2018 Other Increases Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Description	Amount
PRIOR PERIOD ADJUSTMENT	134

**TY 2018 Substantial Contributors
Schedule**

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Name	Address
LINDA E HARPER	3737 N OCEAN BOULEVARD GULF STREAM, FL 33483

TY 2018 Taxes Schedule

Name: HARPER-EGGINTON CHARITABLE
FOUNDATION INC

EIN: 27-3212314

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX	145	145	0	0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
HARPER-EGGINTON CHARITABLE
FOUNDATION INC

Employer identification number
27-3212314

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

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

Name of organization HARPER-EGGINTON CHARITABLE FOUNDATION INC	Employer identification number 27-3212314
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA HARPER 3737 N OCEAN BOULEVARD GULF STREAM, FL 33483	\$ 132,528	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
.	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization HARPER-EGGINTON CHARITABLE FOUNDATION INC	Employer identification number 27-3212314
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

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