THROUGH THESE DOORS WALK ONLY THE FINEST PEOPLE – THE CITIZENS OF ESCAMBIA COUNTY. DECISIONS ARE MADE IN THIS ROOMAFFECTING THE DAILY LIVES OF OUR PEOPLE. DIGNIFIED CONDUCT IS APPRECIATED.

CHAMBER RULES

- 1. IF YOU WISH TO SPEAK, YOU WILL BE HEARD.
- 2. YOU MUST SIGN UP TO SPEAK. SIGN-UP SHEETS ARE AVAILABLE AT THE BACK OF THE ROOM.
- 3. YOU ARE REQUESTED TO KEEP YOUR REMARKS BRIEF AND FACTUAL.
- 4. BOTH SIDES ON AN ISSUE WILL BE GRANTED UNIFORM/MAXIMUM TIME TO SPEAK.
- 5. DURING QUASI-JUDICIAL HEARINGS (I.E., REZONINGS), CONDUCT IS VERY FORMAL AND REGULATED BY SUPREME COURT DECISIONS.
- 6. SEE ORDERLY CONDUCT OF MEETINGS. POLICY.

## PLEASE NOTE THAT ALL BCC MEETINGS ARE RECORDED AND TELEVISED

## **AGENDA**

Board of County Commissioners
Special Meeting –September 8, 2015– 4:00 p.m.
Ernie Lee Magaha Government Building – First Floor

1. Call to Order.

## (PLEASE TURN YOUR CELL PHONE TO THE VIBRATE, SILENCE, OR OFF SETTING)

- 2. Was the Meeting Properly Advertised?
- 3. Are there any items to be added to the agenda?

<u>Recommendation</u>: That the Board adopt the agenda as prepared **(or duly amended).** 

4. Recommendation Concerning the Requests for Funding from Outside Agencies
- Amy Lovoy, Assistant County Administrator

That the Board consider the requests for funding from Outside Agencies.

A list of all the Fiscal Year 2015/2016 Outside Agency requests is provided in the Agenda Backup.

5. Adjourn



## BOARD OF COUNTY COMMISSIONERS Escambia County, Florida

Special BCC Meeting

4.

Meeting Date: 09/08/2015

Issue:

Consideration of Requests for Funding from Outside Agencies

From:

Amy Lovoy, Assistant County Administrator

Organization: Asst County Administrator - Lovoy

CAO Approval: Mun A Son

#### Information

## **RECOMMENDATION:**

Recommendation Concerning the Requests for Funding from Outside Agencies - Amy Lovoy, Assistant County Administrator

That the Board consider the requests for funding from Outside Agencies.

A list of all the Fiscal Year 2015/2016 Outside Agency requests is provided in the Agenda Backup.

#### BACKGROUND:

N/A

#### BUDGETARY IMPACT:

N/A

#### LEGAL CONSIDERATIONS/SIGN-OFF:

N/A

#### PERSONNEL:

N/A

#### POLICY/REQUIREMENT FOR BOARD ACTION:

N/A

## IMPLEMENTATION/COORDINATION:

N/A

## **OUTSIDE AGENCY TABLE OF CONTENTS**

General Fund 1

General Fund 2

General Fund 3

General Fund 4

General Fund 5

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General Fund 8

General Fund 9

**Economic Development 1** 

Three Cent TDT 1

Fourth Cent TDT 1

Fourth Cent TDT 2

Local Option Sales Tax 1

Solid Waste Fund 1

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1.	Gen	neral Fund	Amount Requested	Tab
	Ava	nilable Funding: \$1,425,082		
	a.	ACTS (Another Chance Transitional Services)	\$ 20,000	
	b.	BARC (Bay Area Resource Council)		2
	c.	BRACE		3
	d.	Council on Aging		4
	e.	Escambia Community Clinics		5
	f.	Early Learning Coalition of Escambia County	\$ 300,000	
	g.	211 (First Call for Help)/United Way	\$ 35,000	
	h.	Foundations for the Future		
	i.	Girl Scout Council of the Florida Panhandle		
	j.	Human Relations Commission		8
	k.	Lakeview Center		9
	1.	NWFL Comprehensive Services for Children/90Works		10
	m.	Legal Services of North Florida, Inc. (LSNF)		11
	n.	Florida Green Finance Authority (PACE)		
	0.	Panhandle Equine Rescue, Inc.		12
	p.	Pathways for Change (\$140k) + (\$168,750 Probation)		13
	q.	Pensacola Caring Hearts		14
	q. r.	Pensacola Humane Society		
	s.	Pensacola Promise/Chain Reaction	,	
	t.	United Way		17
	u.	Utility Assistance Program	\$ 50,000	
	v.	Veteran's Services		U
	w.	WFL Regional Planning Council	\$ 20,342	•
	w. X.	Wildlife Sanctuary		
	Λ.	Total General Fund	\$2,089,056	
		Total General Fund	φ2,002,030	
2.	Eco	nomic Development Fund	Amount Requested	Tab
	Ava	nilable Funding: \$640,000		
		Foundations for the Future		N- D (C-1:41
	a.			*
	b.	PEDC	\$ 550,000	
	c.			
				No Request Submitted
	d.	Century Chamber of Commerce	\$ 50,000	No Request Submitted
	e.	Century Chamber of Commerce Gulf Coast African American Chamber	\$ 50,000 \$ 50,000	No Request Submitted21
		Century Chamber of Commerce	\$ 50,000	No Request Submitted21
3.	e.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund	\$ 50,000 \$ 50,000 <b>\$ 650,000</b>	No Request Submitted21
3.	e. <u>Thr</u>	Century Chamber of Commerce Gulf Coast African American Chamber	\$ 50,000 \$ 50,000	No Request Submitted2122
3.	e.  Thr  Ava	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  ree Cents Tourist Development milable Funding: \$4,167,500	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	No Request Submitted2122
3.	e.  Thr Ava	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  ree Cents Tourist Development nilable Funding: \$4,167,500  Banks Enterprises	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	No Request Submitted
3.	e.  Thr Ava  a. b.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  ree Cents Tourist Development nilable Funding: \$4,167,500  Banks Enterprises Deluna Fest	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	No Request Submitted
3.	e.  Thr Ava  a. b. c.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  ree Cents Tourist Development ulable Funding: \$4,167,500  Banks Enterprises Deluna Fest Frank Brown Songwriters' Festival	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	
3.	e.  Thr Ava  a. b. c. d.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Total Economic Development To	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	No Request Submitted 21 22 Tab No Request Submitted
3.	e.  Thr Ava  a. b. c. d. e.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Total Economic Development To	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	
3.	e.  Thr Ava  a. b. c. d.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Total Economic See Cents Tourist Development Total Economic Development Total Econo	\$ 50,000 \$ 50,000 \$ 650,000 Amount Requested	No Request Submitted 21 22 Tab  No Request Submitted
3.	e.  Thr Ava  a. b. c. d. e. f. g.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Tailable Funding: \$4,167,500  Banks Enterprises	\$ 50,000	No Request Submitted 21 22 Tab  No Request Submitted 23
3.	e.  Thr Ava  a. b. c. d. e. f. g. h.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Total Economic See Cents Tourist Development Total Economic See Cents Tourist Development Total Economic Devel	\$ 50,000	No Request Submitted 21 22 Tab  No Request Submitted
3.	e.  Thr Ava  a. b. c. d. e. f. g.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Tailable Funding: \$4,167,500  Banks Enterprises	\$ 50,000	No Request Submitted 21 22 Tab  No Request Submitted
3.	e.  Thr Ava  a. b. c. d. e. f. g. h. i. j.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Tailable Funding: \$4,167,500  Banks Enterprises	\$ 50,000	No Request Submitted 21 22 Tab  No Request Submitted
3.	e.  Thr Ava  a. b. c. d. e. f. g. h.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Tailable Funding: \$4,167,500  Banks Enterprises	\$ 50,000	No Request Submitted  21 22  Tab  No Request Submitted
3.	e.  Thr Ava  a. b. c. d. e. f. g. h. i. j.	Century Chamber of Commerce Gulf Coast African American Chamber Total Economic Development Fund  Tee Cents Tourist Development Tailable Funding: \$4,167,500  Banks Enterprises	\$ 50,000	No Request Submitted  21 22  Tab  No Request Submitted

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4.	For	urth Cent Tourist Development Tax	Amount Requested	<u>Tab</u>
	Av	<u>ailable Funding: \$1,660,650</u>		
	a.	African American Heritage Society	\$ 25,000	25
	b.	Arts Council		No Request Submitted
	c.	Arts, Culture & Entertainment (ACE)	\$1,092,128	26
	d.	BCC Discretionary Event Funding	\$ 250,000	BCC Discretionary
	e.	Downtown Improvement Board	\$ 200,000	27
	f.	Frank Brown Songwriters' Festival		No Request Submitted
	g.	Historic Preservation Board	\$ 70,000	28
	h.	Maintenance & Utilities of Artel Facility		
	i.	Naval Aviation Museum	\$ 100,000	29
	j.	Pensacola Alumni Charity Event		No Request Submitted
	k.	Pensacola Chamber/VIC		No Request Submitted
	1.	Pensacola Museum of Art		No Request Submitted
	m.	Uncle Sandy's Macaw Park		No Request Submitted
	n.	Sertoma 4 <sup>th</sup> of July	\$ 75,000	30
	0.	Skills USA		No Request Submitted
	p.	St. Michael's Cemetery	\$ 25,000	31
	q.	Visit Pensacola		(See Three Cents TDT Request)
	•	<b>Total Fourth Cent Tourist Development Tax</b>	\$1,837,128	
5.	Lo	cal Option Sales Tax Fund	Amount Requested	Tab
	Av	ailable Funding: \$0		
	a.	Pensacola State College	\$1,100,000	32
		<b>Total Local Option Sales Tax Fund</b>	\$1,100,000	
6.	Sol	id Waste Management Fund	Amount Requested	Tab
	Av	ailable Funding: \$60,000		
	a.	Clean & Green (Keep Pensacola Beautiful)	\$ 40,000	33
		Total Solid Waste Management Fund	\$ 40.000	

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Gen	eral Fund	Amount Requested	Tab
Avai	<u>ilable Funding: \$1,425,082</u>		
a.	ACTS (Another Chance Transitional Services)	\$ 20,000	1
b.	BARC (Bay Area Resource Council)	\$ 5,000	2
c.	BRACE	\$ 250,000	3
d.	Council on Aging	\$ 50,000	4
e.	Escambia Community Clinics	\$ 525,000	5
f.	Early Learning Coalition of Escambia County	\$ 300,000	$\epsilon$
g.	211 (First Call for Help)/United Way	\$ 35,000	
h.	Foundations for the Future		No Request Submitted
i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
j.	Human Relations Commission	\$ 84,265	8
k.	Lakeview Center	\$ 46,498	9
1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	10
m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	11
n.	Florida Green Finance Authority (PACE)		No Request Submitted
0.	Panhandle Equine Rescue, Inc.	\$ 20,000	12
p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	13
q.	Pensacola Caring Hearts	\$ 13,500	14
r.	Pensacola Humane Society	\$ 25,000	15
s.	Pensacola Promise/Chain Reaction	\$ 19,000	16
t.	United Way	\$ 95,750	17
u.	Utility Assistance Program	\$ 50,000	BCC Program
v.	Veteran's Services		No Request Submitted
w.	WFL Regional Planning Council	\$ 20,342	18
x.	Wildlife Sanctuary	\$ 30,951	19



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

(ACTS) Another Chance Transitional Services

Agency Address:

2101 North Pace Boulevard, Pensacola, FL

Program Name:

ACTS Workforce Development and Mentorship Program

Program Contact:

Leon Rankins, Executive Dir., Latonnia Jennings,

Workforce Development Specialist

Contact Email:

actsforlife@gmail.com

Contact Phone:

(850) 437-9900; (850) 384-3920

25-Word Description of Program:

To continue to assist ex-offenders in their quest to acquire and maintain employment through coordinated services

strategic to their transition back into the community

post-incarceration.

Amount Requested:

\$20,000

Amount Received Last Year, if applicable:

No funds received last year.



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

N/A No funds were received last year

Briefly discuss how the funding you are currently requesting will be used.

The funds will be allocated two-fold: First, towards ACTS Employment Job Bank for Ex-Offenders. This job bank will be exclusively for former offenders. The funding will allow ACTS to develop an ACTS Job Bank system utilizing software and web development. The computerizing of these job openings, job descriptions and online employment applications for our cliente will allow ACTS to establish data tracking and follow- up by the Employment Specialist, Social Worker, and the ex-offender's assigned mentor. The ACTS Employment Job Bank is necessary for the success of the former offender. Since it's exclusively for this demographic, their chances of attaining employment rises significantly. Secondly, The ACTS Mentorship Program (AMP). Each ACTS client is assigned a mentor from a professional background who will assist his/her mentee with their desired goals. All in an effort to insure that they are granted the necessary resources they need to effectively transition back into society; thus, becoming productive citizens.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

To offset the difference, our plan is to continue our fundraising efforts in hopes to advance this program.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

#### N/A

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1) Reduce unemployment among convicted felons in Escambia County.
- 2) Decrease Crime throughout Escambia County by assisting former incarcerated men and women with job-readiness, entrepreneurship, social skills, and family re-integration.
- 3) Enhance Public Safety by bringing awareness to the transitional services provided to former offenders and their desire to change their lives.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1) Case Management. Each client's progress is documented and tracked upon initial intake/registration. Monthly reports are then submitted to the client's team leader. This is over a 12 month period.
- 2) Job-Site Visit: An ACTS Field Rep visits each job site in which the client is employed to insure current employment status
- Mentor/Mentee Meetings: Each Mentor and Mentee are required to attend monthly meetings to insure compliance.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

#### **Previous Fiscal Year**

29 clients were placed in jobs and are still active in ACTS 35 clients attended ACTS support and behavior modification classes 80% of ACTS clients are still in the community and have not returned to prison.



<u>Expenses</u>

	Most Recently Completed Budget Yea	Current ar Budget Year	Proposed Budget Year
Total Staffing	0.00	0.00	0.00
Salaries and Wages	. 0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00
Professional Services	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00
Travel Expenses			
Rentals and Leases	\$12,835.56	\$12,835.56	\$12,835.56
Communication	\$3,600.00	\$3,600.00	\$3,600.00
Postage and Freight	\$750,00	\$750.00	\$750.00
Repair and Maintenance	\$1,800.00	\$1,800.00	\$1,800.00
Printing and Binding	\$1,250.00	\$1,250.00	\$1,250.00
Marketing and Promotion			
Fuel	\$2,400.00	\$2,400.00	\$2,400.00



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

## Income

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources		\$3,500.	00 \$3,500.00
Programmatic Income		\$7,500.00	\$7,500.00
County Funding		\$0.00	\$20,000.00
City Funding		0.00	0.00
State Funding		0.00	0.00
Federal Funding		0.00	0.00
Memberships		00.00	00.00
Investment Income		00:00	00.00
Other Income		\$1,850.00	\$1,850.00
Total Income	·. *	\$12,850.00	\$ <del>12,850.00-</del> ¥32,850



## Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	\$600.00	\$600.00	\$600.00
Capitalizable Assets	\$15,500	\$15,500	\$15,500
Total Expenses	\$23,235.5	56 \$23,356	\$23,356.00
Net Income	\$22,980.	01 \$22,980,0	01 \$22,980.01

Please explain any capitalizable asset contained in your request. Current capitalizable assets include:

> 12 passenger van Office Equipment

INTERNAL REVENUE SERVICE F. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 30 2014

ANOTHER CHANCE TRANSITIONAL SERVICES INC 2101 NORTH PACE BOULEVARD PENSACOLA, FL 32505-5835

Employer Identification Number: 46~2603547 DLN: 26053658003454 Contact Person: CUSTOMER SERVICE ID# 31954 : Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(l)(A)(vi) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: April 15, 2013 Contribution Deductibility: Addendum Applies: No

#### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations

## .... 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2613 calendary over, or lax year beginning	wite.	TO CHEVE	00 30 100	0040 4 7			. 20
Another Chance Transitional Services, Inc.    Name always   Name always   Name and street of F.O. Dos. If mail is not delivered to sirver bedreves)   Reconstruction   Reconstru	A !	Of the :	IDNOTED DIOS		r <del>_ :</del>		
Name correspondence   Name of Street (p. 100. b), if mail is not delivered to street poderess)   Room/sude   Roo				C Name of organization	D Empl	layer id	lenelliabition rumber
Section   Sect	⊢⊒	نه مسخفه	nenge				
Townstand   City in Price Bland   City in New, sales or province, country, and 28P or tonight postal code   F Group Exemption   Anaptication prenting   City in New, sales or province, country, and 28P or tonight postal code   F Group Exemption   Anaptication prenting   City in New   City in Ne	<u> </u>	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite					umber
Trivinstand   City or town, state or province, country, and ZEP or toreigh postal code   Perspection   Perspecti	7			2101 N Pace Blyd	850-437-9900		
Association pressing   Pensacotals, FL 32505   Accounting Method:	===			City or town, state or province, country, and ZIP or toreign postal code			TW/
G Accounting Method:	=					•	•
Website: F   Tra-samps status (check only one)							
Tate-assempt status (check only one)				DQ Cash, D vccuras Other (specify)			
K Form of organization: ② Corporation ☐ Trust ☐ Association ☐ Other LAdd lines Sb, 6c, and 7b, to line 9 to determine great receipts, it gross receipts are \$200,000 or more, or if total assess (Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.							
L Add lines \$5, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or it total seasons (Part II, cohumn (8) below) are \$600,000 or more, tile Form 990 instead of Form 990-EZ.  Perential Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Instructions for Part II)  Chack if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received.  1 Contributions, gifts, grants, and similar amounts received.  2 Program service revenue including government fees and contracts.  3 0.00  Investment income  4 0.00  Gross amount from sale of assets other than inventory.  5 10.00  6 Gaming and fundraising events  6 Gaming and fundraising events  6 Gaming and fundraising events  7 10.00  6 Gross income from fundraising events (act including \$10.000.00 of contributions from fundraising events (not including \$10.000.00 of contributions from fundraising events (not including \$10.000.00 of contributions from fundraising events (not including \$10.000.00 of contributions from fundraising events exceeds \$15,000.  2 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances.  7 a 0.00  8 0.00  7 a Gross sales of inventory less returns and allowances.  7 a 0.00  8 0.00  9 Total revenue (describe in Schedule O)  10 Grants and diribitar amounts paid (list in Schedule O)  10 Grants and diribitar amounts paid (list in Schedule O)  11 0.00  13 Professional fees and other payments to independent contractore  13 0.00  14 0 Counts and contributions and employee benefits.  15 0.00  16 0 Other expenses (describe in Schedule O)  17 Total expenses, Add lines 10 through 16  18 0.00  19 Net assets or fund balances at beginning of yeer (from line 27, column (Al) (must agree with end-of-year figure reported on prior yeer's return)  19 0.00  19 Other changes in net assets or fund balances (explain in Schedule O)  20 0.00					(LOW) &	90, 99	(I-EZ, or 990-PF).
Part II   Revenue, Expenses, and Changea 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   Contributions, gifts, grants, and similar amounts received   1   10,000.00   2   2,000.00   3   Membership dues and assessments   2   2,000.00   4   0.00   3   Membership dues and assessments   3   0.00   4   0.00   4   0.00   4   0.00   4   0.00   4   0.00   4   0.00   4   0.00   6   0.00   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   6   0.00   0.00   6   0.00	K	form of	organization:	Corporation Trust Association Other			
Revenue, Expenses, and Changea in Net Assets or Fund Balances (see the instructions for Part I)  Chack if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received.  Program service revenue including government fees and contracts  Revenues and assets of assets other than inventory  Indicate the season of the basis and sales expenses.  Gain or (loss) from sale of assets other than inventory (Subtract line 55 from line 5a).  Garning and fundraising events assets other than inventory (Subtract line 55 from line 5a).  Garning and fundraising events (not including \$ 10,000,00 of contributions from fundraising events reported on line 1) (statech Schedule G if the sum of such gross income and contributions exceeds \$15,000).  C. Less: citect expenses from garning and fundraising events (add lines 6a and 6b and subtract line 6c).  Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c).  Tag Gross sales of inventory, less returns and allowances.  Leas: cost of goods sold.  Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a).  C. Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a).  Total revenue (describe in Schadule O).  Total revenue (describe in Schadule O).  Total revenue, Add lines 1, 2, 3, 4, 5e, 6d, 7c, and 8.  Professional fees and other payments to independent contractors.  Total expenses. Add lines 10 through 18.  Professional fees and other payments to independent contractors.  Chief expenses. Add lines 10 through 18.  Chief expenses. Add lines 10 through 18.  Chief expenses. Add lines 10 through 18.  Chief expenses 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).  Chief changes in net assets or fund balances (explain in Schedule O).  Chief changes in net assets or fund balances (explain in Schedule O).  Cother changes in net assets or fund balances (ex						i	
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Chack if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received  Program service revenue including government fees and contracts  Reprogram service revenue including sevents  Reprogram service revenue including sevents  Reprogram service revenue including sevents (not including sevents (not including sevents (not including sevents fees and sales expenses from gaming and fundralsing events (set income or (loss) from garning and fundralsing events (set lines 6a and 6b and subtract line 6c)  Reprogram service revenue (describe in Schedule O)  Reprogram service revenue revenu	Ð	art I	Revenu	e. Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	s for Part I)
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18 Other expenses. Add lines 10 through 16	3	1					
17 Total expenses. Add lines 10 through 18	-4-	1					
19 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)  20 Other changes in net assets or fund balances (explain in Schedule 0)		1			· ·		
19 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)  20 Other changes in net assets or fund balances (explain in Schedule 0)	_		Total exp	mees. Add lines 10 through 18	. •		
19 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)  20 Other changes in net assets or fund balances (explain in Schedule C)	ø		Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	50.00
end-of-year figure reported on prior year's return)  Color of the changes in net assets or fund balances (explain in Schedule 0)	3	19					!
20 Other changes in net assets or fund balances (explain in Schedule 0)	Ī		-				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	Ŧ	20	Other chair	nges in net assets or fund balances (explain in Schedule 0)		20	0.00
	4	1				21	50.00

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	6	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>v</u>	
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		_×_
34	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)	34		×
35a	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)?	35a	х	
b	If "Yes," to line 35e, has the organization filed a Form 990-T for the year? If "No," provide an explenation in Schedule O	35b	X	
c	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	35c		×
36	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	36		<b>.</b> ×
378	Enter amount of political expenditures, direct or indirect, as described in the instructions > 378 0.00			
b	Did the organization file Form 1120-POL for this year?	37b		X
384	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?	38a		×
b	If "Yes," complete Schedule L. Part II and enter the total amount involved			
38	Section 501(c)(7) organizations, Enter:			
a	Initiation fees and capital contributions included on line 9	+		
þ	Gross receipts, included on line 9, for public use of club facilities	┥	'	•
40a	section 4911 ► 0.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00			
b	Section 501(c)(3) and 501(c)(4) 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-EZ7 if "Yes," complete Schedule L, Part I	40b		×
۰	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	-	<del> </del>	├^-
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
ė	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	40e		×
41	List the states with which a copy of this return is filed > Florida			
426	The organization's books are in care of ▶ Rev. Daniel Roberson Telephone no. ▶ 850-			
b	Located at F 6320 W LaRus St Pensacols FL ZIP + 4 F 325.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	26-87	26 Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:		]	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
¢	At any time during the calendar year, did the organization maintain an office outside the U.S.?	420	1	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>►</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year	0.00	Yes	No
44e	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	+ <del></del>	140
	completed instead of Form 990-EZ	440	<u> </u>	×
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	441	-	×
<b>q</b>	Old the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	440		T
46m	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	454	_	X
45b	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)	45k		مل

.

							Yes	No
to ca	ne organization engage, directly or in ndidates for public office? If "Yes," o	omplete Schedule C						×
	Section 501(c)(3) organizations Alt section 501(c)(3) organizations 50 and 51.		stions 47-49b and	52, and c	omplete the	e tables f	or line	88
	Check if the organization used Sch	nedule O to respond	to any question in t	his Part V	1 . <u>, ,</u>	<u></u>		
							Yes	No
year	he organization engage in lobbying ? If "Yes," complete Schedule C, Part	: III	. <b></b>		· · · ·	47		_×
	organization a school as described in					48		X
	he organization make any transfers to sa," was the releted organization a se			zation? .	- • • •	. 49a		X
	ss," was the releted organization a se plete this table for the organization's			her than of	ficers, direct		es an	d ke
empl	oyees) who each received more than	\$100,000 of compe	nsation from the orga	nization. If	there is non	e, enter "N	one."	'
(=)	Name and title of each employee	(b) Average hours perweek devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution	th beneffs, 16 to employee 5, and deferred emsetion	(e) Estimate other con		
None.						<u> </u>		
							•;	•
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····						
				1				
	number of other employees paid ow						,,. <u>.</u>	
51 Com \$100	number of other employees paid ow plete this table for the organization ,000 of compensation from the orga Name and business address of each independ	s five highest comp inization. If there is n	ensated independent			ı received Compensati		tha
51 Com \$100	plete this table for the organization, ,000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					tha
51 Com \$100	plete this table for the organization, ,000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					tha
51 Com \$100	plete this table for the organization, ,000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					tha
51 Com \$100	plete this table for the organization, 000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					tha
51 Com \$100	plete this table for the organization, 000 of compensation from the orga	s five highest comp inization. If there is n	ensated independent one, enter "None."					• tha
51 Com \$100 (a) None.	plete this table for the organization, 000 of compensation from the orga	S five highest comp nization. If there is n tent contractor  actors each receiving A? Note. All section :	ensated independent one, enter "None." (b) Type of ser (c) Type of ser (c) Type of ser (d) Type of ser	Mca	(**		on	
51 Com \$100 ks None. d Total 52 Did 1 none	plete this table for the organization, 000 of compensation from the organization from the organization and business address of each independent or the organization complete Schedule A	s five highest companization. If there is no mirror outrastor seach receiving A? Note. All section is a completed Schedumstum, including accompanion.	ensated independent one, enter "None."  (b) Type of sections over \$100,000 to 100,000 to	beand 4947	(a)(1)	Compensati	om :	No
S1 Com \$100 None.	plete this table for the organization, 000 of compensation from the organization from the organization and business address of each independent or the organization complete Schedule Ascempt charitable trusts must attach a organization that I have examined this is of perjury. I declare that I have examined this is of perjury. I declare that I have examined this is	s five highest companization. If there is no mirror outrastor seach receiving A? Note. All section is a completed Schedumstum, including accompanion.	ensated independent one, enter "None."  (b) Type of sections over \$100,000 to 100,000 to	s and 4847	(a)(1)	Compensati	om :	No
S1 Com \$100 None.	plete this table for the organization, 000 of compensation from the organization of compensation from the organization of each independent contracts of each independent contracts of each independent contracts or organization complete Schedule Ascempt charitable trusts must attach and complete. Declaration of preparer (other than of complete. Declaration of preparer (other than	s five highest companization. If there is no mirror outrastor seach receiving A? Note. All section is a completed Schedumstum, including accompanion.	ensated independent one, enter "None."  (b) Type of sections over \$100,000 to 100,000 to	and 4947	(a)(1) the beat of my luriedge.	Compensati	om :	No
St Com \$100 (a) None. None.	plete this table for the organization 1,000 of compensation from the organization of compensation from the organization compensation compensation complete Schedule Ascempt charitable trusts must attach a of perjury, I declare that I have examined this indicomplete. Declaration of preparer (other than Signature of officer  Edna Rankins, Vice President	s five highest companization. If there is no mirror outrastor seach receiving A? Note. All section is a completed Schedumstum, including accompanion.	ensated independent one, enter "None."  (b) Type of section:  (c) Type of section:  (c) Type of section:  (d) Type of section:  (e) Type of section:  (e) Type of section:  (b) Type of section:	and 4947	(a)(1) the beat of my luriedge.	Compensati	om :	No
St Com \$100 (a) None. None.	plete this table for the organization, 000 of compensation from the organization of compensation from the organization and business address of each independent of the independent contracts of complete Schedule Assembt charitable trusts must attach and complete. Declaration of prepare (other than indicate that I have examined this indicate that I have examined the I have examined this indicate that I have examined the I have exa	s five highest companization. If there is no mire to make the second section is a completed Scheduler in officer) is based on all information is based on all information.	ensated independent one, enter "None."  (b) Type of section:  (c) Type of section:  (c) Type of section:  (d) Type of section:  (e) Type of section:  (e) Type of section:  (b) Type of section:	s and 4947	(a)(1) the beat of my kindedge.	Compensati	om :	No

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

## **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.

2013

ОМВ No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Another Chance Tra	nsitional Serv	ices, Inc.				<b>€</b> r	nployer ld: 46-260		number	
Panel Reason to	r Public Char	ity Status (Ali organ	nizations	must co	mplete	this part	:.) See in	struction	ns.	_
The organization is not a	ention of church	ies, or association of	churches	describe	, check i d in sect	ion 170(t	box.) 2)(1)(A)(i)	•		
2 🔲 A school descr	ibed in section	170(b)(1)(A)(ii)_ (Attac	h Schedu 'an dasa	(i <b>e</b> E.) -ib-od in d	به حمیشت	******	Mara			
4 🔲 A medical rese	cooperative nos arch organizatio e, city, and state	pital service organiza n operated in conjunc s:	tion with	a hospite	describ	ed in sec	tion 170	( <b>b</b> }(1)(A)(	iii). Enter the	
5 🗀 An organizatio	n operated for I	ne benefit of a collec	e or univ	ersity ow	med or o	perated	by a gov	emment:	at unit describe	d in
7 An organizatio	n that normally	ment or governments receives a substantia (A)(vi). (Complete Par	I part of i	scribed in ts suppo	section nt from a	170(b)(1) governm	(A)(v). nental un	it or from	the general pu	عالظ
8 A community t	rust described is	n section 170(b)(1)(A)	( <b>vi).</b> (Con	nplete Pa	rt II.)	•				
receipts from support from acquired by th	activities related gross investme e organization a	roceives: (1) more that I to its exempt functi Int income and unrel fter June 30, 1975. Se	ions—suk ated bus se section	oject to c iness tax n 509(a)(2	ertain ex able inc 3. (Comp	ceptions ome (les dete Part	, and (2) s section III.)	no more 511 tax	ithan 331/5% o	fits
11 An organization	on organized ar ne or more bub	operated exclusively of operated exclusive lidly supported organi describes the type of :	ely for th	e benefit described	of, to p I in secti	erform t on 509(a	he functi )(1) or se	ons of, c ction 500	9(a)(2), See sec	the notr
a Type i e By checking the other than four section 509 if the organization, organizati	b Type his box, I certify ndation manage (a)(2). check this box 17, 2006, has tons? who directly or in the governing be- member of a persistrolled entity of		t-Function is not content on from it pited any ther alone organization or (i) or (ii) and organization	naily integrated dispublicly the IRS to gift or control or together the shower.	preted irectly or supporte hat it is entributioner with (v) Did y the organ	a	ype III—Ny by one zetions of the my of the described	ion-function more consideration in the consideratio	ionally Integrate disqualified pers in section 509( se III supporting	No
(A)										
<u></u>			· —				, <u>.</u>			
(B)							<u> </u>			
(C)	<u> </u>		<u> </u>							
(D)					ļ					
(E)			-			<u> </u>				
Total			<u> </u>	<u> </u>		<u></u>	<u> </u>		<u> </u>	
form 990 or 990-EZ.	on Apt Nation, so	tive instructions for		Çat. N	o. 11265F		Sc	tradulo A (f	Form 996 or 990-92	y <b>20</b> 1;

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.)

O = 77	A Dublic Connect	.,,,					
Section	on A. Public Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Caleni 1	der year (or fiscal year beginning in) P Gifts, grants, contributions, and membership fees received. (Do not	(a) 200a,		0	0	10,000.	10,000.
	include any "unusual grants.")	U	0			10,000.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	0
3	The value of services or fecilities furnished by a governmental unit to the organization without charge	Q	0	0	0	0	0
4	Total. Add lines 1 through 3	C	Ü	0	0	10,000.	. 0
5	The portion of total contributions by each person (other than a governmental unit or publicly supponed organization) included on line 1 that exceeds 2% of the amount shown on tine 11, column (f).						0
6	Public support. Subtract line 5 from line 4.						10,000.00
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total 10,000,00
7	Amounts from line 4	0	0	0		10.000.00	10,000.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	o	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	. 0	o	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	o	2,000.00	2,000.00
11	Total support. Add lines 7 through 10	<u> </u>	]				12,000.00
12	Gross receipts from related activities, etc					[12] 0	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re					
	on G. Computation of Public Suppor			44		1 4 4 1	
14	Public support percentage for 2013 (line ) Public support percentage from 2012 Sci					14	<u>%</u>
15 16a	331a% support test—2013, if the organic	necule A. Part tetion did not	oheck the hou	on line 13 en	rd fine 14 is 33		
104	box and stop here. The organization que	diffee as a pub	licty supported	l organization			. 🕨 🗆
b	331/3% support test-2012. If the organ check this box and stop here. The organ	nization did no	ot check a bo	x on line 13 c	r 16a, and Iln	e 15 is 33¹⅓% · · · · · · ·	or more,
	10%-facts-and-circumstances test—2: 10% or more, and if the organization me Part IV now the organization meets the "i organization	ets the "facts- facts-and-circs	-and-circumsta umstances" te	ances" test, ch st. The organi	eck this box a zation qualifies	nd stop here. I as a publicly s	Explain in upported
ь	15 is 10% or more, and if the organization if Explain in Part IV how the organization if supported organization	tion meets the neets the "fact	e "facts-and-d ts-and-circum:	sircumstances' stances'' (est.	test, check the organizati	this box and at on qualifies as	op here. B publicly · · ► ∐
18	Private foundation, if the organization dinstructions	id not check a	r salf no xod i	3, 16a, 16b, 17	a, or 17b, chc	ck this box and	<b>-</b> 🗆
			-		80	thedule A (Form %	10 or 980-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

Part I	B Support Schedule for Organizat	tions Descr	ibed in Secti	on 509(a)(2)	instina fallad	to qualify und	lor Part II
	(Complete only if you checked the	a box on line	3 9 of Partio	r if the organi	zacon igileo	u quanty one	ici i dit ii.
	If the organization fails to qualify	under the te	ats listed Deli	ow, piesse ci	impiete Part	<u> </u>	
Section	on A. Public Support			1 2021	(40.2012	(*) 2013	(f) Total
Calen	tar year (or fiscal year beginning in) 🕨	(=) 5008	(b) 2010	(c) 2011	(d) 2012	(0) 2013	ti) rotal
1	Gifts, grants, contributions, and membership fees		,	i	1	•	
	received. (Do not include any "unusual grants.")				<del> </del>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		ļ	[		į.	
	the benighad in any activity that is related to the		1	ĺ		<b>l</b>	
	organization's tax-exempt purpose		,		ļ <u></u>		<del></del> -
3	Gross receipts from activities that are not an			ì	1	Ì	
	unrelated trade or business under section 513						
4	Tax revenues levied for the			1	ļ		
	organization's benefit and either paid		į				
	to or expended on its behalf			.]	ļ		
5	The value of services or facilities				i	1	
	furnished by a governmental unit to the		1	1	ļ		
	organization without charge						
6	Total. Add ilnes 1 through 5			ļ	<del> </del>	ļ	
7≐			1	l	1	1	[
	received from disqualified persons .		1	ļ		ļ	<del> </del>
b	Amounts included on lines 2 and 3				-	1	}
	received from other than disqualitied				Ì		ł
	persons that exceed the greater of \$5,000			1	1	ļ	<u>}</u>
	or 1% of the amount on line 13 for the year			<u> </u>	ļ	<del> </del>	<del>                                     </del>
C	Add lines 7s and 7b					<del>                                     </del>	<del></del>
5	Public support (Subtreet line 7o from						
	line 6.)	<u> </u>		1	<u> </u>		
Sect	on B. Total Support				1 40 0010	(e) 2013	(f) Total
Caler	der year (or fiscal yeer beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(e) 2013	(1) 1000
9	Amounts from line 6		<u> </u>	<u></u>	- <del> </del>		<del> </del>
100	Gross income from interest, dividends,			1	j		
	payments received on securities loans, rents,	ŀ	1		1		ļ
	royalties and income from similar sources .	<u> </u>		<del></del>	<u> </u>	<del> </del>	
b	Unrelated business taxable income (less	1	1		ì	1	
	section 511 taxes) from businesses	ļ.				1	1
	acquired after June 30, 1976			1		<b>.</b>	<u> </u>
C			<u> </u>				
11	Net income from unrelated business		1			1 .	]
	activities not included in line 10b, whether	1	1	İ		1	İ
	or not the business is regularly carried on	<u></u>					<del> </del>
12	Other income. Do not include gain or	1			1	1	1
	loss from the sale of capital assets	1		1		1	1
_	(Explain in Part IV.)	<u></u>		<del></del>	<del></del>		<del> </del>
13	Total support. (Add lines 9, 10c, 11,						1
	and 12.)	· <del></del>		The second discount	the are different trave	Venet 00 3 505	on 501(c)(3)
14	First five years. If the Form 990 is for t		OU.S HERT BECK	and, third, tour	tri, or men tax	year 25 a 5ecc	
_	organization, check this box and stop he				<del> </del>		<u> </u>
	tion C. Computation of Public Suppo	rt Percents	all-data at least time	10 convene	· · · · · · · · · · · · · · · · · · ·	. 15	96
15	Public support percentage for 2013 (line Public support percentage from 2012 Sc	o, column (1) badida A. Da	adviced by line at til line **	i i u, columni (i)		16	<del>%</del>
15	Public support percentage from 2012 So tion D. Computation of Investment in	riculie A, r'a	entsoe	<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>	7.1	
	Investment income percentage for 2013	(See 10c col	uma (0 divided	by line 13, co	umn (f)	. 17	96
17	Inches and income percentage from 201	2 Schedule 4	Part III. line 1	7		. 18	2/6
18	COLUMN TO THE PARTY OF THE PART	nivellon did n	ot check the b	ox on line 14.	and line 15 is	more than 331	296, and line
19a	17 is not more than 331/3%, check this box	cand sitop he	ra. The organizi	anou dranues s	2 a bhoncia 2nt	Shoulden outliering	11011 . F
ь	. 3216% cumpert tests—2012, if the organi	ization did not	t check a box o	an line 14 or lin	# 18a, and line	10 is more than	33'676, <b>a</b> nd
•	line 18 is not more than 331/2%, check this	box and stop	s here. The orga	anization qualifi	es as a publicly	enbboured out:	anization 🕶 🛄
20	Private foundation. If the organization of	fid not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions 🕨 🗀

Schedule A (F	(Form 990 or 990-8Z) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part III, line 12. Also complete this part for any additional information. (See instructions).	a or 17b; and
		~~~~~
<b>-</b>		
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Twelve Month Profit and Loss Projection Another Chance Transitional Services, Inc.

Figes! Year Begi	CHESTO	10-31																						
<u> </u>	<b>9</b>	 		# #	100	84	**	*		10.04		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N AN SI		Teas.		a place		- Poy 98		# #		TEMAN.	jø;
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## Information copy. Do not send to IRS.

Form 990-N
Department of the Treasury

Internal Revenue Service

## Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No. 1545-2085

2014

Ouan to Public Prescution

A For the 2014 calendar year, or tax year beginning 1/1/2014, and ending 12/31/2014.

B Check if applicable C Name of organization: ANOTHER CHANCE TRANSITIONAL D Employer **SERVICES INC** Identification Terminated, Out of Business d/b/a: Number Gross receipts are normally 46-2603547 \$50,000 or less % Leon Rankins II 2101 N Pace Blvd Pensacole, FL. US. 32505 E Website: www.anotherchance1.org F Name of Principal Officer, Leon Rankins # 2101 N Pace Blvd Pensacola, Fl., US, 32506

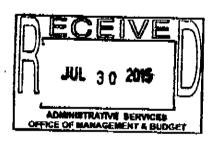
Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

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This Form 990-N (e-Postcard) was accepted by the IRS on 3/26/2015.





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## Decreasing Crime ◆ Reducing Recidivism ◆ Enhancing Public Safety

Executive Board:

Marie K. Young Edna Rankins William "Billy" Brent Daniel Roberson Ronell White Donna Woodard Cynthia Johnson

Charnticla Taylor

May 1, 2015

Founder & CEO
Leon Rankins III

Social Services
Director
Nicorla Lambert

Mentorship Ronell White Joyce Amold

Education & Training Bob Prescott Felicia Roberson

Volunteer Services
Edna Burnett
Geraldine Brown

Marketing & Social Media Carl Westbrook Evelyn Smith Jackson The Escambia County Commission 221 Palafox Street

Pensacola, FL 32501

Re: Outside Agency Budget Request-2015/2016

Dear Commissioners:

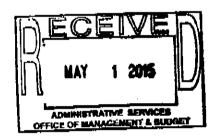
Please find attached our proposal for the Outside Agency Budget Request. We appreciate your consideration for our funding request. We have been active in our support programs and workforce development programs for over two years. We assist ex-offenders in transitioning back into the community. We know this mission helps decrease crime, reduce recidivism and enhance our community. We look forward to continuing to do this important work that helps our community, as a whole.

Respectfully submitted,

Bishop Leon Rankins, [[[

**Executive Director** 

Another Chance Transitional Services, Inc.



2101 N. Pace Blvd – Pensacola, FL 32505 Phone: (850) 437-9900 actsforlife@gmail.com www.anotherchance1.org

# ACTS Program Proposal



Escambia County, FL
Outside Agency Budget Request Proposal
May 1, 2015

## INTRODUCTION TO OUR MISSION AND PROGRAMS:

Another Chance Transitional Services (ACTS) provides comprehensive and coordinated services strategic to the reintegration of former incarcerated individuals. We strive to insure that all convicted felons have the necessary support they need in order to begin a successful and productive life after their release from jail or prison. ACTS provides the following services: Employment Assistance, Monthly Seminars and Training Sessions, ACTS Support Groups, ACTS Social Services, ACTS GED Program, ACTS Dressed for Success Clothing Closet.

Our Mentorship Program is a key component of the ACTS vision and strategic to the success of each ACTS client. Our mentors are composed of dedicated men and women from diverse backgrounds who offer a wealth of knowledge and experience to our ACTS brothers and sisters. We look for mentors who have a heart and who are willing to dedicate themselves in assisting them in fulfilling their personal goals. The ACTS Mentoring Program (AMP) has been life changing to our clients as well as our mentors. There is no greater fulfillment than to see the impact our mentors continue to have on the lives of these men and women. Each spring, our mentors are recognized at the ACTS Community Luncheon for their dedicated service to the ACTS Mission.

Other programs in our Community Outreach mission include: ACTS Samaritan Hands (ACTS Care-Packets for the homeless and the destitute are given out daily to anyone who needs them. They include toiletry and personal hygiene items.) ACTS Feeds the Needy Ministry (ACTS provides hot meals three times a week for the needy. Meals are available on Sundays, Tuesday, and Thursdays at 12 Noon. Additionally, our plans are to open an ACTS soup kitchen (The Soul Kitchen) and serve meals daily under Phase III of our Strategic Plan. Phase III under our Strategic Plan is to open a horticulture/agriculture training program within our ACTS Employment Assistance Program entitled The Soul Garden. The Soul Garden would provide a real-life, real-time training program focusing on "the farm to table" concept of organic growing. Our goal would be to train, employee individual clients in this process. Our business plan would include

developing partnerships with local school cafeterias and local restaurants to provide certain organic products for their use.

Additionally, The Soul Kitchen would access these organic products in their day-to-day operations for the ACTS Meal Assistance Program.) ACTS GED Program is conducted on Tuesday evenings. ACTS Community Day (The ACTS Annual Community Day is a day in which ACTS partners with other agencies to provide vital social services to the community. Considered a day of fun, ACTS Community Day also focuses on stopping the violence in our community.)

Finally, ACTS is a faith-based organization with ministries designed to meet the total needs of former incarcerated individuals, their families and community overall. We truly believe everyone deserves Another Chance. Here at ACTS, no one is here to judge you, but to love you as Christ loves you. We firmly believe in redemption. Whether your offense was violent or non-violent, we don't discriminate. We believe in God's ultimate plan and purpose for your life. The ACTS Chapel serves as a refuge to the lost, hurting, sick, homeless and destitute. We continue to serve as a beacon of light to the community as well as fulfill our mission and hope to the world. We welcome you with open arms. Our services are non-denominational and multi-cultural. There is always a place for you at the ACTS Chapel. Our services are: ACTS Sunday "Noon Day Glory," 12 Noon and ACTS Sunday "Night Live," 6pm.

## PROGRAM ASSESSMENT and WORKFORCE DEVELOPMENT:

ACTS-Another Chance Transitional Services, Inc. has been in operation since April 2013. We have a brick-and-mortar presence in our community. Our staff currently consists of an Executive Director, Receptionist, Social Worker, Senior Group Leader, Meal Coordinator and Development Specialist. We have excellent collaborative relationships with our County Commission, City Council, EscaRosa Workforce Development, Pensacola State College, Escambia County Sheriff's Department, Pensacola Police Department and a variety of local employers.

Additionally, our efforts continue as we develop more in-depth collaboration with other agencies in our community such as State of Florida-Department of Children and Families, Center for Independent Living, Agency for People with Disabilities, Council on Aging, State of Florida-Division of Vocational Rehabilitation, and others.

Our Executive Director, Social Worker and Development Specialist all have college degrees and some have advanced degrees. Other members of our staff bring a great deal of work experience in their fields. Since the inception of our Mission, we have continued to grow. We have continued to see an increase in clients interested in our support services and interested in becoming an employed member of their community. To meet the developing needs of our clients and services, we have increased our efforts to seek additional funding. As of this date, we have been in operation for over two (2) years and we feel we are poised, armed with the proper documentation of our efforts, to go to the next level and increase our pursuit of grant funding. We have attached a list of proposed grant funding sources that we are pursuing this year.

ADDITIONAL PROPOSED SOURCES OF FUTURE FUNDING: 2015-2016-Continued Next Page

## Proposed Project Description:

ACTS (Another Chance Transitional Services) operates a Life Center in Pensacola, Florida in Escambia County. Our Employment Assistance, Monthly Seminars and Training Sessions, and Mentoring Program are the keys for our clientele to transition from incarceration to their new lives in our community and these services have already been established.

Mentoring is a key component of the ACTS vision and strategic to the success of each ACTS client. Our mentors are composed of dedicated men and women from diverse backgrounds who offer a wealth of knowledge and experience to our ACTS brothers and sisters. We look for mentors who have a heart and who are willing to dedicate themselves in assisting them in fulfilling their personal goals. The ACTS Mentoring Program (AMP) has been life changing to our clients, as well as our mentors. There is no greater fulfillment than to see the impact our mentors continue to have on the lives of these men and women. Each spring, our *mentors* are recognized at the ACTS Community Luncheon for their dedicated service to the ACTS Mission.

Our Mentoring Program (AMP) has been a key factor in the success of our clientele. Our mentors assist our clients in pursuing their personal goals. Another key element in our approach is our ACTS Support Group that meets every Tuesday at 6pm at the ACTS Life Center. The purpose is to allow each ACTS client the opportunity to share their past experiences with one another, as well as provide solutions for the current and potential issues that convicted felons face on a daily basis. The ACTS Support Group has proven to be beneficial not only to our ACTS clients, but to their family and friends, as well.

All of these programs are designed to strategically support our established Employment Assistance program. Our workforce development supports our clients' positive transition back into their community. For approximately two years, ACTS has been involved in placing ex-offenders in jobs in our community. To date, we have placed over 50 ex-offenders in competitive placement. We understand that a successful transition for any ex-offender to a new life is one that involves steady employment. The ability to be a productive wage earner is of primary importance in the transition phase for

any ex-offender. The ability to support oneself and/or one's family reduces recidivism, decreases crime and continues to enhance our community.

We are in the grants process (via The Able Trust) to fund our expansion of the ACTS Job Bank utilizing our current business contacts and continue to build more relationships with new businesses in our community. We propose to continue our relationship-building with other employment services located at EscaRosa Workforce Center, Agency for Persons with Disabilities, State of Florida-Vocational Rehabilitation, and other agency services to increase our capacity to deliver on job placement for our clientele. We are, therefore, submitting this Budget Request to Escambia County, FL for additional support of our program services.

To date, our Employment Services placements are accomplished through our Executive Director, Board of Directors, and friends of ACTS. The proposed project would allow ACTS to develop an ACTS Job Bank system utilizing software and web development. The computerizing of these job openings, job descriptions, and online employment applications for our clientele will allow ACTS to establish data tracking and follow-up by the Project Coordinator, Executive Director and Board of Directors. It would also allow for data to be tracked and reported in statistical reports. Furthermore, the most important factor of developing this ACTS Job Bank is the ability to manage job placement focusing on matching clientele's skills with the skills needed in open jobs.

Additionally, the ACTS Job Bank would allow for each clients' participation in support services to be tracked. It would be an excellent tool to digitize the process, and by doing this, it would allow for a timelier job placement, an increase in successful placement numbers and, again, continued statistical follow-up and tracking, for 3 years and beyond. The ACTS Job Bank would allow for an employment/training footprint to be established for the exoffender and assist them in keeping track of their employment history and learned skills.

The *Project Manager* position with the ACTS Job Bank plays a critical role in the success of the proposed project. The *Project Manager* is responsible for working under the direct oversight of the **Executive Director**. The *Project Manager* is responsible for the intake of information with all ACTS members. Intake forms should be completed with basic contact information,

the ex-offender's correctional history, recommendations for other ACTS services. After the Project Manager completes the intake process, other staff members will set-up support group meetings, and other social services, as needed for the client. At this point, the *Project Manager* will focus on setting up the digitized file on the client and begin the matching process of finding the right job for the client.

Additionally, the research will be conducted to purchase the correct aptitude and skill ranking software to be used by our clients and Project Manager. This will provide the Project Manager the tools to place the clients in the appropriate positions of employment.

Several other objectives will take place within the year and these include supporting the Dress for Success workshop for our clients targeting improving their communication skills and presentation skills (how they dress, hygiene and other issues). Additionally, a Resume/Application workshop will be conducted to assist our clients in the completion of applications and resumes.

The Project Manager is responsible for developing partnerships with area agencies and local businesses. The ACTS Job Bank will not only include client files, but also be a database for open positions within our community that need to be filled. The Project Manager is responsible for matching the client to the position; setting up interviews, assisting the client with any additional paperwork needed to complete hiring, and thus, complete the job placement. The ACTS Job Bank will require follow-up at the 3-month, 6month and 12-month marks will be managed by the Project Manager and these reviews will be added to the database. At these reviews, any issues, problems will be noted and addressed by ACTS. The Project Manager will meet with the Executive Director and keep him updated on any issues with ACTS clients and job placements. It is the Executive Director's responsibility to recommend any course of action to the Project Manager involving issues or problems with job placements. The Executive Director's oversight of the ACTS Job Bank provides a "checks and balances system" within our own agency and allows for documentation providing accountability of our program.

## Project Target: Demographic of Clientele To Be Served:

Our target population that we propose to serve with this grant is ex-offenders with disabilities, both medically diagnosed and self-identified. Many felons have disabilities such as mental health issues, substance abuse issues; physical disabilities such as orthopedic issues (back and joint issues), diseases such as TB, HIV-Aids, HEP C, etc. In a study done by Florida Substance Abuse and Mental Health Corporation in January 2009, "several thousand individuals were screened and of these, the project identified and served 696 individuals" who met program criteria in Escambia and Santa Rosa County, Florida. "The services provided to the largest number of participants (491) were psychiatric evaluations and medication management, while a much smaller number (96) received more intensive services from the Comprehensive Community Support Team."

The study found that incarcerated individuals with mental illnesses are routinely identified and treatment begins inside the jail. It is our contention that in order to assist in decreasing crime and decreasing recidivism, continued care and follow-up must occur after incarceration. A key element in the successful transition outside of incarceration of any felon, including those with disabilities, must be the long-term support system, re-training and/or job placement of the individual. The study also found that with continued treatment via collaborative relationships in the community "the nearly 700 participants spent less time in jail than prior to the project's inception and the re-arrest numbers were very low. • Data2 gathered for a 90-day period from September through November 2007 for inmates served by jail liaisons at the Escambia County Jail showed only 2 of 67 had been rearrested."

According to the "Summit of Crime Prevention in Black Communities, 2010 Report by the Bureau of Justice Assistance and US Department of Justice:"

- One out of every three Black males born today will be arrested and spend time in jail or prison.
- African-Americans make up more than 33 percent of all arrests in a given year. Four out of every five drug offenders arrested are African-Americans. Over 70 percent of motorists pulled over and searched by the police are African-Americans.
- African-Americans are approximately 12 percent of the nation's population yet they make up nearly 40 percent of the inmates in state and federal prisons.
- About 8.1 percent of Black males ages 25 to 29 are in state or federal prison.
- More African-American juveniles are waived to adult courts.!
   Referring to the above statistics, Summit of Crime Prevention in Black Communities-2010 Report, Bureau of Justice Assistance, US Department of Justice.

According to the Florida Department of Corrections, 2012-2013 Annual Report, "Escambia County is the home of Century Correctional Institution (CI), Century Work Camp (WC) and Pensacola Work Release Center. As of June 30, 2013, Century CI (opened 1991) contained a prison population of 1,399 inmates; Century WC (opened 1994) consisted of 279 work camp inmates; and Pensacola WRC (opened in 1973) consisted of 79 work release individuals. All three (3) facilities are designed for male populations. Skills Taught While Incarcerated While incarcerated, inmates have the option of participating in a variety of educational and vocational programs. These options consist of four categories in various forms: Academic & Special Education, Career & Technical Education, Faith- & Character-Based and Substance Abuse Treatment. Inmates have an opportunity to earn their GED or a skill/trade in preparation for re-entering the general population."

A July 2014 study by the Community Action Program Committee, Community Needs Assessment in Escambia County, Florida Community Focus Group found that Unemployment was rated the number one most important social problem or challenge. The Assessment also demonstrated the following statistics for the State of Florida: "The number of inmate admissions (July 1, 2012 to June 30, 2013) to Florida state prisons increased for the first time since FY 2007-08, rising from 32,279 (FY 2011-

12) to 33,295 (FY 2012-13), a 3.1% increase. Most of the inmates admitted to prison in FY 2012-13 were male (88.4%), white (53.2%) and between the ages of 25-34. Most (54.1%) had not served time in Florida state prisons before. An almost equal number of admitted inmates were sentenced for property (32.6%) or violent (31.1%) crimes. Over the last five years, prison admissions for drug crimes has gradually decreased from 27.4% of total admissions in FY 2008-09 to 24.2% in FY 2012-13. The average sentence length of these inmate admissions is 5.1 years.-Source: Florida Department of Corrections, 2012-2013 Annual Report."

The Assessment also found 47% of African American males are incarcerated..." and there are not enough re-entry programs in Northwest Florida. Public policies make it difficult for a person who has been incarcerated to succeed; if a person committed a felony, their record carries a blemish even if they are juveniles (although there is pending legislation to adjust for the type of crimes committed)." Community Focus Group also recorded public comments such as, "This makes it harder to find employment and get back on your feet." And, "When I was coming up...once you go to jail and do your time...it's over. Your rights are restored, but this is not the case now." The Assessment also finds, "Crime among adults and children are tied to the lack of a strong educational foundation."

The Assessment also quotes the US Census Bureau's 2008-2012 American Community Survey 5-Year Estimates that an estimated 4,631,405 Florida families live below the poverty level. In Escambia County (FL), an estimated 9,470 families live in poverty.... The U. S. Department of Health and Human Services (DHHS) releases a set of "poverty guidelines" on an annual basis. Nationally, there was an increase in the number and percentage of people with an income-to-poverty ratio below 125% when comparing 2000 and 2012 data. Similar increases were experienced in Florida."

The Assessment also notes, "Barriers that Prevent People from Obtaining Employment According to Enterprise Community Partners (a national nonprofit that provides expertise in affordable housing and sustainable communities), primary barriers to employment include substance abuse, unreliable child care or lack of interpersonal skills (e.g., customer service, conflict resolution, etc.). Secondary barriers include inadequate money

management skills, inappropriate work attire, etc. Focus groups held June 3-4, 2014 resulted in the documentation of similar barriers (two groups facilitated with a total of twenty participants). Unemployment was listed as the #1 social problem/challenge. Barriers described by focus group participants included a lack of education or marketable skills, substance abuse, inadequate transportation and inadequate soft skills (e.g., customer service, interpersonal skills, etc.). Unemployment Rate in Escambia County and Florida For Florida and Escambia County, there has been a steady decline in the unemployment rate. As of April 2014, the unemployment rate for Escambia County was 6.25%, which is nearly the same as Florida's unemployment rate of 6.2%. In April 2013: Escambia County Unemployment Rate was 10.04%. Source: Haas Center, Economic Data, Florida and County-level Datasets, 2014. and Community Program Action Committee- Community Focus Group Report."

The Assessment tackles another problem in our county that affects employment and that is homelessness. "The EscaRosa Coalition on the Homeless (ECOH) works to eliminate homelessness by supporting people who are homeless or at risk of homelessness, and supporting local service providers and other interested individuals and groups through advocacy, education, organizing, and networking. In 2012, 1,423 homeless children were identified in Escambia County; which is about a 13% increase from 1,237 children previously identified. Neighboring Santa Rosa County identified 1,651 homeless children, which is approximately a 20% increase from the 1,328 children previously identified. According to the EscaRosa Coalition on the Homeless, the main causes of homelessness in Escambia County (and neighboring Santa Rosa County) are: • Lack of job availability • Lack of attainable, inexpensive housing • Lack of intensive, multidisciplinary outreach interventions • Failed family support systems • Mental illness • Alcoholism and drug abuse - Voluntary choice."

According to the Assessment the "ADA Transportation For ADA eligible riders, ECAT provide both curb-to-curb and upon request, door-to-door transportation. ADA Transportation certified individuals possessing an ADA identification card ride free on fixed-route buses. ADA transportation is provided in accordance with a contract through Escambia County. Currently, this service is provided through Pensacola Bay Transportation. Para-transit Services In 2010, Pensacola Bay Transportation operated 283,287 passenger

trips. Of these trips, 169,080 were employment related and 59,713 were related to a medical purpose. Primary sponsors in the coordinated system include the Commission for the Transportation Disadvantaged Trust Fund, the Agency for Health Care Administration (AHCA, also known as Medicaid), the Agency for Persons with Disabilities, and the Department of Elder Affairs." The Community Focus Group also found that with ADA Issues/Accommodating Persons with Disabilities issues that needed to be addressed: 21% of the local population is disabled. Our beaches are not accessible for the disabled. They are not accessible for wheelchairs. Events aren't accessible for the handicapped. There needs to be a focus on "Community Inclusion" for persons with disabilities. This community needs to be desegregated in that sense (e.g., housing, seating at public events, etc.)." This decrease in accessibility has an overall negative economic impact.

According to the website: wwwdisabilityrightsflorida.org: "25 years after the passage of the ADA, it is still very difficult for individuals with significant disabilities to find full time employment that corresponds to their skills, interests, and goals. Fewer than 30% of Florida's civilians with disabilities age 18-64 living in the community were employed in 2012. Moreover, fewer than 2000 transition-aged students with disabilities entered the workforce during that year."

The Florida Department of Corrections 2013 "Report on Recidivism-Factors of Predictive Ability" found males who had been incarcerated with drug offenses five years prior to admission had a high recidivism rate. Similarly, females who had been incarcerated and had been diagnosed with mental illness had a high recidivism rate. Finally, the study mentions that though males who had been diagnosed with mental illness had a higher recidivism rate, however, other factors influenced the order of factors affecting recidivism.

Some additional statistics regarding individuals with disabilities and employment are mentioned in the "Governor's Commission on Jobs for Floridians with Disabilities: 2012 Report...Among those in the nation's workforce in 2011, the unemployment rate for persons with a disability was 15 percent, while the unemployment rate for persons with no disability was 8.7 percent. Among those in the state's workforce in 2010, the

unemployment rate for persons with a disability was 24.8 percent, while the unemployment rate for persons with no disability was 12.5 percent. If you are an unemployed worker with disabilities and an ex-offender, the opportunities for employment and housing are very limited.

#### PROPOSED PROGRAM PLAN:

Initially, clients contact us for services once they are re-entered into the community. Another relationship currently being developed is with the Gadsden Correctional Facility who releases and tracks ex-offenders released back into the communities in Escambia and Santa Rosa Counties, Florida. There are current discussions regarding the development of a "Memo of Understanding" with the Gadsden Correctional Facility and information will be provided as details progress.

The Project Manager's responsibility is to network within the community. Participation in workshops, seminars, and professional development meetings are all a method that may be accessed to facilitate job placement. It is also the Project Manager's responsibility to send out materials introducing the ACTS Job Bank program to local employers. The Project Manager should follow-up with these employers developing a relationship with them that encourages local businesses to share job openings with the ACTS Job Bank.

The Project Manager not only finds the job openings and networks relationships with local employers, but another responsibility is that of detecting possible barriers the client may have that stands in the way of employment. The initial intake is extremely important because this is the time that all issues: previous incarceration, skills, lack of skills, educational background, strengths and weaknesses are identified. Each meeting the Project Manager has with the client, as well as meetings the client has with other support services staff, helps to build an understanding of the client's work needs and goals.

The Project Manager will be in charge of contacting the employer of placed applicants for their 3-month, 6-month, and 12-month reviews. These reviews will become a part of the client's digitized file and also be in reporting to our

grant funder. There will be a formal form and process in completing this review procedure.

The Project Manager will be responsible for documenting via digital photos, letters of support, client surveys, employer surveys the entire job placement journey. These will be made available to the grant funder upon request and will also be used in future grant funding requests.

#### ORGANIZATION ASSESSMENT:

The leadership of the organization is stable, capable and has demonstrated a knowledge of his community, area job availabilities, networking ability and executive staffing. Bishop Leon Rankins III started ACTS-Another Chance Transitional Services, Inc. over two years ago. To date, he has placed over 50 ex-offenders in jobs in Escambia and Santa Rosa Counties, Florida. We have assisted an additional 150 clients with additional support services. Finally, we have approximately 60 active clients. All of the employment placements have been in the competitive employment arena and almost 65% of those placed are still employed.

Bishop Rankins serves as the Executive Director and President of ACTS. Mrs. Edna Rankins serves as Vice-President of ACTS and as a Board Member. The Board of Directors is attached. All of our Board has been intricately involved in building partnerships in our community. Our Executive Staff and Board of Directors' efforts, as well as our Mission, support and encourage the successful completion of the funding objectives as required by all of our funding sources and the laws, statutes that guide the donation and contribution of these funds to our program for the Citizens of Escambia County, Florida.

## ACTS - Board of Directors

## Commissioner Marie Young

800 W. Lee Street Pensacola, FL 32501 (850) 450-3494 (cell) (850) 433-2914 (home)

## William "Billy" Brent

5912 Bell Ridge Trail Pensacola, FL 32526 (850) 221-2462 (cell)

### Donna Woodard

1520 Galvin Avenue Pensacola, FL 32526 (850) 944-2559 (home)

#### Rev. Daniel Roberson

6320 W. LaRua Street Pensacola, FL 32526 (850) 261-8630 (cell) (850) 458-9615 (home)

### Cynthia Johnson

610 Reservation Avenue Pensacola, FL 32507 (850) 255-3793 (cell) (850) 457-3810 (home)

#### Edna Rankins

7153 Rampart Way Pensacola, FL 32505 (850) 206-1407 (cell) (850) 458-1129 (home)

#### Ronell White

800 Fletcher Drive Pensacola, FL 32505 (850) 375-3479 (cell)

## Electronic Articles of Incorporation For

N13000003553 FILED April 15, 2013 Sec. Of State ishivers

ANOTHER CHANCE TRANSITIONAL SERVICES, INC.

The undersigned incorporator, for the purpose of forming a Florida not-forprofit corporation, hereby adopts the following Articles of Incorporation:

### Article I

The name of the corporation is:

ANOTHER CHANCE TRANSITIONAL SERVICES, INC.

## Article II

The principal place of business address:

2725 NORTH PENSACOLA, FL. US 32501

The mailing address of the corporation is:

2725 NORTH PENSACOLA, FL. US 32501

### **Article III**

The specific purpose for which this corporation is organized is:

TO ASSIST FORMER OFFENDERS IN THEIR EFFORTS TO RE-BUILD THEIR LIVES. TO SERVE AS A COMMUNITY TRANSITIONAL RESOURCE CENTER WITH COORDINATED SERVICES WITH OTHER AGENCIES.

## **Article IV**

The manner in which directors are elected or appointed is: AS PROVIDED FOR IN THE BYLAWS.

## Article V

The name and Florida street address of the registered agent is:

LEON RANKINS III 7153 RAMPART WAY PENSACOLA, FL. 32505

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LEON RANKINS III

## Article VI

N13000003553 FILED April 15, 2013 Sec. Of State

The name and address of the incorporator is: LEON RANKINS, III 7153 RAMPART WAY

PENSACOLA FLORIDA 32505

Electronic Signature of Incorporator: LEON RANKINS, III

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P LEON RANKINS III 7153 RAMPART WAY PENSACOLA, FL. 32505 US

Title: \T EDNA RANKINS 7153 RAMPART WAY PENSACOLA, FL. 32505 US

#### 2015 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003553

Entity Name: ANOTHER CHANCE TRANSITIONAL SERVICES, INC.

FILED Apr 30, 2015 Secretary of State CC5924095912

Current Principal Place of Business:

2101 NORTH PACE BLVD PENSACOLA, FL 32505

**Current Mailing Address:** 

2101 NORTH PACE BOULEVARD PENSACOLA, FL 32505 US

FEI Number: 46-2603547

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RANKINS, LEON III 7153 RAMPART WAY PENSACOLA, FL 32505 US

The above named entity autinitit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride,

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

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RANKINS, LEON III Магне 7153 RAMPART WAY Address

Name Address RANKINS, EDNA 7153 RAMPART WAY

City-State-Zip: PENSACOLA FL 32505

Cky-State-Zip:

PENSACOLA FL 32505

I hereby certify that the information indicated on this report or supplemental report is true and populate and that my electronic algustume shall have the same legal effect at if made under out; that I am an allique or decirate of the carporation or the receiver or trustee empowered to contain this report as required by Chapter 617, Floride Statutes; and that my name appears

SIGNATURE: LEON RANKINS III

**PRESIDENT** 

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Dete

Form W-9
(Rev. December 2014)
Department of the Treesury

### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

HIGH	RE PROVINCE SERVICE					ł				
	1 Name (as shown on your income tax return), Name is required or	this line; do not leave this line blank.								
	6 Another Chance Transitional Services, Inc.									
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An individual or entity (Form W-9 requester) who is required to the en information return with the IRS must obtain your correct texpeyer identification number (TNI) which may be your social security number (SSN), individual texpeyer identification number (INI), and other identification number (INI), and other identification number (AIIII), or employer identification number (AIIIII), and other identification number (BNI), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DN (dividence, including those from stocks or minus funds)
- Form 1099-MISC (various types of income, phase, awards, or gross proceeds).
- Form 1099-IS (stock or multial fund sales and certain other transactions by brokens)
- Form 1099-5 (proceeds from real estate transactions)
- Form 1000-K (merchant card and third party natwork transactions)

If you do not maken Form W-8 to the requester with a YIN, you might be subject to beckup withholding. See What is beckup withholding? on page 2.

By signing the filled-out form, you:

- 1, Certify that the TRN your are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim examption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. parson, your abposite share of any partnership income from a U.S. trade or business is not subject to the withholding too or longer partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (il erg) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

March 23, 2015

The Able Trust

Tallahassee, FL

To Whom It May Concern:

My name is Stephanic Davis and I am an ACTS client and member. I have been a member for two and a half years. I feel that it is an excellent program. It keeps me focused on my goals. I could not have chosen a better re-entry program to be in. It has helped me set my goals at a higher level than I imagined.

I feel the Mentoring Program gives me encouragement and direction. When I have issues I can come and discuss these with someone. The group meetings also help in this area. The group meetings help us to vent our problems and share them for feedback.

i enjoy helping out with our fundraising, our Community Service Award Ceremony, and other benefits. It gives me a good feeling to give back and to help my other ACTS members stay focused. I think my involvement is a good example for new ACTS clients.

I love coming to the Acts Life Center. I volunteer Friday, Saturday and Sunday. I also sing and enjoy the chapel services. I feel that this is a great program that Bishop Rankins founded and I know many more people will be helped by this program.

I support ACTS' application for grant funding.

Sinkerely,

Stebuaure navis

700 W. Hernandez St.

Pensacola, FL 32501

The Able Trust

Tallahassee, FL

To Whom It May Concern:

My name is Ruby Lewis and I am a client and ACTS member. I have been a member for approximately 8 months. I enjoy the program and it helps me a lot, mentally. I enjoy the group meetings and the chance to share with all the ACTS Sisters and Brothers about the positive things that have happened in our lives since we have come into the program. Bishop Rankins keeps us motivated and helps us to keep our faith up and trust and believe that we can be someone. All felons aren't bad and he believes in us and this allows us to believe in ourselves.

I really enjoy participating on Fridays and Saturdays by helping with the Meal Program. I feel like I'm giving back to society. I know the money we raise helps to keep ACTS open so that others can enjoy the program.

I also like the volunteer work that we do like feeding the homeless at Thanksgiving and other projects for our community that Bishop Rankins arranges for us to help with.

i support ACTS' application 100% in their request for additional funding and financial support.

4/3/2015

Sincerely,

RubyLewis

241**2 W**. Avery St. , Apt. #B

Pensacola, FL 32505

### THE FLORIDA SENATE

Tollahassee, Florida 32399-1100



Criminal Justice, Chair Appropriations Subcommittee on Criminal and Civil Justice

Communications, Energy, and Public Utilities Environmental Preservation and Conservation Military and Veterans Affairs, Space, and Domestic Security Transportation

COMMITTEES:

March 26, 2015

To Whom It May Concern:

Please accept this letter of support on behalf of ACTS-Another Chance Transitional Services in Pensacola, Florida and their grant application that will assist ex-offenders who are transitioning from incarceration to becoming a productive part of the community. More specifically, this program will decrease recidivism, decrease crime and enhance our community.

Many ex-offenders fall through the cracks upon re-entry into society of because of the crime. unemployment, underemployment and poverty in our area (Escambia and Santa Rosa Counties). This program will offer very important support services for ex-offenders as well as assist in placing them in stable, productive employment. This grant will also focus on a subset of clientele, ex-offenders with disabilities, which can also hinder their ability to find productive work.

I believe ACTS-Another Chance Transitional Services is an excellent program that will make a difference in ex-offenders' lives, their families' lives and our entire community and your favorable consideration of their grant application would be deeply appreciated.

Sincerely,

Greg Evers, State Senator

District 2

REPLY TO:

© 209 East Zaregoza Street, Fensacota, Florida 32502-5048 (650) 595-0213 FAX: (558) 263-0013

☐ 308 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5002

☐ 5234 Willing Street, Milton, FL 32570 (850) 584-1026 FAX; (850) 564-1170

Senate's Website: www.reenate.gov

ANDY GARDINER President of the Senate

**GARRETT RICHTER** President Pro Tempore

#### Katie L. Macarthur

From:

Sheila Kovaca [skovaca1717@gmail.com]

Sent: To: Thursday, July 30, 2015 12;26 PM Katie L. Macarthur, leon rankins

Subject:

Re: Re:

Attachments:

**ESCCOFINANCIALSFOR ACTS, pdf** 

Dear Brenda: This is the 2014 epostcard 990 and the 2013 990 and Schedule A....we tried to file the 2013 late (we have 2 years to do it) but it wouldn't allow us to do it electronically for the epostcard because we had already done the 2014 via the internet. IRS states that nonprofits can file electronically the epostcard if they are trying to go back another year; therefore, we had to file the full form (even though our income was under that actual amount) due to the electronic filing stipulation. Let me know if you have trouble printing any of this out. Hope this helps. Thank you for your assistance. Sheila Kovacs, ACTS, Inc.

On Thu, Jul 30, 2015 at 10:46 AM, Katie L. Macarthur < KLMACARTHUR@co.escambia.fl.us > wrote:

So sorry, both years would be great, however, I am unable to download and print. Can you scan and email them to me?

From: Shella Kovacs [mailto:skovacs1717@omail.com]

Sent: Thursday, July 30, 2015 10:43 AM

To: Katle L. Macarthur Subject: Re: Re:

I did attach the 2014 epostcard in the previous email also...you should see the attachment...so let me know if you can download and print it...now...yes--meaning you need just the 1 year -2014 or both years 2014 and 2013? :)

On Thu, Jul 30, 2015 at 9:54 AM, Katie L. Macarthur < KLMACARTHUR@co.escambia.fl.us > wrote:

Yes and could you please scan and send as the link will not allow me to print the information.

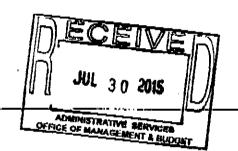
Thanks,

Brenda

From: Shella Kovacs (mailto:skovacs1717@gmail.com)

Sent: Thursday, July 30, 2015 9:44 AM To: Katle L. Macarthur; leon rankins

Subject: Re: Re:





All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

West Florida Regional Planning Council

Agency Address:

P.O. Box 11399, Pensacola, FL 32524

or 4081 East Olive Road, Suite A

Pensacola, FL 32514

Program Name:

Bay Area Resource Council

Program Contact:

Traci Goodhart

Contact Email:

traci.goodhart@wfrpc.org

Contact Phone:

(850) 332.7976 x 222

25-Word Description of Program:

The Bay Area Resource Council (BARC) is formed by an inter-local agreement between Escambia and Santa Rosa Counties and the Cities of Pensacola, Gulf Breeze, and Milton. The BARC, and its

Amount Requested:

5,000.00

Amount Received Last Year, if applicable:

5.000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

BARC staff leveraged funding securing two grants from International Paper (IP) and NOAA, collectively worth over \$130,000. The IP grant helped to support the Stormwater Inlet Marking Program (SIMP) and the annual BARC Bay Day event. These programs support the educational requirement of Escambia county's NPDES permitting process. The annual Bay Day event provides local 5th graders with hands-on environmental education. Staff is administering a NOAA Bay Watershed Education Training (BWET) grant. Six (6) Escambia county high schools are participating in the program. The program's focus is understanding the overall effect stormwater poses on the ecological health of the Pensacola Bay Watershed. The grant provides participating schools with water quality monitoring equipment, travel funds, and professional development opportunities.

Briefly discuss how the funding you are currently requesting will be used.

Requested funding will be used to support BARC staff and BARC efforts to provide environmental awareness to the citizens of the Pensacola Bay Watershed. Staff will continue to leverage funds with grant opportunities that support the environmental needs of the county and its citizens. BARC staff is currently seeking funding to update the Pensacola Bay Watershed Management Guide - An Ecosystem Action Plan (1998) to include updated information that focuses on watershed projects that have since been implemented, and future proposed RESTORE projects from the Escambia County MYIP. The plan is multi- jurisdictional with the intended purpose to serve as a living document, providing technical assistance to local, state, and non-governmental agencies.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The BARC is formed by an inter-local agreement between Escambia and Santa Rosa County, and the municipalities of Pensacola, Milton, and Gulf Breeze. If Escambia County can only fund a portion of the request, staff will continue to leverage available funds to support BARC staff and BARC efforts. Available funds and inter-local contributions will influence grant opportunity and technical assistance provided by BARC staff.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Requested funding is used to support BARC staff and as a leverage for in-kind match of the services provided by staff, to include but are not limited to: technical assistance, program development, program support, grant writing, and grant administration.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

Provide technical environmental planning assistance to local/state governments Provide environmental education to the citizens of Escambia County Improve water quality and encourage public participation

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three,

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Amount of grant funding secured utilizing leveraged funds.

Number of students to participate in BARC environmental education programs.

Number of new programs or expansion of current utilizing County funding.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Leveraged funds support grant funding in excess of \$130,000.

2015 Bay Day was attended by more than 350 local 5th graders.

6 County High Schools were provided over \$30,000 of water quality monitoring equipment.



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources			
Programmatic Income	#		
County Funding	16,000.00	16,000.00	16,000.00
City Funding			
State Funding			
Federal Funding	* 0		
Memberships			
Investment Income			
Other Income	ı		
Total Income	16,000.00	16,000.00	16,000.00



**Expenses** 

		•		
	Most Recently Completed Budget	: Year	Current Budget Year	Proposed Budget Year
Total Staffing				
Salaries and Wages	11,069.00	22,324.00	1	14,500.00
Employee Benefits				
Professional Services		124.00		
Contractual Services	*			
Travel Expenses	927.00	786.00		1,000.00
Rentals and Leases				
Communication				
Postage and Freight	31.00	4.00		5.00
Repair and Maintenance				
Printing and Binding				
Marketing and Promotion	205.00	307.00		300.00
Fuel				



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies		52.00	195.00
Capitalizable Assets			
Total Expenses	12,232.00	23,597.00	16,000.00
Net Income	3,768.00	-7,597.00	0.00

Please explain any capitalizable asset contained in your request.



## Consumer's Certificate of Exemption

DR-14 R. 04/11

#### Issued Pursuant to Chapter 212, Florida Statutes

85-8012620347C-8	10/31/2012	10/31/2017	STATE GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

WEST FLORIDA REGIONAL PLANNING COUNCIL 4081 E OLIVE RD STE A PENSACOLA FL 32514-6477

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14 R. 04/11

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

**BRACE** 

Agency Address:

1301 W. Government Street, Pensacola,

Florida 32502

Program Name:

Resilient Escambia

**Program Contact:** 

**Greg Strader** 

Contact Email:

GStrader@BeReadyAlliance.org

Contact Phone:

(850) 390 - 3496

25-Word Description of Program:

Engages partner organizations and citizens in disaster prevention, preparedness, response and recovery to make our community safer, stronger and better able to survive emergencies.

Amount Requested:

250,000.00

Amount Received Last Year, if applicable:



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

N/A

Briefly discuss how the funding you are currently requesting will be used.

- Enhance Emergency Management Human Services capacity and capabilities as a force multiplier and resource coordinator supporting Escambia County as the Lead Organization for Emergency Support Function 15 (Volunteers & Donations) and as the local coordinator of resources of Florida and National Voluntary Organizations Active in Disaster when deployed to our community
- Matching funds for Florida Disaster Fund grant supporting recovery of survivors of the 2014 Spring Flood to repair and restore homes of low income survivors, restoring the tax base following 1,489 properties being evaluated for reduced valuation by the Property Appraiser
- Matching funds for Escambia County Citizen Corps & Community Emergency Response Team (CERT) program funding from the Federal Government supporting Emergency Management & Public Safety emergency preparedness
- Matching funds for Federal funding of the BRACE VISTA program that is providing personnel to the United Way of Escambia County and the homeless and low income programs of Pensacola Community Ministries in Brownsville.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Significant reductions in Federal funding of emergency preparedness over the last five years have impacted the capacity of BRACE to continue to meet commitments to Escambia County Emergency Management in the future without alternative funding. For those reasons local funding must be secured or services will have to be reduced/eliminated. FEMA data proves for every \$1 invested in disaster preparedness an average of \$5 will be saved in response and recovery.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

\$25,000 match for Florida Disaster Fund - \$1 match to \$5 funding ratio. \$33,000 match for FEMA funding for Citizen Corps, Community Emergency Response Team (CERT) programs - 1 to 1 ratio. \$20,000 match for Federal Corporation for National & Community Service with ratios of up to \$1 match to \$5 in funding.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

- Restore housing and hope for survivors of the Spring 2014 Flood.
- Address community gaps in Disaster Response and Recovery capabilities identified through the Escambia County Emergency Management After Action Review following the Spring 2014 Flood.
- Enhance disaster and emergency resilience to minimize County expenses.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- Number of homes restored to a safe, sanitary and functional condition to prevent homelessness and restore the tax base.
- Number of individuals trained through the FEMA Community Emergency Response Team (CERT) and Teen CERT curriculum.
- Number of Gaps in community response and recovery capacity and capabilities addressed by the Program

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 77 homes of survivors of the Spring 2014 Flood restored to a safe, sanitary and functional condition through home repair funding, volunteer labor, volunteer housing and disaster case management coordinated by BRACE during FY 2015
- 38,000 hours of volunteer reconstruction labor provided by dozens of volunteer organizations and teams from throughout the United States and Canada during FY 2015 that have restored homes and the tax base they represent
- Disaster and emergency preparedness outreach and training that produced 3.6
   Million media impressions and supported the training of 3,292 individuals, many of them volunteers committed to supporting the work of Emergency Management



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

<u>Income</u>	July 1, 2014 – June 30, 2015 Most Recently Completed Budget Year	July 1 - June 30 Current Budget Year	July 1 – June 30 Proposed Budget Year
Contributions from Private Sources	78,419.89	125,000.00	25,575.00
Programmatic Income	41,083.20	38,000.00	30,000.00
County Funding		250,000.00	100,000.00
City Funding	3,500.00	10,000.00	25,000.00
State Funding			
Federal Funding	90,435.39	123,000.00	85,000.00
Memberships			
Investment Income	132,45	100.00	100.00
Other Income	71,921.39	65,000.00	66,950.00
Total Income	285,492.32	611,100.00	332,625.00



<u>Expenses</u>	July 1, 2014 – June 30, Most Recently Completed Budge	Current	Proposed
Total Staffing	2.60	2.60	2.60
Salaries and Wages	92,557.91	94,500.00	96,400.00
AmeriCorps	73,300.00	113,300.00	75,000.00
Employee Benefits	12,395.53	13,000.00	13,650.00
Professional Services	9,406.00	9,970.00	10,570.00
Contractual Services	12,499.95	48,900.00	35,000.00
Travel Expenses	3,184.99	3,300.00	3,400.00
Rentals and Leases	15,840.00	16,350.00	16,850.00
Communication	3,524.77	3,630.00	3,750.00
Postage and Freight	401.93	450.00	500.00
Repair and Maintenance		250.00	300.00
Printing and Binding	1,140.47	1,500.00	1,250.00
Marketing and Promotion	54,181.00	55,000.00	55,000.00
Fuel	25.22	30.00	35.00



Expenses (cont.)	July 1, 2014 – June 30, 2015 Most Recently Completed Budget Year	July 1 – June 30 Current Budget Year	July 1 ~ June 30 Proposed Budget Year
Supplies	44,123.05	250,000.00	20,000.00
Capitalizable Assets	917.52	920.00	920,00
Total Expenses	323,498.34	611,100.00	332,625.00
Net Income	-38,006.02	0.00	0.00

Please explain any capitalizable asset contained in your request.

Capital assets in all years reflects depreciation of the value of major equipment, licenses and resources acquired at a cost in excess of the capitalization threshold set by the BRACE Board and having a useful life in excess of three years.

## Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

<b>Construct</b>	-4	46-	Tenancia
Department	υı	ure	Treatin)
1-4 B			

Ą	For the	2013 c	alendar year, or tax year beginning 07/01/13 , and ending 06/30/1	.4		
_	heck if applicable: C Name of organization Community Organizations Active					er identification number
/	Address ch	hange .	in Disasters, Inc.			
	Name char	nge	Doing Business As			<u>4815891</u>
╗,	nitial retur	- m	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	•	ove unmpet
=			1301 W Government Street		850	-444-7135
	Terminated City or town, state or province, country, and ZIP or foreign postal code					
	Amended a	return	Pensacola FL 32502	, ,	G Gross rece	ipts\$ 686,061
	Application	n pending	F Name and address of principal officer:	H(a) is this a gro	up return for su	bordinates? Yes X No
			Greg Strader			<b>E E</b>
			1301 W Government Street	H(b) Are all sub		ided? res no
			Pensacola FL 32502	- " '",	aa., (	aco mandonons)
		not status:	X 501(c)(3) 501(c) ( ) ◀(Insert no.) 4947(a)(1) or 527  www.bereadyalliance.org/	1		. <b>L</b>
_	Website:	rganization:		H(c) Group exerts at of formation: 2		M State of legal domicile: FL
	art I		Immary	sar or formation:	000 1	M State of legal comicile: 12 11
<u> </u>			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	"		
	' -	-	Schedule O			
Ĕ						
& Governance						
ove.	2 0	Check th	is box 🕨 if the organization discontinued its operations or disposed of more than 25	% of its net ass	ets	
Ö			of voting members of the governing body (Part VI, line 1a)		ایا	17
			of independent voting members of the governing body (Part VI, line 1b)			17
亨			nber of individuals employed in calendar year 2013 (Part V, line 2a)			0
Activities			nber of volunteers (estimate if necessary)			2980
~			related business revenue from Part VIII, column (C), line 12	• · · • • · · · · · · · · · · · · · · ·	7a	0
-			lated_business_taxable_income_from Form 990-T, line 34		. 7b	
	Ĺ.	_		Prior Yes		Current Year
음			tions and grants (Part VIII, line 1h)		9,797	418,758
Revenue			service revenue (Part VIII, line 2g)		3,339	<u>251,180</u>
ģ	10	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		1,539	1,437
_		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,070	8,900
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47.	5,745	680,275
			nd similar amounts paid (Part IX, column (A), lines 1-3)			
	م حد ا		paid to or for members (Part IX, column (A), line 4)	16	6,686	170 167
Expenses	15 8	salanes,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	10	0,000	<u> 178,167</u>
ž	102	rolessic	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 4,086			0
X	47 /		names (Part IV column (A) lines 44s, 44s, 44s, 24s)	37	7,298	408,074
			penses (Part IX, column (A), lines 11a-110, 11r-24e) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,984	586,241
	19 F		less expenses. Subtract line 18 from line 12		8,239	94,034
ō	· · · ·			Beginning of Cu	rent Year	End of Year
Net Assets or Fund Balances	20 7		sets (Part X, line 16)		0,910	1,639,763
똧	21 7		olities (Part X, line 26)		6,094	1,510,913
			ts or fund balances. Subtract line 21 from line 20	3.	4,816	128,850
	art II		gnature Block			
U	nder per	ralties of	perjury, I declare that I have examined this return, including accompanying schedules and stateme ompleteDeclaration of <u>preparer (other</u> than officer) is based on all information of which preparer h	nts, and to the b	est of my kn	owledge and belief, it is
	Je, Cone	T L	oripieta Decialation of Brevales (original trials offices) is based on all information of which prepares in	ias ally knowleds	<del> </del>	
<b>.</b>		D 7	Signalute of pride )		Date	
Sig				tive Di		-
He	re	<b>∤</b>	Greg Strader 5 Execu	CTAG DI	<u>-ec.co1</u>	
_		<u> </u>	e preparer's name Preparer's signature	Date	Check	if PTIN
	i	I				ployed P00150049
	- parer		ol D. Thornton  Brown Thornton Pacenta & Company, PA	<del></del>	irm's EIN >	59~3478013
	Only	Firm's na	P.O. Box 12484	- '	a CHY F	
		Firm's eq	Developed 197 20501	1.	hone no.	850-434-3146
May	the IR		ss this return with the preparer shown above? (see instructions)			X Yes No

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Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
	y describe the organization's mission:	
200		
• • • • • • • • • • • • • • • • • • • •		
2 Did th	ne organization undertake any significant program services during the year which were not listed on the	· · ·
		Yes X No
If "Ye	s," describe these new services on Schedule O.	03 <u></u> .10
3 Did th	he organization cease conducting, or make significant changes in how it conducts, any program	
servic	ces? [	Yes X No
	es," describe these changes on Schedule O.	
4 Desc	ribe the organization's program service accomplishments for each of its three largest program services, as measured by	
	nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the to	otal expenses, and revenue, if any, for each program service reported.	
4a (Code	0) \/Evacese \$ 377.835 including contact of \$	<del></del>
Heri	e: )(Expenses \$ 377,835 including grants of \$ ) (Revenue \$ tage Oaks Mobile Home Park - Providing mitigated manufactured between the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract	
for	low income residents, supported by wrap around services, include	iousing
mana.	gement, financial literacy training, youth character building	ing case
and		
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Prep disa educ exer Citi comm enha Mana	e: )(Expenses \$ 47,416 including grants of \$ ) (Revenue \$ paredness & Mitigation - Enhancing resilience through a communication, with emphasis on emergency preparedness & publication, financial literacy and stability through training, drillocises for children, youth, teens and adults and the coordination can Corps and Community Emergency Response Team (CERT), making munity safer, stronger and better prepared for emergencies of a ince economic stability and serve as a force multiplier for Emergement.	c safety s and n of the
indi comm that emer with	e: )(Expenses \$ 49,995 including grants of \$ ) (Revenue \$ conse & Deepwater Horizon - Coordination of human services for viduals and families impacted by emergencies or disaster throughout based disaster coalition responsible for volunteers and coincludes providing childcare for first responders, provision or gency services for persons with disabilities, the homebound and functional needs like language barriers and coordinate voluntations during major emergencies.	donations of i others
	······································	,
44 045-	r program services. (Describe in Schedule O.)	
	enses \$ 75,048 including grants of \$ ) (Revenue \$	١
	program service expenses > 550,294	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	
•	candidates for public office? If "Ves." complete Schadula C. Part I	_		7.7
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_3		X
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			₹.
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	_	X.
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1	
	Part III	_		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ 5		X
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	_		37
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_X_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		7.5
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		<u> </u>
٠	complete Schedule D, Part III	_		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-8		_ <u>x</u>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV			**
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u> </u>
••	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Q000000000	X
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"		######################################	*********
4	complete Schedule D, Part VI		7.7	
'n	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>11a</u>	X	
,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	_	<u> </u>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	المدا		37
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		<u> </u>
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			7.7
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		$\frac{\mathbf{x}}{\mathbf{x}}$
ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u>~</u>
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	-	
		4.5.	x	
ь	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	-	
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		$\frac{\mathbf{x}}{\mathbf{x}}$
14a	Did the executes analytele on office constructed or county at the tiple of the tiple of	14a	_	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<del>-</del>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	,	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Dit the organization report more than \$5.000 of grants or other assistance to any domestic organization or government or Part IX, column (A), line 17 (I*vec*, compiles Schedule I, Parts I and II)  21 X  22 IX is determined to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part KL, column (A), line 21 ("Thes," complete Schedule ( Parts 1 and II)  23 Did the organization rayers "Tes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V. II" No., 5 to line 425 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and 10 (1) and	^4	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
on Part IX, column (A), line 27 II "Yes", complete Schedule I, Parts I and III 2 Did the organization system "Yes" to Part IVI, Section A, Ibe 3, 4, or 5 about compensation of the organizations current and fromer officers, directors, trustees, key employees, and highest compensated employees? If "Yes", complete Schedule J    X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X. I "Yes" jost line 25a   24d    X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary patiod exception?    24d    Did the organization invest any proceeds of tax-exempt bonds beyond a temporary patiod exception?    24d    Did the organization may not an active vaccount other than a refunding secrow at any time during the year?    24d    25d    Did the organization and 601(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outling the year?    24d    Did the organization acvarse that it engaged in an excess benefit transaction with a disqualified person outling the year?    24d    Is the organization acvarse that it engaged in an excess benefit transaction with a disqualified person outling the year?    25d    X I were organization acvarse that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?    11 "Yes," complete Schedule L, Part II    25d    X I were organization priories against expension organization in priories and the transaction or Part X, line 5, 6, or 22 for receivabiles from or payables to any current or former officers, director, trustee, or key employees or a family member of an artification, trustee, or key employees in the priories of the priories schedule L, Part II    27d    X West the organization priories an		government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
33 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization privare tax excepts bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer times 24b through 24d and complete Schedule K. If "No," go to line 25a bid the organization midration in except proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization ambitation an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Old the organization acts as no hebrial of issuer for bonds outstanding at any time during the year? 24d Old the organization acts as no hebrial of issuer for bonds outstanding at any time during the year? 24d Old the organization acts as no hebrial of issuer for bonds outstanding at any time during the year? 24d Old the organization outstanding at any time during the year? 24d Old the organization acts as no hebrial of issuer for bonds outstanding at any time during the year? 24d Old the organization outstanding at any time during the year? 24d Old the organization outstanding at any time during the year? 24d Old Old the organization outstanding at any time during the year? 24d Old Old the organization outstanding of the organization of the organization outstanding of the organization of the organization outstanding of the organization of the organization outstanding of the organization outstanding of the organization outstanding of the organization outstanding of the organization outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstanding outstan	22				
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employees? If "Yes," complete Schedule J  30 bit the organization have a tracement bond issue with an outstanding principal amount of more than 5100,000 so of the last day of the year, that was issued after Decamber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  b) bid the organization invest any proceeds of laxe-exampt bonds beyond a temporary period exception?  24d  b) bid the organization invest any proceeds of laxe-exampt bonds beyond a temporary period exception?  24d  c) bid the organization invest any proceeds of laxe-exampt bonds beyond a temporary period exception?  24d  d) bid the organization invest any proceeds of laxe-exampt bonds beyond a temporary period exception?  24d  d) bid the organization maintain an escrow account other than a refunding escrow at any time during the year?  24d  d) bid the organization act as an 'on behalf of Issuer for bonds outstanding at any time during the year?  24d  25d Section 50 ((6)(3) and 501(4)(4) organizations), bid the organization engage in an oxesse benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization from 500 e950-E27  If "vss," complete Schedule L. Part I  25d bid the organization provide a grant or either assistance to an office, director, fusition, for some officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If more officers, director, fusition, director, fusition, fusition, fusition, fusition, for any of these persons? If "vss," complete Schedule L, Part IV  25d bid the organization provide a grant or either assistance to an officer, director, fusition, or the organization fusition and any of these persons? If "vss," complete Schedule L, P	23		;		
through 240 bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes," answer times 24b through 240 and compise Schedule K. If Nn," go to line 25a bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization and an anon behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 if Yes," complete Schedule L, Part I If Yes," complete Schedule L, Part I If Yes, "complete Schedule L, Part I If Yes," complete Schedule L, Part I If Yes, "complete Schedule L, Part I If Yes," complete Schedule L, Part II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part IV II If Yes, "complete Schedule L, Part II II If Yes,					1
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through 24d and complete Schedule K. If "No." go to line 25a  bid the organization miseral proceeds of law-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  d Did the organization and an o'n behalf of' issuer for bonds outstanding at any time during the year?  24d  12sa Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unique the year? ("Yea", complete Schedule L. Part I" ("Yea", complete Schedule L. Part I" ("Yea", complete Schedule L. Part I" ("Yea", complete Schedule L. Part I" ("Yea", complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part I" ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part II ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part IV ("Yea"), complete Schedule L. Part	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  246  Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  246  Section 501(c)(4) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27  If "Yes," complete Schedule L, Part I  Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled earilty or family member of any of these persons? If "Yes," complete Schedule L, Part III  27					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(2) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unduring the year? 17 feet. "Organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization promes 990 or 990-E27 if "Yes," complete Schedule L. Part II  25b X  27b Did the organization report any amount on Part X, line 5.16, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If so, complete Schedule L. Part III yes employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III yes and the part of the payables from or payables to any current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  27a A mentity of which a current or former officer, director, trustee, or key employee (if "Yes," complete Schedule L, Part IV  28b X  29c A nentity of which a current or former officer, director, trustee, or key employee (if "Yes," complete Schedule L, Part IV  28c X  29c Did the organization organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  28c X  29d Did the organization organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II  29d Did the organization organization will a			24a		X
to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 801(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a X  25b Is the organization exercite that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L. Part I  25b Did the organization export any amount on Part X, line 5, 8, or 22 for receivables from or psyables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  26b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled earlity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27c X  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable fling thresholds, conditions, and exceptions):  28d A current or former officer, director, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A restrict or former officer, director, furustee, or key employee? If "Yes," complete Schedule L, Part IV  28d Did the organization receive more than 225,000 in non-cash contributions? If "Yes," complete Schedule M  29d X  20d Did the organization receive more than 225,000 in non-cash contributions? If "Yes," complete Schedule M, Part I  20d Did the organization on thiothy of the party of the party of the	b		24b		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d   25a Section 501(p(3) and 501(p(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization person in a prior year, and that the transaction has not been reported on any of the organization or page 50 or 990-E2?  If "Yes," complete Schedule L, Part I  25b X  25b X  25b X  26b It the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in inject of orficers of former officers, director, trustees, key employees, or disqualified persons? If so, complete Schedule L, Part II  26b X  27c X  28d Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled and part IV instructions for applicable filing thresholds, conditions, and exceptions):  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d X  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d X  A manity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d X  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29d X  20d Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  20d Id the organization injudiate, terminate, or dissolve and ceases operations? If "Yes," complete Schedule N, Part II  21d Id the organization own 100% of an enity disregarded as separate from the organization under Regulations sections 301.7701-29 and 301.7701-37 If "Yes," complete Schedule	C				
settion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			24c		
with a disqualifed person during the year? If "Yes," complete Schedule L, Part I   25a   X   b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization reports on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II   26   X   Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   27   X   Was the organization applicable filing thresholds, conditions, and exceptions).  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28a   X   A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28b   X   A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   28b   X    Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV   28c   X   Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV   28c   X   Did the organization in cereive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part II   31   X   Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II   32   X   Did the organizatio			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 (1°Yes," complete Schedule L. Part I	25a				
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I  25b X  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A nanity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization in current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule M  31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  32 Did the organization in eliate to any to the suppliest Schedule M, Part II  33 Did the organization liquidate, terminate, or dissolve and cease operation			_25a		<u> </u>
If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 5, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IVI attractions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IVI 28a X  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IVI 28b X  C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IVI 28c X  28b X  Did the organization receive more than \$25,000 in non-ash contributions? If "Yes," complete Schedule L, Part IVI 28c X  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part III 31 X  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part III 31 X  Using the organization related to any tax-exempt or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part III 32 X  Was the organization related to any tax-exempt or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part III 32 X  Using the organization related to any tax-exempt or transfer more engage in any transaction with a controlled entity within the meaning of section \$12(b)(13	Ь		ļ		
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	55	C 001 7001 0 1001 00 1001 00 1001	1		<b></b>
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Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<b></b>	and the said Double time of			
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	352	Did the organization have a controlled entity within the manning of section 513/h\/13\/2			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		If "Yes" to line 35s, did the organization receive any payment from or appage in any transaction with a	Soa		_
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	~		355		
related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36		350		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			36	}	x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI  Bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	=	35		<del> </del>
Part VI  Bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		- · · ·			
78 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37		x
	78		ļ	<u> </u>	<u> </u>
			38	х	

20-4815891 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ь Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return \_\_\_\_\_\_ [ If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 If "Yes," enter the name of the foreign country: > ..... See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts, Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7с If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? х 7f if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A X 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?N/A 7h X Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Х Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

14b

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100000	WATER Courses Management and Disclosure Franch (Val.)		<u>. P</u>	'age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uction	
-	Check if Schedule O contains a response or note to any line in this Part VI			X
3	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent  15 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	00000000000000000000000000000000000000		
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	<u>7</u> a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			i
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
1	Dld the organization have local chapters, branches, or affiliates?	10a	_	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			NAME OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERS
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	000000000000000000000000000000000000000
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<del></del>
14	Did the organization have a written document retention and destruction policy?	14	$\frac{1}{X}$	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	000000000000000000000000000000000000000		
а	The organization's CEO, Executive Director, or top management official	15a	X	000000000000
b	Other officers or key employees of the organization	15b	x	$\overline{}$
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taylor and the unique to any 2	16a	acetycherids.	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	enerous.	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 900 is required to be filed by Nome			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available, Check all that apply.			
	I Own website			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
,	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization: Figure 3 Strader 1301 W. Government Street			
P		-44	4 - 7	/135

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Form 990 (20	13) Community Organizations Active 20-4815891	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employ Independent Contractors	yees, and
	Check if Schedule O contains a response or note to any line in this Part VII	
ction A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
la Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the stax year.	
<ul> <li>List all compensation</li> </ul>	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of n. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	
<ul> <li>List aff</li> </ul>	of the organization's current key employees, if any. See instructions for definition of "key employee."	
who received	organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations.	

(D)

(E)

/es

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (C)

(A)

(A)  Name and Title	(B) Average hours per week (list eny	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	hours for related organizations below dotted line)	Individual Inustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Bob Greene										
	1.00									
pard member	0.00	X				<del>  </del>		. 0	0	
(2) Scott Luth	1 00					1				•
Board member	1.00	x						0	o	. 0
(3) Pat Crawford										
Board member	1.00	x							0	o
(4) Mike Eddins							_			
	1.00				ŀ				ļ	
Board member	0.00	X						. 0	0	0
(5)Brunie Emmanuel					ŀ				'	
	1.00							_	_	_
Chair Prgm &Services (6) Burt Fenters	0.00	Х		X		<del>   </del>	_	0		0
(6) Burt Fenters	1.00					1 1				
Board member	0.00	x						٥	i o	o
(7) Charlene Damron	0.00		$\vdash$							<u> </u>
(,,	1.00									
Board member	0.00	$\mathbf{x}$						l 0		0
(8) Doug Rehm	1				<u> </u>					
	1.00									
Treasurer	0.00	X	<u>_</u>	Х	_			0	C	0
(9) Tom Hilton						1				
	1.00	7.			ĺ					
Secretary '10) Kermit E Housh	0.00	X	-	X	⊢	$\vdash$		0	<u> </u>	0
"O) Refmit E Housh	1.00									
Past Chair	0.00	$\mathbf{x}$			]	1 1		) a	,	o
(11) Sandra Jackson-1		† <del></del>								
,	1.00									
Board member	0.00	x			L			<u> </u>		<u></u>
DAA										Form 990 (2013)

Section A. Officers	5, Directors, Tru	tstee	S, K	ey E	mpi	oyec	s, a	nd Highest Compensated	Employees (continued)		
(A) Name and title	(B) Average hours per week (list any	bo	x, unfi	Pos check sss pe	rson i	than o s both r/trusto	ar;	(D) Reportable compensation from the	(É) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual Irusiee or director	Institutional trustee	Officer	Кеу өтрауса	Highest compensated employee	Formar	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(12)David Lister	1.00										
Board Member	0.00	x						O	o	0	
(13)Buzz Ritchie											
Vice Chair	0.00	x		x					_	_	
(14) Sue Straughn	0.00	┢		^		$\vdash$	_	0	0	0	
· · · · · · · · · · · · · · · · · · ·	1.00										
Chair	0.00	X		X				0		0	
(15)Malcolm Thomas	1.00										
Board member	0.00	X						o	o	o	
(16) Randal Rudd					-						
	1.00		1								
Board member	0.00	X						0	0	0	
(17) Paul Wilson	1.00										
Board member	0.00	x						0	o	_ 0	
(18) Greg Strader											
1.1	0.00			3.5				56 500	_	_	
_ecutive Director (19) Chip Fox	0.00	-	-	X	_	$\vdash$	_	56,723	0	0	
(.v/E	1.00										
Ex-Officio	0.00	<u> </u>				<u> </u>	X	0		o	
1b Sub-total	.,.,.,.,						۲	56,723			
c Total from continuation she						,	<b>)</b>	56,723			
d Total (add lines 1b and 1c)  Total number of individuals (in						ted a	bove		\$100,000 in		
reportable compensation from	the organization	1 📂	0						#100,000 III		
3 Did the organization list any fe	ormer officer, dir	ecto	r. or	trust	ee. S	év e	mole	ovee or highest compensa	ted	Yes No	
employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suç	h ind	llvidu	a	-		3 X	
4 For any individual listed on lin organization and related organization	e 1a, is the sum nizations greater	of re than	porta \$15	able 0.00	com 0? I	pens f "Ye:	atio s." c	n and other compensation omolete Schedule J for suc	from the		
individual		,								4 X	
5 Did any person listed on line for services rendered to the o	ra receive or acc ganization? If "Y	rue ( 'es,"	com	ens: plete	ation Sci	i fron redu	n an Ie J	y unrelated organization or for such person	individual	5 X	
Section B. Independent Contracto	ors										
1 Complete this table for your fr compensation from the organ											
	(A) business address		<u> </u>		0, 1	14 44			(B) Son of services	(C) Compensation	
- Carlo and	00011000 000							Descrip	aon or services	Compensation	
							<del> </del>			·	
							_				
2 Total number of independent								se listed above) who			
received more than \$100,000	or compensation	n fror	n the	org	aniz	ation	_		<u> </u>	Form <b>990</b> (2013)	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	I Employees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unk	Pos theck ess pe nd a d	rson i	is both	ıan	(D) Reportable compensation from the organization	(E) Reportable comparisation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-21 TOSS-MISC)	from the organization and related organizations	
(12) Garrett Walton	1.00										
Ex-Officio	0.00						x	0		0	
(13) Janice Kilgore											
Ex-Officio	1.00						x	0	,		
(14)											
(15)											
(16)				۳.		-				<u> </u>	
(17)				<u> </u>							
		ļ									
(18)	<u> </u>	-									
				•							
(19)		-		ļ							
	,										
1b Sub-total				.,,			<b>&gt;</b>				
c Total from continuation she							۲				
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not I	imite	d to	thos	e lis	ted a	abov	re) who received more than	5100,000 in		
reportable compensation from										Yes No	
3 Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empl	loyee, or highest compensa	ated		
employee on line 1a? If "Yes," 4 For any individual listed on line	e 1a, is the sum	of re	port	able	com	pen	satio			3	
organization and related organization and related organization and related or line 1 5 Did any person listed on line 1	nizations greater	thar	1 <b>\$</b> 15	50,00	0? I	f "Ye 	·s," (	complete Schedule J for su	ch	4	
5 Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? If "Y	те es."	com;	pens Ipleto	ation Sc	n fror hedu	n ar de J	ny unrelated organization of for such person	r individual	5	
Section B. Independent Contracto	ors										
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation. Report c	ensa omp	ited ensa	inder	oenc for t	ient o he ca	cont alen	dar year ending with or with	nin the organization's tax y		
Name and	(A) business address							Descrip	(B) otion of services	(C) Compensation	
	•										
		_									
							<u> </u>				
2 Total number of independent								se listed above) who			
received more than \$100,000								r			

	A CONTRACTOR	Check	if Schedule (	O conta	ains a r	esponse d	or note to any line	in this Part VIII		
			- 1,1-10.				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
z v	4 -	Federated can	mosione	1a	<u> </u>			eunever		512-514
듄틸	) et	Membership d		1b						
٥ٍٷ		,		1c						
쏠김	ن	Fundraising ev		1d						
의		Related organ				26E E70				
뜷	e	Government grants (contributions) 1e 265,57				203,370				
춪힐	т	All other contribution and similar amounts				153 100				
용				_1 <u>f</u>		153,188				
Contributions, Gifts, Grants and Other Similar Amounts	9		ns included in lines 1a-		,					
<u>0 e</u>	h	Total. Add line	<u>es 1a–1f</u>		· · · · · · · · · · · · · · · · · · ·		418,758			
Ĭ	_					Busn. Code				
eve	2a	Heritag	e Oaks Renta	l Inco	<u>ле</u>	531110	251,180			251,180
92	b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
ξ	¢	,								
S	d									
툲	e									
Program Service Revenue	f		ram service reve							
-	9		es 2a–2f				<u>251,180</u>			
	3		come (including	dividend	ls, intere	st,				
		and other simi	- 1.1				1,223			1,223
	4	Income from investment of tax-exempt bond p				,				
	5	Royalties								-
			(I) Real		(II) P	ersonal				
	6a	Gross rents								
	b	· · · · · · · · · · · · · · · · · · ·								
	¢	C Rental inc. or (foss)								
	d	Net rental inco				<u></u>				
1	14	Gross amount from (i) Securities (ii) O				Other				
		other than Inventory				6,000				
	ь	b Less: cost or other								
		basis & sales exps.  c Gain or (loss)				5,786				
i	c					214				
	d	Net gain or (lo	ss)				214	214		
g	8a	Gross income from	om fundraising eve	ents						
ᇎ		(not including \$								
ě			reported on line 1c							
Other Revenu		See Part IV, line	18	a						
훗	þ		xpenses							
~	c		(loss) from fund	<b>—</b>	events	<u></u> ▶			70.000.000.000.000.000.000	
	9a		om garning activitie							
			19							
			kpenses							
			(loss) from gam		<u>vities</u> .	<u></u>		rinnan fininga sanggangan da disalah da naggan da disalah da naggan da disalah da naggan da disalah da naggan		
	10a		f inventory, less	1						
		returns and allowancesa								
		Less: cost of g		ь∟						
	c		(loss) from sale	s of inve	entory ,,	,,,,,,, <b>&gt;</b>				
			cettaneous Revenue			Busn. Code				
	11a	Other Mis	cellanous Ir	jćowe	,,	900099	4,800	4,800	-	
	þ	Annual Me	eting			900099	4,100	4,100		
	C							_		
	¢		nue						***************************************	
	e	Total. Add line	,	.,		🟲	8,900			
	12	Total revenue	a. See instruction	ns		🟲	680,275	9,114	0	252,403

3600	Official Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of the Check if Schedule O contains a responsible of			pjete column (A).	
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
. 1	Grants and other assistance to governments and				orpanios .
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				<u></u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	<b>178</b> ,167	157,256	18,868	2,043
8	Pension plan accruals and contributions (include				<del>_</del> .
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees):		•		
a	Management	4 540			
b	Legal	4,643	4,411	232	
C	Accounting	15,786	14,997	78 <u>9</u>	<u> </u>
d					
e f	Professional fundraising services. See Part IV, line 17				<u> </u>
	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	<del>-</del> -			
13	Office expenses	13,018	11,065	1 052	
14	Office expenses Information technology		11,005	1,953	
15	Royalties				
16	Occupancy	7,442	6,576	866	
17	Travel	13,789	10,341	1,724	1,724
18	Payments of travel or entertainment expenses		20,042	<u> </u>	1,724
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,493	4,493		
20	Interest	9,000	9,000		
21	Payments to affiliates		- 7,000	-	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	55,306	55,306		
23	Insurance	9,556	8,600	956	•
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Utilities	71,861	71,861		
b	Repairs and maintenance	68,154	67,218	936	
¢	Outside contract services	67,025	63,524	3,501	
đ	Program supplies	17,894	17,894		
e	All other expenses	50,107	47,752	2,036	31.9
.5	Total functional expenses. Add lines 1 through 24e	586,241	550,294	31,861	4,086
26	Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2013)
					rorm 330 (2013)

<u>≋</u> P	art 🕽	Balance Sheet					
		Check if Schedule O contains a response or note	to any line in t	his Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		109,214	1	147,592	
	2	Savings and temporary cash investments	104,255		105,341		
	3	Pledges and grants receivable, net		-		3	77,460
	4	Accounts receivable, net		21,644		19,979	
	5	Loans and other receivables from current and former off	ficers, directors	3.			
		trustees, key employees, and highest compensated employees.	plovees.	100			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	sons (as define	ed under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),					
		sponsoring organizations of section 501(c)(9) voluntary					
yr.		organizations (see instructions). Complete Part II of Sch			a. a. a. a. a. a. a. b. b. b. b. b. b. b. b. b. b. b. b. b.	6	
Assets	7	Notes and loans receivable, net				_ <del></del>	
Ą	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			14,077	9	8,839
	10a	Land, buildings, and equipment: cost or	1				0,000
		other basis. Complete Part VI of Schedule D	10a	1,467,525			
	ъ	Less: accumulated depreciation	10b	194,291	1,333,626	10c	1,273,234
	11	Investments—publicly traded securities	·		,,	11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			<u>.</u>	13	
	14	Intangible assets			2,041		1,341
	15	Other assets. See Part IV, line 11		6,053		5,977	
	16	Total assets. Add lines 1 through 15 (must equal line 3-	4)		1,590,910		1,639,763
	17	Accounts payable and accrued expenses			40,036		90,913
	18	Grants payable			· · ·	18	
	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·		19	-
	20	Tax-exempt bond liabilities	····		20	******	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D			21	
S	22	Loans and other payables to current and former officers	, directors,				
Liabilities		trustees, key employees, highest compensated employe	es, and				
<u> </u>		disqualified persons. Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third	d parties		1,513,333	23	1,420,000
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	
	25	Other liabilities (including federal income tax, payables t	o related third				
		parties, and other liabilities not included on lines 17-24).	Complete Par	tX			
	1	of Schedule D			2,725	25	
	26		<u></u>		1,556,094	_26	1,510,913
w		Organizations that follow SFAS 117 (ASC 958), check	k here 🕨 🛚 🔀	and			
ĕ		complete lines 27 through 29, and lines 33 and 34.					
뻍	27	Unrestricted net assets			34,816	_	108,136
ă	28	Temporarily restricted net assets				28	20,714
Ē	29	Permanently restricted net assets		·_··· <del>/</del> ·····		29	
Ä		Organizations that do not follow SFAS 117 (ASC 958	i), check here	and and			
ţ		complete lines 30 through 34.		800			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ž	31	Pald-in or capital surplus, or land, building, or equipmen	t tuna	, , ,		31	
ž	32	Retained earnings, endowment, accumulated income, o	-		2/ 016	32	100 050
	33 34	Total net assets or fund balances  Total liabilities and net assets/fund balances	,		34,816 1,590,910		128,850
	<u> </u>	ו מיפו וופטווונים פנות וופו פספקיציותוות הפופווולפט	,		1,390,910	; <del>3</del> 4	1,639,763

orm	990 (2013) Community Organizations Active 20-4815891			₽a	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
4	Total revenue (must equal Part VIII, column (A), line 12)	1		30,	<del>2</del> 75
	Total expenses (must equal Part IX, column (A), line 25)	2			241
3	Revenue less expenses. Subtract line 2 from line 1	3		94,	034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,	816
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_ 6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	12	28,	850
Pa	nt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
	<u> </u>	"-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			200	
	separate basis, consolidated basis, or both:				000000000
	Separate basis X Consolidated basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2¢	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				]
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury mal Revenue Service Name of the organization

Community Organizations Active <u>in Disasters, Inc.</u>

Employer identification number 20-4815891

The								art.) Se						
	orga	nization is not	a private foundation becau-	se it is: (For lines 1 through 11,	check only	y one box	.)							
1		A church, cor	nvention of churches, or as:	sociation of churches described	in section	170(b)(	I)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III),												
4	П	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	<b>_</b>						,				''	
5		An organizati	on operated for the benefit	of a college or university owned	or operat	ed by a o	overnme	ental unit	descrit	hed in	• • • • • • •			
	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	$\vdash$	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
•	ш													
8	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	X			(1) more than 33 1/3% of its sup										
				mpt functions—subject to certain							55			
				ind unrelated business taxable in										
				30, 1975. See section <b>509(a)(2</b> )				ı) irom b	vsiness	es				
10														
10	H			exclusively to test for public sat						_				
11	Ш			exclusively for the benefit of, to										
				ted organizations described in s						section				
		_		the type of supporting organizat				_		_				
_		a Type		ci Type III–Function			d	iyp	e III–No	n-funct	ionally	integra	ited	
e	Ш			ganization is not controlled direct										
				er than one or more publicly sup	pported or	ganization	ns descr	ibea in s	ection :	509(a)(1	1)			
		or section 50	9(a)(∠).											
f	f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting													
				ermination from the IRS that it is	s a Type I,	.Type II,	ог Туре	III suppo	rting					
		organizatlon,	check this box				<i></i>	III suppo	orting		,			. 🗀
g		organizatlon, Since Augusi	check this box t 17, 2006, has the organiza	ermination from the IRS that it it			<i></i>	III suppo	orting		,.,			. 🗀
g		organization, Since August following per	check this box t 17, 2006, has the organiza sons?	ation accepted any gift or contrib	oution fron	any of th	ne		erting		, ,			. 🗆
g		organization, Since August following per (I) A person	check this box t 17, 2006, has the organiza sons? n who directly or indirectly c	ation accepted any gift or contrib	ution fron	n any of th	ne ibed in (	ii) and			,		Yes	No
g		organization, Since August following per (i) A persor (iii) below	check this box t 17, 2006, has the organizations? the who directly or indirectly own, the governing body of the	ation accepted any gift or contrib ontrols, either alone or together a supported organization?	ution fron	n any of th	ne ibed in (	ii) and				11g(i)	Yes	
g		organization, Since August following per (i) A person (iii) below (ii) A family	check this box t 17, 2006, has the organizations? n who directly or indirectly ow, the governing body of the member of a person descri	ation accepted any gift or contrib ontrols, either alone or together a supported organization? bed in (i) above?	ution fron	n any of th	ne ibed in (	ii) and				11g(i) 11g(ii)	Yes	No
g		organization, Since August following per (i) A person (ii) belov (ii) A family (iii) A 35% c	check this box t 17, 2006, has the organizations? the who directly or indirectly or w, the governing body of the member of a person description trolled entity of a person	ontrols, either alone or together supported organization? ibed in (i) above?	with perso	n any of th	ne ibed in (	ii) and		, ,			Yes	No
_h_		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of	check this box t 17, 2006, has the organizations? the who directly or indirectly or w, the governing body of the member of a person description trolled entity of a person	ation accepted any gift or contrib ontrols, either alone or together e supported organization? ibed in (i) above?	with person	n any of the	ne ibed in (	ii) and		, ,		11g(ii)	Yes	No No
_h_		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the toported	check this box t 17, 2006, has the organizations? the who directly or indirectly or w, the governing body of the member of a person description trolled entity of a person	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).	with perso	ons descr	ibed in (	ii) and	(vI) 1	s the		11g(ii) 11g(iii) Amount (	of mone	
_h_		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? bed in (i) above? described in (i) or (ii) above? the supported organization(s). (iii) Type of organization (described on lines 1-9	with personal (iv) is the cincol. (i) ii	ons descr	ibed in (	ii) and	(vi) i	s the		11g(ii) 11g(ii)	of mone	
_h_		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the toported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).	with personal (iv) is the control (i) in col. (i) in governing	ons descr	(v) Did y the organ	ii) and	(v[) I organizat	s the		11g(ii) 11g(iii) Amount (	of mone	
<u>h</u> (1		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the toported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the cincol. (i) ii	ons descr	(v) Did y the organ	ii) and	(v[) I organizat	s the ion in col. zed in the		11g(ii) 11g(iii) Amount (	of mone	
_h_		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the toported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(VI) I organizat (I) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
<u>h</u> (i		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(VI) I organizat (I) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
<u>h</u> (1		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(VI) I organizat (I) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
h (i		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(VI) I organizat (I) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
<u>h</u> (i		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(VI) I organizat (I) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
(A) (B)		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(VI) I organizat (I) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
h (i		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(vl) l organizat (i) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
(A) (B) (C)		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(vl) l organizat (i) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
(A) (B)		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? the who directly or indirectly ow, the governing body of the member of a person description to the controlled entity of a person following information about	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(vl) l organizat (i) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	
(A) (B) (C)		organization, Since August following per (I) A persor (iii) belov (II) A family (iii) A 35% of Provide the topo of supported	check this box t 17, 2006, has the organizations? n who directly or indirectly of the governing body of the member of a person descriptorized entity of a person following information about (ii) EIN	ontrols, either alone or together e supported organization? ibed in (i) above? described in (i) or (ii) above? the supported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	with personal (iv) is the control (i) in col. (i) in governing	ons descr organization isted in your document?	(v) Did y the organ	ii) and	(vl) l organizat (i) organi	s the ion in col. zed in the 5.?		11g(ii) 11g(iii) Amount (	of mone	

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.)

-	tion A. Public Support							
-aler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(1	f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							''
5	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)							
6	Public support. Subtract line 5 from line 4.						000000 000000	
	tion B. Total Support		·					
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(1	f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)		1			12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax ye	ear as a section 50	1(c)(3)		
	organization, check this box and stop her	re		-				▶ □
Sec	tion C. Computation of Public S		tage					
14	Public support percentage for 2013 (line 6	i, column (f) divide	d by line 11, colum	n (f))			14	- %
15	Public support percentage from 2012 Sch	iedule A, Part II, lin	e 14			_	15	%
16a	33 1/3% support test—2013. If the organ	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		
	box and stop here. The organization qua	lifies as a publicly s	supported organiza	tion				▶ [
ь	33 1/3% support test—2012, If the organ			or 16a, and line	15 is 33 1/3% or m	ore,		·····
	check this box and stop here. The organi	ization qualifies as	a publicly supporte	ed organization				▶ 🗌
17a	10%-facts-and-circumstances test-20	13. If the organizat	ion did not check a	box on line 13, 1	6a, or 16b, and line	e 14 is		—
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test,	check this box a	nd stop here. Expl	ain in		
	Part IV how the organization meets the "fa	acts-and-circumsta	nces" test. The org	anization qualifie	s as a publicly sup	ported		
	organization							▶ [
b	10%-facts-and-circumstances test-20	12. If the organizat	ion did not check a	box on line 13, 1	6a, 16b, or 17a, ar	nd line		
	15 is 10% or more, and if the organization	_						
	Explain in Part IV how the organization m	eets the "facts-and	-circumstances" te	st. The organizat	ion qualifies as a p	ublicly	•	
	supported organization			_				▶ [
18	Private foundation. If the organization di	id not check a box	on line 13, 16a, 16	b. 17a, or 17b, ch	neck this box and s	ee		
	instructions	,					4	▶ [
								· · · · · · · · · · · · · · · · · · ·

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

c	tion A. Public Support		o tooto listed be	siow, picase co	mpiete Fart II.,	<u>.                                    </u>	
aler	ndar year (or fiscal year beginning in) 🕨 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,716	40,142	298,422	219,797	418,758	1,003,835
2	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	15,836	19,082	9,942	16,070	8,900	69,830
3	Gross receipts from activities that are not an unrelated trade or business under section 513	28,074	80,953	204,188	238,339	251,180	802,734
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				20,002	231,100	802,734
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	70,626	140,177	512,552	474,206	678,838	1,876,399
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u> </u>
ь	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						.,
¢	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,876,399
	tion B. Total Support			***************************************	•		<u> </u>
len	idar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	70,626	140,177	512,552	474,206	678,838	1,876,399
0a	Gross income from interest, dividends, payments received on securities loans, rents,						<u> </u>
	royalties and income from similar sources	4,203	2,812	1,951	1,539	1,223	11,728
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						·
¢	Add lines 10a and 10b	4,203	2,812	1,951	1,539	1,223	11,728
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)	74,829	142,989	514,503	475,745	680,061	1,888,127
4	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax year			<u> </u>
ec1	tion C. Computation of Public Su	pport Percenta	ige				
5	Public support percentage for 2013 (line 8,	column (f) divided	by line 13, column	(f))		_15	99.38%
6	Public support percentage from 2012 Sched	dule A, Part III, line	15			16	98.68%
	tion D. Computation of Investmen	<u>it Income Perc</u>	entage				
7	Investment income percentage for 2013 (lin	e 10c, column (f) c	livided by line 13, o	column (f))		17	1%
8	Investment income percentage from 2012 S	Schedule A, Part III	, line 17			18	1%
9a	33 1/3% support tests—2013. If the organ		k the box on line 1	14, and line 15 is n	nore than 33 1/3%	, and line	
	17 is not more than 33 1/3%, check this box	x and stop here. T	he organization qu	alifies as a publicly	y supported organi	ization	<b>&gt;</b> 🕱
þ	33 1/3% support tests—2012. If the organi	ization did not ched	ck a box on line 14	or line 19a, and lir	ne 16 is more than	33 1/3%, and	
.0	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did						🟲 🔀

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
•	
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### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

ne of the organization

Community Organizations Active

in Disasters, Inc.

Employer identification number

20-4815891

Organization type (check one):						
Filers of	f;	Section:				
Form 99	0 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	00-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(7),	overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General	1 Rule					
_	-	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.				
Special	Rules					
_	under sections 509(a)(	organization filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % support test of the regulations 1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 0 or (2) 2% of the amount on (i) Form 990, Part VIII, Ilne 1h, or (ii) Form 990-EZ, line 1. I.				
_	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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					
990-EZ,	, or 990-PF), but it <b>mus</b>	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, it 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number Community Organizations Active 20-4815891 art l Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (¢) No. Name, address, and ZIP + 4 Total contributions Type of contribution State of Florida Division of Emergency Management 2555 Shumard Oak Boulevard 1.... Person Pavroll s 117,950 Noncash Tallahassee FL 32399 (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution Escambia County . 2.... Neighborhood Enterprise Division Person 221 Palafox Place, Suite 200 Payroll s 93,333 Noncash FL 32502 Pensacola (Complete Part II for noncash contributions.) (a) (d) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3.... United Way of Escambia County Person 1301 W. Government Street Payroll s 20,714 Noncash Pensacola FL 32502 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Corporation for National Community Service Person 1201 New York Avenue, NW Payroll s 54,287 Noncash Washington DC 20525 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5.... Centene Charitable Foundation Person 7700 Forsyth Boulevard Pavroll \$ 10,000 Noncash St. Louis MO 63105 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Name, address, and ZIP + 4 Type of contribution No. 6 Sunshine State Health Plan Person  $|\mathbf{X}|$ 1301 International Parkway

(Complete Part II for noncash contributions.)

Payroll

Noncash

\$ 5,000

Sunrise FL 33323

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public

e of the organization Employer Identification number Community Organizations Active in Disasters, Inc. 20-4815891 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ..... b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **\$** ...... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2013 Communit	y Organizat	tions Activ	e :	20-48158 <u>9</u>			Page 2
*********	rt III Organizations Maintainii	ng Collections of	Art, Historical T	<u>reasures, oi</u>	r Other Simila	ır Assets	(continue	d)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	s, check any of the fo	llowing that are	a significant use	of its		_
ı.	Public exhibition	<b>d</b> □	Loan or exchange pro	grams				
b	b Scholarly research e Other							
C	c Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and explain	n how they further the	organization's e	exampt purpose in	) Part		
5	During the year, did the organization solicit	t or receive donations	of art historical treasu	res or other sin	milar			
-	assets to be sold to raise funds rather than	to be maintained as r	or art, mistorical treest and of the organization	n'es, or outer sir	HIIAI		□ v	- N-
Pa	rt IV Escrow and Custodial A	rrangements.	out of the organization	73 Conceilor:	· <u> </u>		Yes	Νφ
100000000000000000000000000000000000000	Complete if the organization		" to Form 990, Pa	rt IV, line 9, d	or reported an	amount o	n Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contributions	or other assets i	not		_	_
	included on Form 990, Part X?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
D	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table:		_			
_	Desired a below.				<u> </u>		Amount	
c c	Beginning balance					1c		
<u>a</u>	Additions during the year			, ,		<u>1d</u>		
	Distributions during the year					_1e		
29	Ending balance	Form 000 Dest V Par			·····	<u>1f</u>	<u> </u>	<del></del>
- LO	Did the organization include an amount on	Ponn 990, Part X, line	21 /		· · · · · · · · · · · · · · · · · · ·		Yes	No
□Pa	If "Yes," explain the arrangement in Part XI  The Endowment Funds.	m. Check here if the e	xpianation has been p	rovided in Part.	XIII	<u> </u>		
20000000	Complete if the organization	on answered "Yes"	to Form 990 Pa	rt IV line 10				
		(a) Current year	(b) Prior year	(c) Two years		e years back	(4) 5+	
1a	Beginning of year balance		14/11/0/ /00/	(d) Iwo years	DDCK (D) 1131 06	years oack	(e) Four yea	ITS DECK
b	Contributions			+				
- 3	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships				<del></del> -			
	Other expenditures for facilities and						· · ·	
	programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end balance	e (line 1g. column (a))	held as:	· · · · · · · · · · · · · · · · · · ·			
а	Board designated or quasi-endowment	%						
	Permanent endowment ► %	)						
¢	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.						
3a	Are there endowment funds not in the poss	session of the organiza	ition that are held and	administered fo	or the			
	organization by:						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						l3a(ii)l	
b	ii res to sa(ii), are the related organization	ius listea as tednitea o	n Schedule R?,				3b	
4	Describe in Part XIII the intended uses of the	he organization's endo	wment funds.					
::Pa	rt VI Land, Buildings, and Equ		=					
	Complete if the organization	· · · · · · · · · · · · · · · · · · ·				<u>90, Part X</u>		
	Description of property	(a) Cost or other b (investment)	1,	I .	(c) Accumulated	1	(d) Book valu	•
	Lond		(01)		depreciation		200	070
18	Land			89,076	•	124		,076
D.	Buildings Leasahold improvements			17,888 26,570	102,	134		,754 229
	Leasehold improvements		<del></del>	6,457		982	624	,338 475
	Equipment			27,534	83,		2/2	,591
Total	Other  Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part				<u></u>	1.273	.234

(1) (6)(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 Community Organizations		20-481589		Page 4
::::E	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" to Form			turn.	
1	Total revenue, gains, and other support per audited financial statements	990, Fait IV, III	e 12a.	1 T	823,667
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			200000000	023,007
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	_2b	143,392		
c	Recoveries of prior year grants	2c			
đ	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	143,392
3	Subtract line 2a from line 1			3	680,275
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	· · · · · · · · · · · · · · · · · · ·	,,,,,	4¢	600 275
	rt XII Reconciliation of Expenses per Audited Financial	Statements W	ith Evnances per f		680,275
1040/38533	Complete if the organization answered "Yes" to Form	990. Part IV. lin	е 12a.	/erain	•
1	Total expenses and losses per audited financial statements	000, 101, 117, 117		1	729,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************		
а	Donated services and use of facilities		143,392		
b	Prior year adjustments	2b			
¢	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	<u>143,392</u>
3	Subtract line 2e from line 1			3	586,241
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)			000000000000000000000000000000000000000	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4c	
	Supplemental Information	10.)		5	586,241
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV lines 1h	and the Part V. line 4: D	art V lie	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			ait V' IIII	<del>.</del>
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DAA				Sc	hedule D (Form 990) 2013

Schedule D (Fo	<u>vm 9</u> 90) 2013	Community	Organizations	Active	20-4815891	Page 5
Part XIII	Supplemen	tal Information	(continued)			
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### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047 2013

atment of the Treasury tnternal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ, ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Community Organizations Active

Open to Public Inspection Employer identification number

in Disasters, Inc.	20-4815891
Form 990 - Organization's Mission	
To reduce the loss of life, injury, property damage,	environmental impact,
and economic loss due resulting from disasters through	gh communication,
cooperation, collaboration, and coordination between	private, public, and
non-profit organizations active in one or more phase	s of emergency
management.	
·	
Form 990, Part III, Line 4d - All Other Accomplishme	nt
Recovery - Working with other organizations to facil	itate or provide
activation of a Long-Term Recovery Committee, Human	Services referrals and
sources, volunteer management, donations management,	advocacy for survivors,
and ongoing review and updating of case management p	ractices and services.
Faith-Based - Working with the faith-based ministry	in emergency management
to arrange meals, limited donations management, dist	ributions of water,
etc.	
······································	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
The Form 990 is circulated to the Board either in pe	rson during a scheduled
Board meeting or via email for review and approval b	efore being filed.
Form 990, Part VI, Line 12c - Enforcement of Conflic	ts Policy
Due to the high reliance on volunteers and in-kind d	onations, the volume of
actual financial transactions is low. Therefore, st	aff and the Executive
Committe, based on their knowledge of the business a	
members and staff, are able to effectively identify	circumstances where a

Name of the organization

Community Organizations Active

Employer identification number

20-4815891 onflict of interest may arise and take action to ensure compliance with the policy. Staff and the Executive Committee obtain knowledge of business affiliations through various means, including an annual disclosure process. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Committee, which is independent of the Executive Director and Director of Operations & Readiness, considered comparative data from other non-profits. This comparative data included Form 990 information as well as our professional knowledge gathered from dealing with nonprofits. The Executive Committee minutes reflect the decision made after deliberation. Form 990, Part VI, Line 15b - Compensation Process for Officers The Executive Committee, which is independent of the Executive Director and Director of Operations & Readiness, considered comparative data from other nonprofits. This comparative data included Form 990 information as well as our professional knowledge gathered from dealing with nonprofits. The Executive Committee minutes reflect the decision made after deliberation. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available to the public upon request.

# **Federal Statements**

# Form 990 - Federal General Footnote

## Description

Community Organizations Active in Disasters, Inc. (dba Be Ready Alliance Coordinating for Emergencies) owns 100% of a subsidiary, BRACE, LLC. The subsidiary, BRACE, LLC, is a disregarded entity for income tax filing purposes, and has been consolidated on this return.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

4	For the 2	0.012 calendar year, or tax year beginning $0.07/0.1/12$ , and ending $0.06/3.0/1$	13		100000 STRAND PRESIDENCE STRAND			
	Check if appli			D Employ	yer identification number			
	Address char	ge in Disasters, Inc.						
=	Name change	Doing Business As		20-4815891				
	-	Number and street (or P.O. box if mall is not delivered to street address)	Room/sulte		one number			
_	Initial return	1301 W Government Street		850	-444-7135			
	Terminated	City, town or post office, state, and ZIP code	· · · · · ·		7220			
	Amended reti	m Pensacola FL 32502		_G_Gross rece	elpts\$ 479,245			
=	Application p	F Name and address of principal officer.	T	G (51048 1800				
	Whingsnouth	Greg Strader	H(a) នៃដាំន្ងែព្យ	roup return for a	sfillates? 🔲 Yes 🗓 No			
		1301 W Government Street	H(b) Are all af	llistes Include	d? Tyes No			
		Pensacola FL 32502	1		. (see Instructions)			
$\overline{}$	Tax-exempt		1					
	Website:		H(c) Group ex	emitica avab	<b>I</b>			
	Form of orga		ear of formation: 2		M State of legal domicile: ETL			
ARABARA.	art i	Summary	THE CHIMINGTON,	000	M State of tegal compale: 12 11			
9900010		efly describe the organization's mission or most significant activities:	· .					
w.								
ĕ		see schedule O			***********			
Ë				•••••	,,,			
š	2 Ch	eck this box > if the organization discontinued its operations or disposed of more than 2	-64					
Activities & Governance	1	continue of continue magnetic and the continue to the discontinue to t		1 . 1	10			
oğ ()	4 Nu	mber of voting members of the governing body (Part VI, line 1a)		. 3	_19			
:#	F T-	mber of independent voting members of the governing body (Part VI, line 1b)	••••••	4	19			
衰	5 10	tal number of individuals employed in calendar year 2012 (Part V, line 2a)			4			
×	6 To	tal number of volunteers (estimate if necessary)		6	1800			
	/a 10	tal unrelated business revenue from Part VIII, column (C), line 12			0			
	D Ne	t unrelated business taxable income from Form 990-T, line 34	Prior Ye	<u></u> 7b	0			
_	8 Co	ntributions and grants (Part VIII, line 1h)		B,422	Current Year 219, 797			
Revenue	9 Pr	parame equies revenue (Dott VIII. line 2a)		4,188	238,339			
ĕ		restment income (Part VIII, inle 2g)		7,251	1,539			
ĕ	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,942				
	12 To	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,803	16,070 475,745			
_		ante and similar amounts and (Book IV, column (A), there 4, 3)		3,003	4/5,/45			
		notite maid to as for manuface (Part IV, entrem (A), the A)			<u>~</u>			
		leries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1 5	2,862	156 606			
Š		English of Europe destriction from Artist (No. 1914).	ر لبت علم	£,002	156,686			
xpenses	,	tal fundraising expenses (Part IX, column (A), line 11e)  3 , 347		000000000000000000000000000000000000000	U			
й	1	her expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36	2,425	277 000			
		tal evagees Add lines 13-17 (must revisit Best IV, column (AS, Res 35)		5,287	377,298			
	1	venue less expenses. Subtract line 18 from line 12		$\frac{5,287}{4,516}$	533,984			
5 8		Total to any other transfer of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	Beginning of Cu		-58,239 End of Year			
Net Assets or Fund Balances	20 To	taí assets (Part X, line 16)		4,315	1,590,910			
S A	21 To	tal flabilities (Part X, line 26)		1,260	1,556,094			
36	22 Ne	t assets or fund balances. Subtract line 21 from line 20	9	3,055				
	art II	Signature Block						
U	nder penal	ties of perjury. I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kr	rowledge and hellef it is			
tr	ue, correct	, and complete. Declaration of preparer (affice than officer) is based on all information of which preparer	has any knowledo	je.	re-medge and boner, it is			
		As capty N Allado						
Sig	gna	Signature of officer		Dato				
He		Greg Strader Execu	tive Di	rector	r			
		Type or print name and tille						
	F	Print/Type preparer's name Propertyr's signature	Dale	Check	if PTIN			
Pal	d M	ichael D. Thornton	2- 0/19/	Z	nployed 200150049			
Pre	marer F	Brown Thornton Pacenta & Company, P.	·	Firm's EtN	59-3478013			
Use	e Only 🖰	P.O. Box 12484		THE PROPERTY.	OJ DITOUND			
		Firm's address > Pensacola, FL 32591	- 1,	Phone no.	850-434-3146			
Ma		discuss this return with the preparer shown above? (see instructions)		norto 110,	X Yes No			

			nizations Active	<u> 20-4815891</u>	
Part			Service Accomplishments		
	<u>C</u>	neck if Schedule O con	tains a response to any quest	ion in this Part III	X
		ribe the organization's missio edule O			
эë					***************************************
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
2 5	lid the oraș	nization undertake any signif	icant program services during the ye	grushiah was ast fisted the	
ı. If	"Yes." des	scribe these new services on	Schedule O	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
			r make significant changes in how it	conducts, any program	
	ervices?		·	·······	Yes X No
If	"Yes," des	scribe these changes on Sche	edule O.		Ties & No
4 C	escribe the	e organization's program serv	ice accomplishments for each of its	three largest program services, as measi	ured by
ė	xpenses. S	Section 501(c)(3) and 501(c)(4	) organizations are required to repor	t the amount of grants and allocations to	others.
ţi	ne total exp	penses, and revenue, if any, for	or each program service reported.	•	
			•		
fo ma	r low nagem	e waks mobile income resider ent, financial	nts, supported by literacy training	of\$ ing mitigated manufa wrap around services , youth character bu	s, including case ilding services
				***************************************	***************************************
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		• • • • • • • • • • • • • • • • • • • •			******************************
ed ex Ci co en Ma	saste ucati ercis tizen mmuni hance nagem	r coalition, wo on, financial es for children Corps and Commuty safer, strong economic stablent.	lth emphasis on em literacy and stabi n, youth, teens an munity Emergency R nger and better pr ility and serve as	esilience through a ergency preparedness lity through training dadults and the codesponse Team (CERT), epared for emergencia force multiplier	& public safety g, drills and ordination of making the es of all kinds, for Emergency
in co th em wi do	divido mmuni at inc ergeno th fun nation	uals and famili ty based disast cludes providir cy services for	les impacted by em er coalition resp ig childcare for f persons with dis like language bar emergencies.	tion of human service ergencies or disaste onsible for voluntee irst responders, proabilities, the homehoriers and coordinate	er through a ers and donations ovision of oound and others e volunteers and
	iner progra Expenses		including grants of \$	) (Revenue \$	)
	_	am service expenses 🕨	504,333	\	

			Yes	Νo
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
_	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	Х.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b></b> -	X
	candidates for public office? If "Yes," complete Schedule C, Part I			7.5
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_ 3		x
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			·-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4_	<del></del> -	X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
	Part III	_		-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	************	200000000000000000000000000000000000000	
	complete Schedule D, Part VI	11a	x	
'-	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	.,	<del></del> -	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	- 1,5	-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	, , , , , ,		
	reported in Part X, line 16? if "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	.14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	. 7		
	Part IX, column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	. ]		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

19? Note. All Form 990 filers are required to complete Schedule O

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X, Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X, 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  $\mathbf{x}$ b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part !!  $\mathbf{x}$ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301,7701-2 and 301,7701-37 if "Yes," complete Schedule R, Part I Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

20.50 A	Check if Schedule O contains a response to any question in this Part V					$\Box$
_		1 .		San San San San San San San San San San	Yes	No
L	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and					00000000000000000000000000000000000000
٦-	reportable gaming (gambling) winnings to prize winners?			1¢	X	ide Commence
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
١.	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4	200000000000000000000000000000000000000		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the			2b	X	***************************************
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
	account)?		,	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	1e				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		,			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		X
ን	If "Yes," did the organization notify the donor of the value of the goods or services provided?		,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7b		
۵	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required? N/A	7g	_	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		f			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	(444,554,555	X
9	Sponsoring organizations maintaining donor advised funds.			,	******	
а	Did the organization make any taxable distributions under section 4966?			9a	baadabaasa.	X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		x
10	Section 501(c)(7) organizations. Enter:			***********		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1		-		
•	against amounts due or received from them.)	11b				2000000000
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a	000000000000000000000000000000000000000	10000000000000
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-		20000000
	Is the organization licensed to issue qualified health plans in more than one state?			13a	44-10000000	***************
а	Note. See the instructions for additional information the organization must report on Schedule O.			134	0000000	
	Enter the amount of reserves the organization is required to maintain by the states in which					00000000
,		126				
	the organization is licensed to issue qualified health plans	13b		-		700000000
C	Enter the amount of reserves on hand	136		44-	Paris in Cal	X
l4a				14a	$\vdash$	_^_
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	<u>е О</u>	<del> </del>	14b	i .	

20-4815891 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Page 6 Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management Yes Νφ Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent h 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X, Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X, 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12<u>a</u> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," dld the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **None** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: > Greg Strader 1301 W. Government Street

Pensacola

850-444-7135

FL 32502

Form 990 (20		Page <b>7</b>
PartVIL	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emplo Independent Contractors	yees, and
	Check if Schedule O contains a response to any question in this Part VII	$\Box$
ion A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	<u></u>
organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or within the tax year.	<u> </u>
compensation	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of i. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	
<ul> <li>List all q</li> </ul>	of the organization's current key employees, if any. See instructions for definition of "key employee."	
<ul> <li>List the who received</li> </ul>	organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations.	
2 100,000 QT (	of the organization's former officers, key employees, and highest compensated employees who received more than Reportable compensation from the organization and any related organizations.	
<ul> <li>List all o organization, i</li> <li>List persons is</li> </ul>	of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the more than \$10,000 of reportable compensation from the organization and any related organizations. In the following order: individual trustees or directors; institutional trustees; officers; key employees; highest employees; and former such persons.	

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) (B) (C) (D) (E)

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		ls both an x/trustee)	(b) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	institulional trustee	Officer	Kay employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	trom the organization and related organizations
(1) Bob Greene					Γ				<u> </u>
P-ard member	1.00	x					0	0	
Scott Luth	1.00	1							
Board member	0.00	x			<u> </u>		. 0	<u> </u>	0
(3) Mark Dufva	7 00					"		"	
Board member	1.00 0.00	x					. 0	0	
(4) Mike Eddins				,					
Board member	1.00	x				_	0	O	0
(5) Brunie Emmanuel	1 00							"	
Chair Prgm & Ldrship	1.00 0.00	х		X			0		
(6) Burt Fenters	1.00								
Board member	0.00	х					0	0	0
(7) Hugh Hamilton	1.00								,
Board member	0.00	x					0	0	0
(8) Peter Robinson	1.00								
Board Member	0.00	х	Ì				о	o	o
(9) Tom Hilton									
Secretary	0.00	x		x			o	0	0
(10 Kermit E Housh									
Chair	1.00	x		х			o	0	0
(11)Sandra Jackson-N									
Board member	1.00	x					0	o	O
DAA									Form 990 (2012)

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Form 990 (2012)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization >

Part VII Section A. Officers		stce	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	·	
(A) Name and title	(B) Average hours per week (ilst any hours for	(C) Position (do not check more than on box, unless person is both a officer and a director/trustee					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual Irustee or director	Inslitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MIŞC)	(***ZF1038-MISC)	from the organization and related organizations	
(12)Greg Strader	40.00								_		
Executive Director	40.00			x				55,074	o	0	
(13)											
	. , , , , , , , , , , , , , , , , , , ,								•		
(14)											
(15)											
						ļ					
(16)											
(17)											
(18)											
(19)							$\vdash$				
1b Sub-total		,		<i></i> .			<u> </u>	55,074			
c Total from continuation she	ets to Part VII, S	Secti	ion A	١.,			r				
d Total (add lines 15 and 1c)  Total number of individuals (in	cluding but not I	imite					abov	/e) who received more than	\$100,000 in		
reportable compensation from	the organization	<u> </u>						·	<u> </u>	Yes No	
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line</li> </ul>	complete Schee	dule	J for	SUC	h ind	livid	Jal j	·		3	
organization and related organ	nizations greater	than	\$15	i0,00	007	f "Ye	sauc es," e	complete Schedule J for su	ch		
individual	a receive or acc	rue (	comp	ens	atio	n fror	n ar	ny unrelated organization or	r individual	4	
for services rendered to the or Section B. Independent Contractor		es,"	com	plete	s Sc	heđu	ıle J	for such person		5	
Complete this table for your five compensation from the organical compensation from the organical compensation.	ve highest comp	ensa	ted i	nder	enc	ient o	cont	ractors that received more	than \$100,000 of		
	(A) business address	OLINDA	ciioa	uon.	101 1	IIC C			(B) slion of services	(C) Compensation	
·							Π		*		
								**************************************			
	· · · · ·						-				
							<del> </del>		· <u>-</u>		
2 Total number of independent								ose listed above) who	· · ·		

Pan	teres en la	Check	i <b>ent of Reve</b> if Schedule (		ains a r	esponse t	o any question in f	his Part VIII		
							(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business révénue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated carr	paigns	1a						
		Membership dues 1b								
S, (	c	Fundraising ev	ents	1c						
<u>e</u> E	þ	Related organi	zations	1d						
ΣĒ	е	Government grants (	contributions)	1e		<u>14</u> 3,846				
호등	f	All other contribution								
臺臺		and similar amounts	not included above	1f		75,951				
<u> </u>	g	Noncash contribution	s included in lines 1a-	ii: \$		7,551				
<u> </u>	_h	Total. Add line	s <u>1a-1f</u>				219,797			
a	_					Busn, Code				
eve	2a	,		l Inco	me	531110	238,339			238,339
g	þ				<i></i>		-		_	
훒	С.	• • • • • • • • • • • • • • • • • • • •							• •	
Š	a				,,					
<u>ē</u>	e							<del></del>		
Program Service Revenue			am service reve			<b>&gt;</b>	238,339			
-			s 2a–2f				230,339	<u> </u>		
	3 Investment income (including dividends, interes and other similar amounts)						1,539			1,539
	4 Income from investment of tax-exempt bond pro		roceeds 🟲	1,000		"	T, 7, 2			
					r bona pi	<b>*</b>				
		Royaldos	(i) Rest		(ii) P	ersonal				
	6a	Gross rents								
	b	Less: rental exps.								
		Rental inc. or (loss)								
	d	Net rental inco	me or (loss)							
	7a	Gross amount from (i) Securities (ii)		(ii)	Other					
		other than inventory				3,500				
	b	Less: cost or other	-							
		basis & sales exps.				3,500				
	¢	Gain or (loss)								
- 1			ss)			, 🛌		*************************************	000000000000000000000000000000000000000	
40	8a	Gross income fro	om fundraising eve	ents						
Other Revenue		(not including \$				,				
ě			eported on line 1c							
7			18	a						
둜		Less: direct ex		bL						
_ {			(loss) from fund		events .					
	9a		om gaming activitie	ės.						
		See Part IV, line	1 4 7 1 1 1 1 1 1 1 1 1 1 1 1	<b>?</b> ├						
		Less: direct ex		PL	المالة المالية					
- 1.			let income or (loss) from garning activitles							
- 1	Įψa	a Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory								
	h									
				<u> </u>			*****************************	***************************************		
_						Busn. Code				
-	11a	Other Rev				900099	11,000	11,000		
	b	Annual Me				900099				
t t	č		cellanous I	ncome		900099				
ĺ	d	. ,,	iuė							
	8		s 11a-11d			<b></b>	16,070			
1.	12		See instructio			<b>&gt;</b>	475,745	16,070	0	239,878

Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must corr Check if Schedule O contains a respon:			nplete column (A).	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		experises	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	-			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		**		
4	Benefits paid to or for members		3		
5	Compensation of current officers, directors,				-
	trustees, and key employees			<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
_	persons described in section 4958(c)(3)(B)	156 686	127 206	7.5.000	
7	Other salaries and wages	156,686	137,386	16,800	2,500
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				··· ·
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	·
10 11	Payroll taxes Fees for services (non-employees):				<del></del>
a	· · · · · · · · · · · · · · · · · · ·			[	
b	Management	865	822	43	
۰	Legal	14,983	14,234	749	<u>.</u>
ď	Accounting Lobbying	21,505			
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	12,564	10,677	1,887	
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy	7,920	6,992	928	
17	Travel	13,286	12,286	500	500
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,295	5,295		
20	Interest	9,000	9,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,680	55,202	478	
23	Insurance	6,966	6,269	697	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)  Repairs and maintenance	73,777	73,560	217	
a	- · · · · · · · · · · · · · · · · · · ·	52,510	52,510		
Þ	Utilities Program supplies	26,570	26,570		
Ċ	Program supplies Uncollectable accounts	25,636	25,636		
d	A !! + 12	72,246	67,894	4,005	347
	Total functional expenses. Add lines 1 through 24e	533,984	504,333	26,304	3,347
26	Joint costs. Complete this line only if the	224/204			~ , ~ <u>~ , ~ , ~ , ~ , ~ , ~ , ~ , ~ , ~</u>
-0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				
ŌAA		· · · · · · · · · · · · · · · · · · ·		<u> </u>	Form <b>990</b> (2012)

***						<del> </del>		
		Check if Schedule O contains a response to any q	uestion ir	n this Part X				
		· ·			1	(A)		(B)
		Carl and interest transition				Beginning of year	_	End of year
	1	Cash—non-interest bearing			·····  -	211,765		109,214
	2	Savings and temporary cash investments			-	103,252		104,255
	3	Pledges and grants receivable, net			3	····		
	4	Accounts receivable, net		20,136	4	21,644		
	5	Loans and other receivables from current and former offi						
		trustees, key employees, and highest compensated emp	8					
	_	Complete Part II of Schedule L			5	***************************************		
	6	Loans and other receivables from other disqualified pers						
		4958(f)(1)), persons described in section 4958(c)(3)(B),	s and					
		sponsoring organizations of section 501(c)(9) voluntary e			ř			
ets	_	organizations (see instructions). Complete Part II of Scho	}-		6			
Assets	7	Notes and loans receivable, net					7_	
•	8	Inventories for sale or use			8			
	9	Prepaid expenses and deferred charges	r · · · · · · · · · · ·			12,996	9	14,077
	10a							
		other basis. Complete Part VI of Schedule D	10a	1,473, 139,	525			
		Less: accumulated depreciation	10b			<b>1,382,</b> 606	10c	1,333,626
	11	Investments—publicly traded securities	🏻		11			
	12	Investments—other securities, See Part IV, line 11	].		12			
	13	Investments—program-related. See Part IV, line 11	}		_13			
	14	Intangible assets		2,741		2,041		
	15	Other assets, See Part IV, line 11				819		6,053
	16_	Total assets. Add lines 1 through 15 (must equal line 34				1,734,315		1,590,910
	17	Accounts payable and accrued expenses		32,153	17	40,036		
	18	Grants payable	[		18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of	f Schedu	le D	ļ	ak 1906 da Mandar isti Onanar manunanan manunan manunan manunan manunan manunan manunan manunan manunan manunan	21	
es	22	Loans and other payables to current and former officers,	directors	3,	3			
Liabilities		trustees, key employees, highest compensated employe	es, and					
ap		disqualified persons. Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third	parties			1,606,667	23	1,513,333
	24	Unsecured notes and loans payable to unrelated third pa	nties				24	
	25	Other liabilities (including federal income tax, payables to	related	third	ļ			
		parties, and other liabilities not included on lines 17-24).	Complet	e Part X	ŀ			
		of Schedule D	,,,	****************	[	2,440		2,725
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check				1,641,260	26	1,556,094
		Organizations that follow SFAS 117 (ASC 958), check	chere 🟲	X and				
Ses		complete lines 27 through 29, and lines 33 and 34.						******
<u>ā</u>	27	Unrestricted net assets				31,051		34,816
B	28	Temporarily restricted net assets				62,004	_28	
2	29	Permanently restricted net assets					29	
Net Assets or Fund Balances		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958)	), check	here 🕨 🔲 a	nd			
9		complete lines 30 through 34.			8			
S S	30	Capital stock or trust principal, or current funds	****		L		_ 30	
ĄSS	31	Paid-in or capital surplus, or land, building, or equipment	fund				31	
÷	32	Retained earnings, endowment, accumulated income, or					32	
ž	33	Total net assets or fund balances				93,055		34,816
	34	Total llabilities and net assets/fund balances			<u></u>	1,734,315	34	1,590,910

Forn	990 (2012) Community Organizations Active 20-4815891	Page <b>12</b>
Pa	nt XIII Reconciliation of Net Assets	
	Check if Schedule O contains a response to any question in this Part XI	
1	Total revenue (must equal Part VIII, column (A), line 12)	475,745
	Total expenses (must equal Part IX, column (A), line 25)	533,984
3	Revenue less expenses. Subtract line 2 from line 1	-58,239
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	93,055
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities 6	
7	Investment expenses 7	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	34,816
Pa	rt XII Financial Statements and Reporting	
	Check if Schedule O contains a response to any question in this Part XII	
		Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_
	Schedule Q,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	-
	reviewed on a separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20 22
	separate basis, consolidated basis, or both:	
	Separate basis X Consolidated basis	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in	- 40 41
	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	
	the Single Audit Act and OMR Circular A 1222	3a X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	·   34   A
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	.   3ь

Form **990** (2012)

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

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. ► See separate instructions.

2012

inspection

ral Revenue Service

Withent of the Treasury

Community Organizations Active in Disasters, Inc.

Employer Identification number 20-4815891

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives; (1) more than 33 1/3% 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 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally Integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(l) (ii) A family member of a person described in (i) above? 11g(II) (III) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) ÉIN (îv) Is the organization (v) Did you notify (iii) Type of organization (vI) is the (vii) Amount of monetary organization In col. (I) listed in your the organization in (described on lines 1-9 organization in col support col. (i) of your (i) organized in the ebove or IRC section. governing document? support? (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

\*Part | 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.) ction A. Public Support Catendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ...... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. 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 stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 14 % Public support percentage from 2011 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test--2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2011. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization dld not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

# Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

ct	ion A. Public Support						-
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants.*)	644,279	26,716	40,142	298,422	219,797	1,229,356
2	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	19,479	15,836	19,082	9,942	16,070	80,409
3	Gross receipts from activities that are not an unrelated trade or business under section 513		28,074	80,953	204,188	238,339	551,554
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	663,758	70,626	140,177	512,552	474,206	1,861,319
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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						
С	Add lines 7a and 7b			***************************************	***************************************	200000000000000000000000000000000000000	
8	Public support (Subtract line 7c from line 6.)						1,861,319
cec	tion B. Total Support						
ar	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	663,758	70,626	140,177	512,552	474,206	1,861,319
10a	Gross income from interest, dividends, payments received on securitles loans, rents, royalties and income from similar sources	14,451	4,203	2,8 <u>1,2</u>	1,951	1,539	24,956
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,451	4,203	2,812	1,951	1,539	24,956
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not Include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					,	
	and 12.)	678,209				475,745	1,886,275
14	First five years. If the Form 990 is for the organization, check this box and stop her				ar as a section 501		<u>▶</u> 🗵
Sec	tion C. Computation of Public St	ipport Percen	tage				
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colun				
16	Public support percentage from 2011 Sch	edule A, Part III, lij	<u>ne 15 </u>				%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage			· · · · · ·	
17	Investment income percentage for 2012 (	ine 10c, column (f	) divided by line 13				<u>%_</u>
18	Investment income percentage from 2011	Schedule A, Part	111, line 17			18	%_
ť	33 1/3% support tests—2012. If the orga 17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a publ	licly supp <b>orted</b> orga	anization	▶ □
ь	33 1/3% support tests—2011, if the orga	inization did not ch	eck a box on line	14 or line 19a, and	t line 16 is more th	an 33 1/3%, and	. —
	line 18 is not more than 33 1/3%, check the	nis box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	, ▶ 凵
	Brivate foundation if the organization di	d not check a boy	on line 14, 19a, or	19b check this b	ox and see instruct	tions	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	age 4
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* 11.11		
·		

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate Instructions. Inspection of the organization Employer identification number Community Organizations Active in Disasters, Inc. 20-4815891 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization Inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) → Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ ..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues Included in Form 990, Part VIII, line 1

Sche	edule D (Form 990) 2012 Community	Organization	s Active	20	- <u>48</u> 15891	Page <b>2</b>				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
	Public exhibition	d Loan or	exchange progra	ams						
D	Scholarly research e Other									
¢										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5										
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV										
line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodi			ther assets not		<del></del>				
						Yes No				
þ	If "Yes," explain the arrangement in Part XIII	and complete the following t	able:			🗀 103 🗀 110				
		•				Amount				
C	Beginning balance				1c					
d	Additions during the year	1d								
e	Distributions during the year				1e					
f	Ending balance				46					
2a	Did the organization include an amount on F	orm 990, Part X, line 21?				Yes No				
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	on has been prov	ided in Part XIII		··· 🗀 ··· 🖂 📉				
Pa	Ift V Endowment Funds. Comp	lete if the organization	answered "Ye	s" to Form 99	0. Part IV. line 10.					
			b) Prior year	(c) Two years back		(e) Four years back				
1a	Beginning of year balance					(-)				
b	Contributions									
¢	Net investment earnings, gains, and					-				
	losses				İ					
	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	8 designation to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t					· · · · · · · · · · · · · · · · · · ·				
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance (line 1	g. column (a)) he	ld as:						
a	Board designated or quasi-endowment >	%	- , , , , ,							
þ	Permanent endowment ➤ %									
	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou		•							
3 <b>a</b>	Are there endowment funds not in the posses	ssion of the organization that	t are held and ad	ministered for th	e					
	organization by:					Yes No				
	(i) unrelated organizations					3a(i)				
	iii) related oldanizations					19*/::\				
ь	If "Yes" to 3a(il), are the related organizations	listed as required on Sched	iule R?			3b				
4	Describe in Part XIII the intended uses of the	<u>organization's endowment f</u>	บกปร							
Pa	rt V Land, Bulldings, and Equi	pment. See Form 990,	Part X, line 1	0.						
	Description of property	(a) Cost or other basis	(b) Cost or other	pasis	(d) Accumulated	(d) Book value				
		(inv≐s(ment)	(other)		depreciation	<u> </u>				
1a	Land			,076		389,076				
þ	Buildings			,888	1,675	16,213				
¢	Leasehold improvements			,570	70,043	656,527				
d	Equipment			,457	4,984	1,473				
e	Other			3,534	63,197	270,337				
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, colu	mn (B), line 10(c)	.)	<b>&gt;</b>	1,333,626				

DΑΑ

Schedule D (Fo	ım 990) 2012	Community	Organizations	Active	20-4815891	Page 5
Part XIII	Supplemen	<u>ital information (</u>	continued)			
			***************************************		***************************************	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

ment of the Treasury Revenue Service 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.

OMB No. 1545-0047
2012
Open to Public

Name of the organization

Community Organizations Active in Disasters, Inc.

Employer Identification number 20-4815891

Form 990 - Organization's Mission or Most Significant Activities
To reduce the loss of life, injury, property damage, environmental impact,
and economic loss due resulting from disasters through communication,
cooperation, collaboration, and coordination between private, public, and
non-profit organizations active in one or more phases of emergency
management.
Form 990, Part III, Line 4d - All Other Accomplishment
Recovery - Working with other organizations to facilitate or provide
activation of a Long-Term Recovery Committee, Human Services referrals and
sources, volunteer management, donations management, advocacy for survivors,
nd ongoing review and updating of case management practices and services.
Faith-Based - Working with the faith-based ministry in emergency management
to arrange meals, limited donations management, distributions of water,
etc.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Form 990 is circulated to the Board either in person during a scheduled
Board meeting or via email for review and approval before being filed.
,
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Due to the high reliance on volunteers and in-kind donations, the volume of
ctual financial transactions is low. Therefore, staff and the Executive
Committe, based on their knowledge of the business affiliations of board

Community Organizations Active

Employer Identification number 20-4815891

mbers and staff,	are able to	effectively	identify cir	cumstances	where a
conflict of intere	est may arise	and take act	ion to ensur	e complianc	e with
the policy. Staff	and the Exec	utive Commit	tee obtain k	nowledge of	business
affiliations throu	igh various me	ans, includi	ng an annual	disclosure	process.
Form 990, Part VI	Line 15a - C	ompensation	Process for	Top Officia	1
The Executive Com	nittee, which	is independe	nt of the Ex	ecutive Dir	ector and
Director of Operat	ions & Readin	ess, conside	red comparat	ive data fr	om other
non-profits. This	comparative d	ata included	Form 990 in	formation a	s well as
our professional l	cnowledge gath	ered from de	aling with n	onprofits.	The
Executive Committe	ee minutes ref	lect the dec	ision made a	fter delibe	ration.
		,		,	• • • • • • • • • • • • • • • • • • • •
Form 990, Part VI	, Line 15b - C	ompensation	Process for	Officers	,
he Executive Com	mittee, which	is independe	nt of the Ex	ecutive Dir	ector and
Director of Opera	tions & Readin	ess, conside	red comparat	ive data fr	om other
nonprofits. This	comparative da	ta included	Form 990 inf	ormation as	well as
our professional	knowledge gath	ered from de	aling with n	onprofits.	The
Executive Committe	ee minutes ref	lect the dec	ision made a	fter delibe	eration.
		4	,,,,		
Form 990, Part VI	, Line 19 - Go	verning Docu	ments Disclo	sure Explar	nation
Documents are ava	ilable to the	public upon	request.		
Form 990, Part IX	, Line 24e - O	ther Expense	s		
Description		Amo	unt		
Project managemen	t		,,,	.,,	
\$	21,171	<b>\$</b>	0	\$	0
Outside contract	services				,

ame of the organization Community Organizations Active			20 - 48158	Employer Identification number 20 - 4815891		
	\$	10,085	\$	500	<b></b> \$	0,,,
Training a	and deve	lopment		***************************************		
	\$	6,556	\$	1,639	\$	0
Direct as:	sistance	1		***************************************		
	\$	7,551	\$	0	\$	0
Telephone		,,,,,		,,,,,,,	***************************************	
	\$	5,310	<b>\$</b>	590	\$	0
Eligibili	ty scree	ning	,,	*****	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ş	5,856	\$	0	\$	0
Membershi	p dues		***************************************	*****		
***************************************	\$	3,290	\$	581	\$	0
Taxes and	license	:8		*********		
***************************************	\$	3,209	\$	357	<b>\$</b>	0
arketing	and pro	motions				
	\$	1,988	\$	0	\$	75
Printing a	and copy	ing				
	\$	1,395	\$	265	\$	200
Special e	vents			.,,	***********	
	\$	1,057	\$	0	\$	<b>0</b>
Postage						,,
***************************************	\$	426	<b>\$</b>	72	\$	72
Bank Char	ges		***			• • • • • • • • • • • • • • • • • • • •
	\$	0	\$	1	\$	0

### **Federal Statements**

#### Form 990 - Federal General Footnote

#### Description

Community Organizations Active in Disasters, Inc. (dba Be Ready Alliance Coordinating for Emergencies) owns 100% of a subsidiary, BRACE, LLC. The subsidiary, BRACE, LLC, is a disregarded entity for income tax filing purposes, and has been consolidated on this return.

## TABLE OF CONTENTS PAGE 2 OF 9

1.	Gen	eral Fund	<b>Amount Requested</b>	Tab
	Ava	ilable Funding: \$1,425,082		
	a.	ACTS (Another Chance Transitional Services)	\$ 20,000	
	b.	BARC (Bay Area Resource Council)	\$ 5,000	
	c.	BRACE	\$ 250,000	
	d.	Council on Aging	\$ 50,000	
	e.	Escambia Community Clinics	\$ 525,000	
	f.	Early Learning Coalition of Escambia County	\$ 300,000	
	g.	211 (First Call for Help)/United Way	\$ 35,000	
	h.	Foundations for the Future		No Request Submitted
	i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
	j.	Human Relations Commission	\$ 84,265	
	k.	Lakeview Center	\$ 46,498	
	1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
	m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	1
	n.	Florida Green Finance Authority (PACE)		No Request Submitted
	о.	Panhandle Equine Rescue, Inc.	\$ 20,000	
	p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	1
	q.	Pensacola Caring Hearts	\$ 13,500	
	r.	Pensacola Humane Society	\$ 25,000	
	s.	Pensacola Promise/Chain Reaction	\$ 19,000	
	t.	United Way	\$ 95,750	1
	u.	Utility Assistance Program	\$ 50,000	BCC Program
	v.	Veteran's Services		No Request Submitted
	w.	WFL Regional Planning Council	\$ 20,342	1
	х.	Wildlife Sanctuary	\$ 30,951	1
<b>Total Go</b>	eneral l	Fund \$2,089,056		



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Council on Aging of West Florida, Inc.

Agency Address:

875 Royce Street

Pensacola, FL 32503

Program Name:

Senior Services

Program Contact:

Laura M. Garrett

Contact Email:

Igarrett@coawfla.org

Contact Phone:

(850) 341-8522

25-Word Description of Program:

Through a continuum of direct services, the Council on Aging of West Florida assists adults age 60+ to function independently in their own home versus expensive premature institutionalization.

Amount Requested:

50,000.00

Amount Received Last Year, if applicable:

38,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Funds received matched \$342,000 in state/federal funds used to support an array of senior specific services including Home Delivered Meals, Senior Dining (Congregate Meals), Adult Day Health Care, Foster Grandparents, Senior Companions, In-Home Services (Homemaker, Personal Care, Respite, Companionship, Chore, etc.), Transportation, etc. Matching funds received enabled the agency to expand and continue its work serving homebound, functionally impaired, poverty stricken and rurally isolated consumers age 60+ with direct services specific to their needs.

Briefly discuss how the funding you are currently requesting will be used.

Proposed funding will be used as local match for state/federal funded direct services to adults age 60+. The continuation of financial support from Escambia County enables the Council on Aging of West Florida, Inc. to continue assisting in the provision of direct services to more than 2,000 seniors residing in Escambia County. Funds requested will allow the preservation and expansion of services to those seniors who are high-risk assessed in danger of nursing home placement if services are not received. The \$50,000 requested is vital in acquiring and retaining more than \$455,000 in state/federal funds for direct services including Home Delivered Meals, Senior Dining (Congregate Meals), Adult Day Health Care, Foster Grandparents, Senior Companions, In-Home Services (Homemaker, Personal Care, Respite, Companionship, Chore, etc.), Transportation, etc.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Partial or reduced local match may result in the reduction of state/federal funding. Each reduction severely limits the availability of services to seniors who are high-risk assessed as in danger of institutionalization. As a result of reduction or elimination of funds, seniors in need may remain on a waiting list for services for a longer time period or may be forced to seek institutional care at a higher cost to taxpayers.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Older American's Act (federal funding): 9/1 match
Community Care for Elderly (state funding): 9/1 match
Corporation for National & Community Services (federal funding): 9/1 match

#### Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1) Maintain independence
- 2) Prevent or reduce nursing home admissions
- 3) Increase nutritional intake for older adults

## Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1) 90% of program participants assessed remain living independently at reassessment
- 2) 20+ Adult Protective Services and/or emergency referred consumers are served with 90% receiving services within 72 hours of referral
- 3) 66% of new consumers assessed by a qualified staff member will improve or maintain their nutritional score at reassessment

#### Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1) From 4/1/15-6/30/15, 30 individuals were assessed and 4 were reassessed utilizing the Environment section of the State of Florida 701B assessment tool. Of those reassessed, 100% remained living independently from initial assessment to reassessment
- 2) 30 Adult Protective Services and/or emergency referred consumers were served from 7/1/14-6/30/15 with 96.67% receiving services within 72 hours of referral
- 3) 85.3% of new consumers assessed by a qualified staff member from 7/1/14-6/30/15 improved or maintained their nutritional score at reassessment



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	540,508.00	235,275.00	235,275.00
Programmatic Income	175,123.00	180,000.00	180,000.00
County Funding	62,097.00	62,500.00	74,500.00
City Funding	0.00	0.00	0.00
State Funding	1,673,813.00	1,544,808.00	1,544,808.00
Federal Funding	2,153,060.00	2,135,798.00	2,135,798.00
Memberships	0.00	0.00	0.00
Investment Income	17,679.00	0.00	0.00
Other Income	1,259,167.00	859,515.00	731,515.00
Total Income	5,881,447.00	5,017,896.00	4,901,896.00



**Expenses** 

	Most Recently Completed Budge	Current t Year Budget Year	Proposed Budget Year
Total Staffing	1,635,204.00	1,808,070.00	1,720,756.00
Salaries and Wages	1,275,207.00	1,366,580.00	1,287,032.00
Employee Benefits	359,997.00	441,490.00	433,724.00
Professional Services	43,067.00	28,000.00	28,000.00
Contractual Services	2,445,145.00	1,953,903.00	1,923,211.00
Travel Expenses	45,240.00	44,950.00	42,950.00
Rentals and Leases	30,403.00	32,900.00	32,900.00
Communication	58,967.00	63,565.00	63,565.00
Postage and Freight	12,907.00	13,000.00	13,000.00
Repair and Maintenance	33,878.00	33,200.00	33,200.00
Printing and Binding	16,867.00	17,000.00	17,000.00
Marketing and Promotion	5,158.00	6,600.00	6,600.00
Fuel	12,617.00	13,000.00	13,000.00



#### Expenses (cont.)

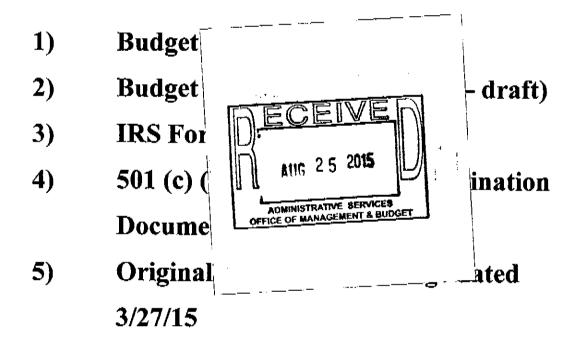
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	19,870.00	20,150.00	20,150.00
Capitalizable Assets	76,954.00	85,550.00	85,550.00
*Other Expenses	847,801	898,008	902,014
Total Expenses	5,284,078.00	5,017,896.00	4,901,896.00
Net Income	597,369.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

Building at 875 Royce Street Buildings in Cantonment & Century (Senior Dining Sites) 3 Vans Office equipment/furniture

\*\*The Most Recently Completed Budget Year is directly from the 2014 A-133 audit completed by Saltmarsh, Cleaveland, and Gund. The \$579,369 net income is due to several federal/state contract that operate on July-June and October-September fiscal years. The agency operates on a calendar year for the purposes of financial statement reporting. Any funds shown as net income are rolled into the next calendar year for completion of those contracts and the provision of direct senior services.

## **ATTACHMENTS**



## COUNCIL ON AGING OF WEST FLORIDA, INC. 2015 MASTER BUDGET - REVENUES

	etan turkini	88731 N 19070 Av.
	77.00	
OAAIIICI	\$	487,650
OAAIIIC2	\$	275,717
OAAIIIB	\$	318,665
OAAIIIE	\$	150,313
NSIP CNS-FGP	\$ \$	71,435
ADULT CARE FOOD PROGRAM	\$	524,310 15,616
VA	\$	175,000
CDBG CITY	\$	65,000
CDBG RURAL	\$	47,000
EF&S	\$	5,092
		9/869/ <b>///</b>
		<u> </u>
CCE	\$	940,935
CCDA	\$	777.75
ADI HCE	\$ \$	337,353 218,520
MEDICAID WAIVER	\$	216,320
RELIEF	\$	48,000
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GR ESC COUNTY	\$	38,000
GR SR COUNTY	\$	36,150
UNITED WAY - ESC CTY	\$	24,500
UNITED WAY ALLOC UNITED WAY CFC	\$ \$	62,000
UNITED WAY CFC UNITED WAY DESIGNATIONS	<u> </u>	2,500 15,000
UNITED WAY FSECC	\$	1,000
UNITED WAY SANTA ROSA	\$	5,000
UNITED WAY OTHER	\$	2,500
AMERICAN ELDERCARE	S	420,000
SUNSHINE TANGO HEALTHPLAN	\$	80,000
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IN-KIND	S	224,000
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PROGRAM INCOME	\$	55,000
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FUNDRAISING EVENT	\$	134,275
GENERAL REVENUE DONATIONS CIRCLE OF FRIENDS	\$	60,000
FR CAMPAIGN	\$	7,000
SEASONAL DONATIONS	\$	2,500
PUBLIC INFORMATION SPONSORSHIPS	\$	2,500
GOLF TOURNAMENT DONATION	\$	15,000
	والمراجع والمراكز	2.4
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VOLUNTEER DISCRETIONARY FUND BOARD LUNCHES	\$	350
RECOGNITION	<u>\$</u> \$	2,050
AGENCY ACTIVITY	\$	1,500
DAYCARE ACTIVITIES	\$	1,800
WEATHERIZATION	S	2,400
WHEELCHAIR RAMP	\$	500
EMERGENCY AIDE	\$	2,400
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	<b>FRUD</b>	GEI2015
WAGES	\$	1,366,580
FRINGE	\$	436,190
TRAVEL	\$	44,950
EDUCATION/TRAINING	\$	5,300
COMMUNICATIONS & POSTAGE	\$	76,565
UTILITIES	\$	36,200
PRINTING & SUPPLIES	\$	30,350
ADVERTISING	\$	6,600
INSURANCE	\$	37,900
MAINTENANCE & REPAIR	\$	33,200
SPACE COSTS	\$	32,900
EQUIPMENT	\$	33,484
PROFESSIONAL FEES/LEGAL/AUDIT	\$	28,000
VENDOR SUBCONTRACTS	\$	1,953,903
VOLUNTEER EXPENSES	\$	405,587
PROGRAM SUPPLIES	\$	6,800
FOOD SUPPLIES	\$	6,000
DUES & SUBSCRIPTIONS	\$	6,000
BANK/PAYPAL/CREDIT CARD FEES	\$	4,850
EMPLOYEE RECOGITION/ACTIVITIES	\$	1,850
BOARD ACTIVITIES	\$	8,000
SEASONAL EXPENSE	\$	2,500
EMERGENCY/MATERIAL AIDE/WEAHERIZATION	\$	5,900
DEPRECIATION	\$	85,550
VEHICLES	\$	36,840
RECORDS STORAGE	\$	5,787
REFRESHMENTS/CATERED FOOD	\$	5,110
PUBLIC INFORMATION	\$	15,650
GENERAL DONATIONS/FUNDRAISING	\$	3,700
FUNDRAISING EVENTS	\$	32,300
INTEREST EXPENSE	\$	17,000
DAYCARE ACTIVITIES	\$	3,500
IN-KIND EXPENSE	\$	224,000
WHEELCHAIR RAMP EXPENSE	\$	500
MISC EXPENSE	\$	5,700
VOLUNTEER DEPARTMENT DISCRETIONARY FUNDS	\$	350
CAREGIVER SUPPORT/TRAINING EXPENSE	\$	10,800
BAD DEBT EXPENSE	\$	1,500
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#### COUNCIL ON AGING OF WEST FLORIDA, INC. 2016 MASTER BUDGET - REVENUES (draft)

		11.5076
	Walter Co.	
OAAIIIC1	\$	487,650
OAAIIIC2	\$	275,717
OAAIIIB	\$	318,665
OAAIIIE NSIP	\$	150,313
CNS-FGP	\$	71,435
ADULT CARE FOOD PROGRAM	-3	524,310
VA	\$	15,616 175,000
CDBG CITY	- <del>S</del>	65,000
CDBG RURAL	\$	47,000
EF&S	s	5.092
	Albanda	
CCE	S	940,935
CCDA	\$	740,733
ADI	S	337,353
HCE	\$	218,520
MEDICAID WAIVER	S	
RELIEF	\$	48,000
KYANGOZO SI BIRANGO O O O O O O O O O O O O O O O O O O	Y <sup>*</sup> 2	67.70
GR ESC COUNTY	\$	38,000
GR SR COUNTY	S	36,150
UNITED WAY - ESC CTY	S	24,500
UNITED WAY ALLOC	\$	62,000
UNITED WAY CFC	\$	2,500
UNITED WAY DESIGNATIONS	5	15,000
UNITED WAY FSECC	\$	000,1
UNITED WAY SANTA ROSA	\$	5,000
UNITED WAY OTHER	\$	2,500
AMERICAN ELDERCARE	\$	300,000
SUNSHINE TANGO HEALTHPLAN	\$	80,000
NONRECURRING GRANTS	\$	4,000
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	\$	224,000
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PROGRAM INCOME	S	\$5,000
COPAY	\$	55,000 25,000
PRIVATE PAY	\$	100,000
	4 77 6	5.0000
FUNDRAISING EVENT	\$	134,275
GENERAL REVENUE DONATIONS	\$	60,000
CIRCLE OF FRIENDS	\$	14,000
FR CAMPAIGN	\$	7,000
SEASONAL DONATIONS	S	2,500
PUBLIC INFORMATION SPONSORSHIPS	\$	2,500
GOLF TOURNAMENT DONATION	\$	15,000
		فأفراه ومسافات
NO INTERPRISONARY FIRM		
VOLUNTEER DISCRETIONARY FUND BOARD LUNCHES	\$	350
RECOGNITION	\$	365
AGENCY ACTIVITY	\$	2,050
DAYCARE ACTIVITIES	\$	1,500
WEATHERIZATION	\$	2,400
WHEELCHAIR RAMP	\$	500
EMERGENCY AIDE	\$	2,400
	X - 100	7. (2)
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## COUNCIL ON AGING OF WEST FLORIDA, INC. 2016 MASTER BUDGET - EXPENSES (draft)

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	/170	20 <i>-121-301</i> 75
WAGES	\$	1,287,032
FRINGE	\$	428,424
TRAVEL	\$	42,950
EDUCATION/TRAINING	\$	5,300
COMMUNICATIONS & POSTAGE	\$	76,565
UTILITIES	\$	36,200
PRINTING & SUPPLIES	- \$	30,350
ADVERTISING	\$	6,600
INSURANCE	\$	37,900
MAINTENANCE & REPAIR	\$	33,200
SPACE COSTS	\$	32,900
EQUIPMENT	\$	33,484
PROFESSIONAL FEES/LEGAL/AUDIT	\$	28,000
VENDOR SUBCONTRACTS	\$	1,923,211
VOLUNTEER EXPENSES	\$	405,587
PROGRAM SUPPLIES	\$	6,800
FOOD SUPPLIES	\$	6,000
DUES & SUBSCRIPTIONS	\$	6,000
BANK/PAYPAL/CREDIT CARD FEES	\$	4,850
EMPLOYEE RECOGITION/ACTIVITIES	\$	1,850
BOARD ACTIVITIES	\$	8,000
SEASONAL EXPENSE	\$	2,500
EMERGENCY/MATERIAL AIDE/WEAHERIZATION	\$	5,900
DEPRECIATION	\$	85,550
VEHICLES	\$	36,846
RECORDS STORAGE	\$	5,787
REFRESHMENTS/CATERED FOOD	\$	5,110
PUBLIC INFORMATION	\$	15,650
GENERAL DONATIONS/FUNDRAISING	\$	3,700
FUNDRAISING EVENTS	\$	32,300
INTEREST EXPENSE	\$	17,000
DAYCARE ACTIVITIES	\$	3,500
IN-KIND EXPENSE	\$	224,000
WHEELCHAIR RAMP EXPENSE	\$	500
MISC EXPENSE	\$	9,700
VOLUNTEER DEPARTMENT DISCRETIONARY FUNDS	\$	350
CAREGIVER SUPPORT/TRAINING EXPENSE	\$	10,800
BAD DEBT EXPENSE	\$	1,500
	1 17 17	

## COUNCIL ON AGING OF WEST FLORIDA, INC. 2016 MASTER BUDGET - REVENUES (draft)

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OAAIIICI OAAIIIC2	\$	487,650
OAAIIB	\$	275,717 318,665
OAAIIIE	\$	150,313
NSIP	\$	71,435
CNS-FGP	S	524,310
ADULT CARE FOOD PROGRAM VA	\$	15,616
CDBG CITY	\$	175,000 65,000
CDBG RURAL	s	47,000
EF&S	S	5,092
	are a securitario	
CCE	27 12 82 27	والمتلاء ومدا
CCDA	\$	940,935
ADI	\$	337,353
HCE	\$	218,520
MEDICAID WAIVER	\$	•
RELIEF	S	48,000
LANGE OF CONTROL OF THE STREET	44	
GR ESC COUNTY	\$	38,000
GR SR COUNTY	\$	36,150
UNITED WAY - ESC CTY	\$	24,500
UNITED WAY ALLOC	\$	62,000
UNITED WAY DESIGNATIONS	\$	2,500
UNITED WAY DESIGNATIONS UNITED WAY FSECC	\$	15,000
UNITED WAY SANTA ROSA	\$	5,000
UNITED WAY OTHER	\$	2,500
AMERICAN ELDERCARE	\$	300,000
SUNSHINE TANGO HEALTHPLAN	\$	80,000
NÖNRECURRING GRANTS	\$	4,000
78	74. A.	
N-KIND	\$	224,000
	gira news	
	<u> </u>	
PROGRAM INCOME COPAY	\$	55,000
PRIVATE PAY	<u>.s</u> s	25,000
SHOTO CHE PARTY TO LEE TO LEE TO PRODUCE TO THE	20	100,000
2.47.73		
FUNDRAISING EVENT	\$	134,275
GENERAL REVENUE DONATIONS CIRCLE OF FRIENDS	\$	60,000
FR CAMPAIGN	\$	7,000
SEASONAL DONATIONS	\$	2,500
PUBLIC INFORMATION SPONSORSHIPS	\$	2,500
GOLF TOURNAMENT DONATION	S	15,000
BIF DIA SANAS AND AND AND AND AND AND AND AND AND AND		V/ <u>2-2</u>
VOLUNTEER DISCRETIONARY FUND	\$	350
BOARD LUNCHES	\$	365
RECOGNITION	S	2,050
AGENCY ACTIVITY	\$	1,500
DAYCARE ACTIVITIES WEATHERIZATION	\$	1,800
WHEELCHAIR RAMP	\$	2,400 500
EMERGENCY AIDE	\$	2,400
	$\Sigma \mathbb{N} \setminus \mathbb{N}$	1 m. (1.5)

## COUNCIL ON AGING OF WEST FLORIDA, INC. 2016 MASTER BUDGET - EXPENSES (draft)

WAGES	\$	1,287,032
FRINGE	\$	428,424
TRAVEL	\$	42,950
EDUCATION/TRAINING	\$	5,300
COMMUNICATIONS & POSTAGE	\$	76,565
UTILITIES	\$	36,200
PRINTING & SUPPLIES	\$	30,350
ADVERTISING	\$	6,600
INSURANCE	\$	37,900
MAINTENANCE & REPAIR	\$	33,200
SPACE COSTS	\$	32,900
EQUIPMENT	\$	33,484
PROFESSIONAL FEES/LEGAL/AUDIT	\$	28,000
VENDOR SUBCONTRACTS	\$	1,923,211
VOLUNTEER EXPENSES	\$	405,587
PROGRAM SUPPLIES	\$	6,800
FOOD SUPPLIES	\$	6,000
DUES & SUBSCRIPTIONS	\$	6,000
BANK/PAYPAL/CREDIT CARD FEES	\$	4,850
EMPLOYEE RECOGITION/ACTIVITIES	\$	1,850
BOARD ACTIVITIES	\$	8,000
SEASONAL EXPENSE	\$	2,500
EMERGENCY/MATERIAL AIDE/WEAHERIZATION	\$	5,900
DEPRECIATION	\$	85,550
VEHICLES	\$	36,846
RECORDS STORAGE	\$	5,787
REFRESHMENTS/CATERED FOOD	\$	5,110
PUBLIC INFORMATION	\$	15,650
GENERAL DONATIONS/FUNDRAISING	\$	3,700
FUNDRAISING EVENTS	\$	32,300
INTEREST EXPENSE	\$	17,000
DAYCARE ACTIVITIES	\$	3,500
IN-KIND EXPENSE	\$	224,000
WHEELCHAIR RAMP EXPENSE	\$	500
MISC EXPENSE	\$	9,700
VOLUNTEER DEPARTMENT DISCRETIONARY FUNDS	\$	350
CAREGIVER SUPPORT/TRAINING EXPENSE	\$	10,800
BAD DEBT EXPENSE	\$	1,500
	Marketine.	

Extended to August 17, 2015

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

<u> </u>	or the	2 20 14 calendar year, or tax year beginning and	euainā		
Во	heck if	C Name of organization		D Employer identi	fication number
	Addre		•		
$\sqsubseteq$	Name chang	Doing business as		59-1	1 <u>37</u> 3939
$\sqsubseteq$	Iniliat return		Room/suite	E Telephone numb	er
	∃final ∃Final			(85)	0 <u>)432-1475</u>
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>5,958,159.</u>
$\sqsubseteq$	Amen	Fensacola, FL 32322		H(a) Is this a group	return
	Application pendi			for subordinate	es? Yes X No
		same as C_above	·	H(b) Are all subordinates	included? Yes No
		empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) c	or 527	lf "No," attach	a list. (see instructions)
_		te: > www.coawfla.org		H(c) Group exempti	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1972	M State of legal domicile: FL
Рε	rt I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: $\S ee S$	<u>Schedu</u>	le <u>0.</u>	
Governance					
E.	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispos			
30	3	Number of voting members of the governing body (Part VI, line 1a)			
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			<del></del>
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			
Activities &	6	Total number of volunteers (estimate if necessary)			
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, line 34	······································	7t	0 -
	١_	O and the other control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr		Prior Year	Current Year
Æ	8	Contributions and grants (Part VIII, line 1h)		<u>3,875,768</u>	
Revenue		Program service revenue (Part VIII, line 2g)		1,097,510	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> 18,761</u>	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,698	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,009,737	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
		Benefits paid to or for members (Part IX, column (A), line 4)		0 000	<del></del>
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), tines 5-10)		1,806,297	
Sen		Professional fundraising fees (Part IX, column (A), line 11e)		O - Talon College of Alexander	0.
Exp		Total fundraising expenses (Part IX, column (D), line 25) 134,2		<del>" "</del>	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,014,422	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		4,820,719 189,018	
es =		Neverue less expenses, subtract line 18 from line 12			621,900.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2.6	ginning of Current Year 1,996,506	
ASS   B3	21	Total liabilities (Part X, line 26)	·····	822,595	
<u>s</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,173,911	1,771,280
	ırt II	Signature Block		<u> </u>	<u> </u>
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	my knowledge and belief, it is
		t, and complete. Deplaration of preparer (other than officer) is based on all information of wh			,
		163/		7.1	3./5
Şigr	1	Signature of officer	ጎ ለለስ	V Date	
Her		John B. Clark, President/CEO ULL V	2 (J.) (	Υ	
		Type or print name and title		•	
		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN
Paid			PA 0	7/07/15 sett-empt	oyed P00627283
Prep	arer	Firm's name Saltmarsh, Cleaveland & Gund		Firm's EIN	59-2922169
Use	Only	Firm's address 900 North 12th Avenue			
		Pensacola, FL 32501		Рьопе по. 8	<u>50-435-8300</u>
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Ves No

	rt III   Statement of Program Service Accomplishments
1 4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To assist, encourage and promote the well being of aging individuals,
	regardless of race, color or creed.
	,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule Q.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Home Delivered Meals - Nutritionally balanced noontime meals delivered
	to homebound individuals Monday through Friday from 10:30 a.m. to 1:30
	p.m.
4b	(Code:) (Expenses \$
	Congregate Meals - A neighborhood based program which offers the
	opportunity for active adults to share their noon meal with others
	their age and to participate in recreational activities, nutrition
	education, arts and crafts, and other social activities.
4c	(Code:) (Expenses \$ 462,369 including grants of \$) (Revenue \$)
	Foster Grandparents - A part of Senior Corp, a network of national
	services program that unite eligible adults with at risk children at
	such sites as schools, hospitals, detention center, and day cares.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,078,597 - including grants of \$ ) (Revenue \$ 470,210.)
4 -	
48	Total program service expenses ► 4,895,947.

			Yes	No
7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	_X_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ľ		
	public office? /f "Yes," complete Schedule C, Part /	3		X
4	Section 501(c)(3) organizations. 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	_4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes," complete			
	Schedule D, Part III	8		_X.
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		All A	2000
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	med ( Or worke)	1 ADVANCED DE	PARTE NO.
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-11	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-11	
	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		·	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
		40	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	-4-	—
1.5		امدا		v
20a	complete Schedule G, Part III	19		<u>-x</u> -
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 193 to line 204, old the organization attach a copy of its addited financial statements to this return?		990	(2014)
		FOUR	550	(44 tH)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ <u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
-	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
208	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		_X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L. Part I			
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		X
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
27	Complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		_X_
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III		i	v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27 38555	SMHATA	X
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	19 <u>11 (191</u> 7)
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Х
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_23	71	
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	l	_x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schodula O	1 20 1	v	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter :0: if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return \_\_\_\_\_\_ 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 1/2 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3а b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ...... 3ъ 4a 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)? ..... 4a b If "Yes," enter the name of the foreign country: 21 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? х 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? \_\_\_\_\_ 6b Organizations that may receive deductible contributions under section 170(c). بنو السوس a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the 13 7 67 100 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders ..... Gross income from other sources (Do not net amounts due or paid to other sources against 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .... Did the organization receive any payments for indoor tanning services during the tax year? Х 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Form 990 (2014) Council on Aging of West Florida, Inc. 59-1373939 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7.	41 1 1	1, 3,
	If there are material differences in voting rights among members of the governing body, or if the governing	١.	11.	5
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		7.7	
ь	Enter the number of voting members included in line 1a, above, who are independent	141		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1.11
_	officer, director, trustee, or key employee?	2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?			
5		5		X
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Once of	_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	44/9.5		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	. X	
9	is there any officer, director, trustee, or key employes listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			7. 17.7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	- <u>A</u>	125.70
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		100	
_	The organization's CEO, Executive Director, or top management official			
		15a	X	<del></del>
0	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_15b	Δ	1000
16.	·	11 /		
.va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			•
4	* * *	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	6.1.1	1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		*** ***	• '
200	exempt status with respect to such arrangements?	16b		
	• • • • • • • • • • • • • • • • • • • •			
17	List the states with which a copy of this Form 990 is required to be filed None			<u>_</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	I¢	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	<u>Laura Garrett - (850)432-1475</u>			
	875 Royce Street, Pensacola, FL 32503			

Form	990	(2014)	ı
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Council on Aging of West Florida, Inc.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustoe, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per week	I Ido not check more than one						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trussee or director	Institutional Arustee	Decur	Key employee	the organization (W-2/1099-MISC)	organization	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DeeDee Davis	1.00									
Chairperson		X		Х				0.	0.	0.
(2) Caron Sjoberg	1.00	]								
<u>First Vice Chairperson</u>		X	_	X				0.	0.	0.
(3) Robert Mills	1.00									-
Second Vice Chairperson		Х		X				0.	0.	0.
(4) J. M. Novota	1.00									
Treasurer		X		X				0.		0.
(5) P.C. Wu	1.00									
Secretary		X		X				0.	0.	0.
(6) Lorenzo Aguilar	1.00	į						•		
Member		X						. 0.	0.	0.
(7) Malcom Ballinger	1.00					:				
Member		X						0.	0.	0.
(8) Dr. James R. Barnett	1.00									
Member		X	ļ					0.	0.	0.
(9) Sonya Daniel	1-00									
Member		X	_					0.	0.	0.
(10) Rabbi Joel Fleekop	1.00									
<u>Member</u>		X						0.	0.	0.
(11) Dr. Thomas Lampone	1.00							_ '	_	_
Member	1 00	X						0.	0.	0,
(12) Kathleen Logan	1.00									_
Member		X						0.	0.	0.
(13) Lumon May	1.00							^		_
Member		Х	_	_		_	$\dashv$	0.	0.	0,
(14) Larry Mosley	1.00	.,								~
Member	1.00	X						0.	0.	0 .
(15) John Peacock	1.00	х						0.	0.	
Member	1.00	┝						U •	0.	0.
(16) Tara Peterson	1.00	x						0 -	0.	Δ.
Member	1.00		-			-		<u> </u>		0.
(17) Diane L. Scott	1.00	x	ſ					0.	0.	0.

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

٥.

0.

0,

0.

0.

0.

0.

26,003.

0 .

0.

40.00 (25) John Clark Х 103,785. CEO/President 0 13,418. 40.00 (26) Laura Garrett Х 87,466 12,585. Executive Vice President 191,251 0. 26,003. 1b Sub-total c Total from continuation sheets to Part VII, Section A 0. О.

0

191,251

d Total (add lines 1b and 1c) ...... Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 🕨

Yes Νo Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 17 Asset 14 34 34 1 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 1000 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ...... Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Valley Innovative Foods		
P.O. Box 5454, Jackson, MS 39288	Meals	899,021.
TLC Caregivers		
4400 Bayou Blvd., Pensacola, FL 32503	In-Home Services	394,615.
Superior In-Home Care, Inc., 2400 West		
Michigan Avenue Unit 21, Pensacola, FL	In-Home Services	220,072.
Home Instead Senior Care, 100 North Spring		
Street, Pensacola, FL 32502	In-Home Services	218,572.
Home Delivery Incontinent Supp (HDIS),		
9385 Dielman Industrial Drive, Olivette,	In-Home Services	172,826.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	MARKET STATES
\$100,000 of compensation from the organization > 5		

Member

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c c e f f	Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f Contracts Fed/State Medic Private Pay/Fee	nons) 1e 4, s, and e 1f  aid Wai for Se	Business Code 900099 900099 900099	5,098,121. 507,753. 121,475. 103,485.	507,753. 121,475. 103,485.	revenue	512 - 514
grai Ret	0	<u>Co-Pay/Assessed</u>	Fees/P	900099	18,676.	18,676.		
Pro	f	All other program service rever	nue	900099	2,453.	2,453.		
_	9	Total, Add lines 2a-2f		<b>&gt;</b>	753,842.	<b>WEALTHANDSON</b>	UKALUKAN PERK	WEEKENELEH VURVER
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	exempt bond p	proceeds	42,210.	42,210.		
	b	Gross rents	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 24,838.	(ii) Other		10.3		
60	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising		·	0.			
Other Revenue		including \$ 120,0 contributions reported on line.  Part IV, line 18  Less: direct expenses.  Net income or (loss) from funda-	1 <i>c</i> ). See a b	38,160. _28,298.	9,862.			9,862.
	9 a b	Gross income from gaming act Part IV, line 19 Less: direct expenses Net income or (loss) from gami	ivities. See a. b					
	10 a	Gross sales of inventory, less r and allowances Less: cost of goods sold Net income or (loss) from sales	eturns a					
	11 a b c		evenue	Business Code 900099	% /************************************	988.	e in the Albai	
	đ	All other revenue		<u> </u>	0.00	Alter Agreeties in	Janes en planting the Control	Aud Jack St. St. St.
ļ	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			988. 5,905,023.	797,040.	0 -	9.862.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b. Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members (45 M-154 - 154 - 154 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 - 155 Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 1,269,459. 788,224. 415,860. 65,375. Pension plan accruals and contributions (include 48,041. section 401(k) and 403(b) employer contributions) 29,818 16,182. 2,041. 119,327. 74,063. 40,194. Other employee benefits 5,070. 192,629 119,560. 64,884. 10 Payroll taxes 8,185. Fees for services (non-employees): Management ..... 895 412 Legal 483. 25,700. 11 822. 13,878. Accounting Lobbying FRANCISCHE GERMANNEN FRENT ER STERFER FREIZH Professional fundraising services, See Part IV, line 17 Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, 16,472. 7,577 column (A) amount, list line 11g expenses on Sch O.) 8,895. 5,158. 2,248 12 Advertising and promotion 2,581. 329. 13 Office expenses 112,035. 55,003. 45,545. 11,487. 1,237. 742 Information technology 14 383. 112. Royalties ..... 15 45,202. 65,634. 19,319 16 Occupancy .113 45,240. 17 38,449, 5,778. Travel 1,013. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 16,408. 16,408. 20 Interest Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization 76.954 <u>76,954</u> 33,417 17.135 15,442.23 Insurance ..... 840. Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ...... Subcontractor Expense 445,145. 2,444,640. 505 Volunteer Expense 457,012. 457,093. 14. 67. c Program Supplies 135,861. 90,150. 45,081. 630. d <u>Allocation</u> of managemen 0. 554,854. -587,683. 32,829. 216,418. 159,036. <u>52,194.</u> 5,188. All other expenses Total functional expenses. Add lines 1 through 24e 5,283,123. 4,895,947. 252,897. 134,279. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X | Balance Sheet

		Balance Sheet  Check if Schedule O contains a response or not	e to an	v line in this Part X			
				,	(A)		(B)
	,				Beginning of year		End of year
	1	Cash · non-interest-bearing	,,,,,,,,,,		379,340.	1_	779,045.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			552,331.	4	681,047.
	5	Loans and other receivables from current and fo			Visita (1871)	5000	
ļ		trustees, key employees, and highest compensa	ated en	plovees. Complete		1,2	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali			ALMANATURA BARANTANA	Section 1	
		section 4958(f)(1)), persons described in section		•			V9/45/3/10/4/4/2020
		employers and sponsoring organizations of sect		•			
s		employees' beneficiary organizations (see instr).			Anger Pagan was been been been better better better 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 1991 in 19	6	TV NOVER DEN TREGET FOR TYPE 199 GARACTUS.
Assets	7	Notes and loans receivable, net				7	<del></del>
As	8					8	
	9	Inventories for sale or use Prepaid expenses and deferred charges			1,103.	9	914.
	_	Land, buildings, and equipment: cost or other	ï			( ////// ) ( /////// )	914 •
	108		40-	1 510 014	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	$I_{i}(p)$	
ŀ		basis. Complete Part VI of Schedule D		732,771.		Profile I	
		Less: accumulated depreciation			757,356.		777,243.
	11	Investments - publicly traded securities			201 200	11	160 550
	12	Investments - other securities. See Part IV, line 1			301,328.	12	468,759.
	13	Investments - program-related. See Part IV, line				13	<u> </u>
	14	Intangible assets			5.040	14	
	15	Other assets. See Part IV, line 11			5,048.	15	5,048,
	16	Total assets. Add lines 1 through 15 (must equa			1,996,506.	16	2,712,056.
	17	Accounts payable and accrued expenses			479,790.	17	612,981.
	18	Grants payable				18	
	19	Deferred revenue			2,798.	19	0.
	20	Tax-exempt bond liabilities				20	<u> </u>
	21	Escrow or custodial account liability. Complete f	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former				797.	1/4/65/45/ (\$15/46) \$1/46/
		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ted thi	d parties	323,996.	_23_	312,577.
	24	Unsecured notes and loans payable to unrelated	d third (	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			16,011.	_25	15,218.
	26	Total liabilities. Add lines 17 through 25			822,595.	26	940,776.
ŀ		Organizations that follow SFAS 117 (ASC 958	), chec	k here 🕨 🗶 and	1855 CAR PROPERTY 1951 (1951)	14 Sep	AND WELL AND THE CO.
S		complete lines 27 through 29, and lines 33 an			San San San San San San San San San San	14.77.	
<u>5</u>	27	Unrestricted net assets	, , . ,		1,173,911.	_27	1,771,280.
<u> </u>	28	Temporarily restricted net assets				28	
9	29			/144/ <u></u>		29	
Ē		Organizations that do not follow SFAS 117 (A			Material Materials	7.7	A transfer of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the
5		and complete lines 30 through 34.			MAGANAMENT ALVE	[	
2	30	Capital stock or trust principal, or current funds		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30	L
Ž	31	Paid-in or capital surplus, or land, building, or eq				31	
• [	32	Retained earnings, endowment, accumulated in				32	
75					1 170 011		1 771 000
Net Assets or Fund Balances	33	Total net assets or fund balances			1,173,911.	33	1,771,280.

	1990 (2014) Council on Aging of West Florida, Inc.	59-	1373	939	Pad	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	•••••				
				٠,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,90	5.0	23.
2	Total expenses (must equal Part IX, column (A), line 25)	_2		, 28		
3	Revenue less expenses. Subtract line 2 from line 1	3				00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,17		
5	Net unrealized gains (losses) on investments	5				<u>31.</u>
6	Donated services and use of facilities	6	-			
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				٥.
1Q	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	_ 1	,77:	L,2	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1445	ny izy	<b>数数约</b>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			10 (4) 10 (4)		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			500	多数
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			1500	4.	
b	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:				\$ B	
	X Separate basis Consolidated basis Both consolidated and separate basis					2.23
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1.6	Little and the second
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				10 (19) 10 (19)	77/26 (S) (S) (S)
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		lit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	bus ber	it	. [	ŀ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form 9	990 (	2014)

#### SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization

Council on Aging of West Florida, Inc. Employer identification number 59-1373939

1.5	irt i	Reason for Public	Charity Status	All organizations must co	omplete th	nis part.) Se	ee instructions.	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11, o	heck 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.)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organia						the hospital's name.
		city, and state:					, , ,	,
5		An organization operated f	or the benefit of a co	ollege or university owner	d or opera	ited by a g	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv), (0						
6		A federal, state, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).	
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public of						public described in		
section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contributi	ons, membership fees, a	nd gross receipts from
		activities related to its exer						
		income and unrelated busi						
		See section 509(a)(2). (Co						
10		An organization organized	and operated exclus	sively to test for public sa	ıfety. See	section 50	09(a)(4).	
11		An organization organized	and operated exclus	sively for the benefit of, to	mohed c	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	rganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). C	heck the box in
	_	_ilnes 11a through 11d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 11e, 11f, and 11g.	
a		Type I. A supporting organic	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organizati			a majority	of the dire	ctors or trustees of the s	upporting
	_	organization. You must o						
b		Type II. A supporting org						
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	st 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 organizatio	n(s) (see instruction:	s). You must complete f	Part IV, Se	ections A,	D, and E.	
d		☐ Type III non-functionally						
		that is not functionally in						veness
	,	requirement (see instruct						
e	<u> </u>	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	i that it is a	ı <b>T</b> ype I, Type II, Type III	
		functionally integrated, o	r Type III non-functio	mally integrated supporti	ing organi	zation.		
f		er the number of supported (						
9		vide the following information			V:- 3 /- 45			
	·		the total in the list of in your			(v) Amount of monetary support (see	(vi) Amount of	
		or garneas or i				document?	Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	,	" " " " " " " " " " " " " " " " " " "
						:		
_							****	
								<del></del>
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Tota	d					[n]		

Schedule A (Form 990 or 990 EZ) 2014 Council on Aging of West Florida, Inc. 59-1373939 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 5,096,017 4.782.225 4 336 501 3 875 768 5,712,566 23,803,077, 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ....... 5,096,017 4,336,501 782 225 875,768 23,803,077, 5 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) 6 Public support. Subtract line 5 from line 4 23,803 077. Section B. Total Support Calendar year (or fiscal year beginning in) 📂 (c) 2012 (a) 2010 (b) 2011 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 5,096,017 4 336 501 4 782 225 3.875.768 5,712,566 23,803,077, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 194 and income from similar sources ... 2,330 5,356. 17,530. 42,210. 67,620. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 20,866 181 988 38,894. Tarretta (18 Janea) (B.E.Parakaningens) (Arrettanianingens) 11 Total support. Add lines 7 through 10 y No. 3, 44, 49, 41, 44. AND PHANCE THE WHAT 12 Gross receipts from related activities, etc. (see instructions) 3,85<u>8,623.</u> 13 First five years. 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 stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 99.55 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 \_\_\_\_\_\_ [ 15 99.61 .% 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and			7-7	, <u>, , , , , , , , , , , , , , , , , , </u>		(17 1012)			
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,					··				
_	merchandise sold or services per-					1				
	formed, or facilities furnished in					ì				
	any activity that is related to the									
_	organization's tax-exempt purpose	<del></del>								
3	Gross receipts from activities that									
	are not an unrelated trade or bus-	İ			ł					
	iness under section 513				ļ					
4	Tax revenues levied for the organ-					,				
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total, Add lines 1 through 5									
78	Amounts included on lines 1, 2, and						1			
	3 received from disqualified persons						<b>_</b>			
Ł	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									
(	Add lines 7a and 7b									
8	Public support (Subtract line 7c from line 5.)	Pintendapusika Kalenda	AMAGNIC TO MIN	HATTEN STEELS IN 1884	EXPERIMENTATIONS.	Herrica de la composição				
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
9	Amounts from line 6		•							
10a	Gross income from interest,									
	dividends, payments received on			II						
	securities loans, rents, royalties and income from similar sources	] ;								
ь	Unrelated business taxable income	· · · ·					_			
	(less section 511 taxes) from businesses				]					
	acquired after June 30, 1975									
c	Add lines 10a and 10b									
11	Net income from unrelated business									
	activities not included in line 10b,	1								
	whether or not the business is regularly carried on									
12	Other income. Do not include gain					-				
_	or loss from the sale of capital									
12	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)			1 6		- 50-4-1401				
14	First five years. If the Form 990 is for				•					
30/	check this box and stop here tion C. Computation of Publ	lic Support Per	reantaga				<b>-</b>			
	Public support percentage for 2014 (			shime (6)		45				
	Public support percentage for 2014 ( Public support percentage from 2013					15				
	tion D. Computation of inve			······································	······································	16	<u></u>			
	T			no 12 notice— /6\		42				
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)										
						18	<u>%</u>			
19a 33 1/3% support tests - 2014. 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 stop here. The organization qualifies as a publicly supported organization										
L			-				<b>-</b> []			
O	33 1/3% support tests - 2013. If the	-								
20	line 18 is not more than 33 1/3%, che <u>Private foundation.</u> If the organization						······			
	<u>r rivarę journation, it trie organizanc</u>	/ii ala not check a l	DOX OR IMP 14, 19:	a, or 190, check th	us dox and see ins	structions				

### Schedule A (Form 990 or 990 EZ) 2014 Council on Aging of West Florida, Inc. 59-1373939 Page 4

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Fart I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a 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 Part VI, 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990).
- 8 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).
- 9a 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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.)

	Yes	No
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	edule A (Form 990 or 990 EZ) 2014 Council on Aging of West Florida, Inc. 59-	137 <u>39</u> 3	9 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	· ·
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		34,76	1.5
	below, the governing body of a supported organization?	1 1a		<u> </u>
þ	A family member of a person described in (a) above?	11b		_
G		11c		$\overline{}$
	tion B. Type I Supporting Organizations	110		
			V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	T	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	4777.	100	
	•	10/24	7/7	\$7.79
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	7 / WAR (2007)	100	
	controlled the organization's activities. If the organization had more than one supported organization,	14000	有样	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Sec. 3.81	40 Na 1/2 1/2	N. 92. 4
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	140 (150 (11) 180 (11)	ASSECT.	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Modelli	100	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		18.00	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	172.75	13000
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1960
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	14/22/18/08/09	1727971	TABLE SER
Sec	tion D. Type III Supporting Organizations	1, 1		
	ACT D. Type III dapper and digunizations	_		
4	Did the examplesting provide to each of its supported associations. No the least develop 5th and the state	18 84 7 7 50	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		#\P\	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	- W. W. W.	3	1300/
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1944/7	(10.00 L)	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		129 y	7
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	4.875.7	1	1.74
	the organization maintained a close and continuous working relationship with the supported organization(s).	_ 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	17.44 (m/g/d)	$\mathcal{A}_{\mathcal{G}}^{(k)}(\mathcal{A}_{\mathcal{G}})$	1946:75
	significant voice in the organization's investment policies and in directing the use of the organization's	1.75 M	2 /	77
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.39.76	179. 17	$\mathbb{F}_{\ell_2}[k]$
	supported organizations played in this regard.	3		1
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	s):		
a	The organization satisfied the Activities Test. Complete line 2 below.	-7.		
ь	The organization is the parent of each of its supported organizations, Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	1	
2	Activities Test. Answer (a) and (b) below.	, 30 GC GOMA	Yes	Nt-
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	F1779 5 37	3/3	No_
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			L. ''
	- · · · · · · · · · · · · · · · · · · ·		λŽ.	
		79	75 5 E	
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1.7	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1 : 5 %	4	
	activities but for the organization's involvement,	<u>2b</u>		
3	Parent of Supported Organizations. Answer (a) and (b) below.			100
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.	За		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1.7		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

School Pa:	dule A (Form 990 or 990 EZ) 2014 Council on Aging of Wes rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			<u>9-1373939 Page 6</u>
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must contain the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content	_		ictions, All
Sect	ion A - Adjusted Net Income	mpiete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	-	
4	Add lines 1 through 3	4		"
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	_ <del>_</del>		
Ū	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	1.1	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Optional)
	instructions for short tax year or assets held for part of year):		And the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	
a	Average monthly value of securities	1a		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	V/2-26.		
_	factors (explain in detail in Part VI):		taning to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PA
3	Subtract line 2 from line 1d	3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	- - <u>-</u>		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	B		
Sect	ion C - Distributable Amount		The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	172 6 Mondald (20 John 6. 1 188 16)	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	SANATES ASSESSED BY	
4	Enter greater of line 2 or line 3	4	KENDER DE DE DE BESTE BESTE DE LA SECONO DE LA SECONO DE LA SECONO DE LA SECONO DE LA SECONO DE LA SECONO DE L	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<b> </b>		
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	grization (see
		,		

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 Council on Aq tV   Type III Non-Functionally Integrated 509	<u>ing of West Fl</u>	orida, Inc. 5	<u> 1373939 Page 7</u>
	on D - Distributions	tanor oupporting org	ariizations (commaca)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		- Content rear
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposition			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions, Add lines 1 through 6.		···	
8	Distributions to attentive supported organizations to which to	he organization is responsive	9	· · ·
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
_	Distributable amount for 2014 from Section C, line 6	las nella enacetta kasasa et es brote. Vacenda del	Pre-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014	PROTECTION OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PROTECT OF THE PRO		Dient Kirke inn in der Steine der Steine der Steine der Steine der Steine der Steine der Steine der Steine der
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Villa i i i i i i i i i i i i i i i i i i	
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c	EERSE EE STANDEN DE STANDEN DE STANDEN DE STANDEN DE STANDEN DE STANDEN DE STANDEN DE STANDEN DE STANDEN DE ST			
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e	From 2013			
1	Total of lines 3a through e		44440000000000000000000000000000000000	7858 <b>18</b> 58 <b>1868 2</b> 67 267 2
9	Applied to underdistributions of prior years	CAS CANAGONIA DE POR CAPACIÓN DA CARRA		SECTION AND ASSESSED.
h	Applied to 2014 distributable amount		1000 Stocker Stocker	
<u>i</u>	Carryover from 2009 not applied (see instructions)	38 4 4 5 7 m 1 24 1 7 W 1 3 4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
<u>. i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7; \$		A STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF S	
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_ <u>c</u>	Remainder, Subtract lines 4a and 4b from 4.	ing a sa Nasa (1982) na ang kalabang kanang kalaban kanang kanang kalaban kanang kanang kanang kanang kanang k Kanang kanang		749/88/1953/9/48/30 <b>3</b> 7/1969/3
5	memaining underdistributions for years prior to 2014, if			ense de les seus de la company de la company de la company de la company de la company de la company de la comp
	any. Subtract lines 3g and 4a from line 2 (if amount			
-	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h	The second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of the Second of th	Prof. Tricker Color-Section Action	
6	and 4b from line 1 (if amount greater than zero, see			
	instructions).			•
7	Excess distributions carryover to 2015. Add lines 3j		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SANGER OF SERVICE PORTURAL REPORTS (1981)
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Als	o complete this part for an	y additional inform	ation. (See ins	tructions),	 		Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.  Also complete this part for any additional information. (See instructions).					
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### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047

2014

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Employer identification number

	Council on Aging of West Florida, Inc. 59-1373939						
Organization type	e (check one):						
Filers of:	Section:						
Form 990 or 990 E	EZ X 501(c)( 3 ) (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						
General Rule	ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
sections any one of or (ii) For  For an or year, tota	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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, m 990-EZ, line 1. Complete Parts I and II.  rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the all contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for						
For an or year, con is checke purpose.	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. Do not 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						
but it must answe	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule 8 (Form 990, 990-EZ, or 990-PF), or "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

<u>Council</u>	on	Aging_	of	West	_Florida	, Inc.

59-1373939

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Corporation for National and Community Service  1201 New York Avenue, NW Washington, DC 20525	\$ <u>544,294.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
2	U.S. Department of Health and Human Services  200 Independence Avenue, S.W.  Washington, DC 20201	\$ <u>1,460,820.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. 3</u>	U.S. Department of Housing and Urban Development  451 7th Street S.W.  Washington, DC 20410	\$115,402.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	U.S. Department of Agriculture  1400 Independence Ave., S.W.  Washington, DC 20250	\$ <u>31,544.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	U.S. Department of Homeland Security  245 Murray Lane S.W.  Washington, DC 20528	\$1,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Employer identification number

### Council on Aging of West Florida, Inc.

<u>59-1373939</u>

Part II	Noncash Property (see instructions), Use duplicate copies of Part II if	additional space is needed.	
(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
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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Name of or	ganization	,	Employer identification number		
Counc	il on Aging of West Flor	rida, Inc.	59-1373939		
Part III	Exclusively religious, charitable, etc., contrible year from any one contributor. Complete completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additional	ibutions to organizations described i olumns (a) through (e) and the follow , charitable, etc., contributions of \$1,000 or I al space is needed.	59-1373939 in section 501(c)(7), (8), or (10) that total more than \$1,000 for ring line entry. For organizations leas for the year. (Enlet this into conce)  \$\Bigsir \frac{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sign{\sq}\sqrt{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
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·		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
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Ì		(e) Transfer of gift	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
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	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-C   Complete if the organization is exempt under section 501(c) or is a section 527 organization.    Provide a description of the organization is direct and indirect political campaign activities in Part IV.   Political expenditures   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   So		(5), or (6) organiza:	tions: Complete Part III.			
Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures  Volunteer hours  Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Ves No  Was a correction made?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Ves No  Port Isc Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function activities  Total exempt function oxpenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Did the filing organization file Form 1120-POL for this year?  Did the filing organization file Form 1120-POL for this year?  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter 0- formity addirectly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization.	•					
Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures  Volunteer hours  Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Ves No  Was a correction made?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Ves No  Was a correction made?  If the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function activities  Total exempt function oxpenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Did the filing organization file Form 1120-POL for this year?  Did the filing organization file Form 1120-POL for this year?  In the remaining organization is the filing organization is the filing organization organization for sectived that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from form filing organization organization for promptly and directly delivered to a separate political organization.		Council	on Aging of Wes	<u>st Florida,</u>	Inc.	59-1373939
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2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.  Part I=C	1 Enter the amount	of any excise tax	incurred by the organization un	der section 4955	<b>▶</b> \$	
If the organization incurred a section 4955 tax, did it file Form 4720 for this year?    Yes   No   No   No   No   No   No   No   N						
As a correction made?    b   f "Yes," describe in Part IV.   Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).    I   Enter the amount directly expended by the filing organization for section 527 exempt function activities   \$	3 If the organization	n incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
Part IfC   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4a Was a correction	made?				Yes No
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filing organization's contributions received and funds. If none, enter 0. promptly and directly delivered to a separate political organization.	5 Enter the names, made payments. contributions rece	addresses and en For each organiza eived that were pro	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 po id from the filing organi a separate political org	olitical organizations to whic ization's funds. Also enter th panization, such as a separa	h the filing organization e amount of political
	(a) Nan	ne	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization.
			•			
	•					
	-		···			

Schedule C (Form 990 or 990-EZ) 2014  Part II-A Complete if the organization	<u>Council on</u> ganization is exe	<u>Aging of We</u> mpt under sectio	st Florida, n 501(c)(3) and fi	<u>Inc. 59-1</u> led Form 5768 (e	373939 Page 2 lection under									
section 501(h)).														
			n Part IV each affiliated	i group member's nam	e, address, EIN,									
	ire of excess lobbying	•												
B Check 🟲 🔃 if the filing organiza	ation checked box A a	<u>nd "li</u> mited control" pro	ovisions apply.											
	its on Lobbying Expe ditures" means amo	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals									
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)												
b Total lobbying expenditures to inf														
c Total lobbying expenditures (add	lines 1a and 1b)	-, ·, ·, ·, ·, ·, ·, ·,	***************************************											
d Other exempt purpose expenditures														
e Total exempt purpose expenditure	es (add lines 1c and 1	d)	••••••		"									
Total exempt purpose expenditures (add lines 1c and 1d)     Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
If the amount on line 1e, column (a)		bying nontaxable am												
Not over \$500,000		the amount on line 1e			2000									
Over \$500,000 but not over \$1,00		00 plus 15% of the exc												
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc												
Over \$1,500,000 but not over \$17		00 plus 5% of the exce												
Over \$17,000,000	\$1,000,			Maria de la Carta										
-														
g Grassroots nontaxable amount (e	nter 25% of line 1f)	" "												
h Subtract line 1g from line 1a. If zer					<u> </u>									
i Subtract line 1f from line 1c. If zer	o or less, enter 0													
j If there is an amount other than ze														
reporting section 4911 tax for this				F	Yes No									
(Some organizations t	4-Year Ave hat made a section 5 See the separ	eraging Period Under iO1(h) election do not ate instructions for li	section 501(h) have to complete all nes 2a through 2f.)											
· · · · · · · · · · · · · · · · · · ·	Lobbying Expe	nditures During 4-Yea	ar Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total									
_2a Lobbying nontaxable amount			,											
b Lobbying ceiling amount														
(150% of line 2a, column(e))		Control Section (Control Control		Marie Carlotte Control of Control										
c Total lobbying expenditures														
d Grassroots nontaxable amount														
e Grassroots ceiling amount (150% of line 2d, column (e))														
f Grassroots lobbying evpenditures					···									

# Schedule C (Form 990 or 990 EZ) 2014 Council on Aging of West Florida, Inc. 59-1373939 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	2)	(b)	
of th	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or	1771			1000
	local legislation, including any attempt to influence public opinion on a legislative matter	100			1.
	or referendum, through the use of:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1.00	Sin Mil.	Bawan in in
а			X	Ling of March	
ь			X		10/4/2014
С			x		
d			х	"	
ę	Publications, or published or broadcast statements?		X	-	
- 1	Grants to other organizations for lobbying purposes?		x		-
ä	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u>x</u>		
b h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
		x			
'	***************************************		SANGERS SANGER		
7	Total. Add lines 1c through 1i	University and the second	3240.324.0354.03c		. O
	refuse in a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	HARMAN AND AND AND AND AND AND AND AND AND A	NORTHER AND AND AND AND AND AND AND AND AND AND		hringining.
b	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912	4 (A) Mari 14	344		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	an and a supple	Carrier and the	amandining manager and disco-	
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	====	(5)	Termerate	
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 504(-)(2)	on 501(c)	(5), or se	ction	
	501(c)(6).		_		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
rar	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4), section 501(c)(4)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par	t ill-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal	Y Figure		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
h	Carryover from last year		<u>20</u>		
c	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	**************	2c		
			<u>3</u>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		V-0.716679.71		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical	100		
_	expenditure next year?		4		
	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		<u>4</u>		
>ar	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information		<u>4</u>		
<b>Par</b> Provi	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)		<u>4</u>	ınd 2 (see	
<b>Par</b> rovi istru	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.		<u>4</u>	and 2 (see	
<b>Par</b> rovi istru	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)		<u>4</u>	and 2 (see	
Par Provinstru Par	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  tiv   Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.  t II-B, Line 1, Lobbying Activities:	o list); Part II	4 5 -A, fines 1 a	· ·	
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Par Provinstru Par Phe	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.  t II-B, Line 1, Lobbying Activities:  c organization contributed to hire a lobbyist through	o list); Part II	4 5 -A, fines 1 a	· ·	
Par rovi stru ar he	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.  t II-B, Line 1, Lobbying Activities:  c organization contributed to hire a lobbyist through	o list); Part II	4 5 -A, fines 1 a	· ·	
Par Provi Par Par	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.  t II-B, Line 1, Lobbying Activities:  c organization contributed to hire a lobbyist through	o list); Part II	4 5 -A, fines 1 a	· ·	

### SCHEDULE D

Department of the Treasury

(Form 990)

### Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education). Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure \_\_\_ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure. listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and 9 include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		on Aging													
Pai	t III Organizations Maintaining C														
3	Using the organization's acquisition, accessi	ion, and other record	is, chec	k any of th	he following tha	it are a sig	nificant i	use of its	collection :	items					
	(check all that apply):		,,												
a	Public exhibition	d	· 🖳	Loan or e	xchange progra	ams									
ь	Scholarly research	e		Other											
C	Preservation for future generations														
4	Provide a description of the organization's or	ollections and explai	n how t	hey furthe	r the organizati	on's exem	pt purpo	se in Par	t XIII,						
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical tr	easures, or oth	er similar a	ssets								
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	anization's	collection?			[	Yes	☐ No					
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organiza	tion answered '	"Yes" to Fo	orm 990	Part IV							
	reported an amount on Form 990, Pa			_											
1a	Is the organization an agent, trustee, custod	ian or other intermed	tiary for	contributi	ions or other as	sets not in	ncluded								
	on Form 990, Part X?								Yes	□ No					
b						• • • • • • • • • • • • • • • • • • • •			_ 103						
_	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount														
c	Beginning balance						10		- windust						
4															
	Additions during the year														
	Distributions during the year														
7	Ending balance	000 Dest V. Kaa	04 6				1f		T.,						
						-	y?		_ Yes	⊢ No					
	If "Yes," explain the arrangement in Part XIII.														
/r.ai	t V: Endowment Funds. Complete														
		(a) Current year	(b) F	<sup>o</sup> rior y <del>e</del> ar	(c) Two year	rs back   (c	i) Three y	rears back	(e) Four y	ears back					
1a	Beginning of year balance														
þ	Contributions														
C	Net investment earnings, gains, and losses								<u> </u>						
d	Grants or scholarships														
е	Other expenditures for facilities					Ì									
	and programs	·													
f	Administrative expenses														
g	End of year balance				<u>.</u>				L ''''						
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	l g, column	(a)) held as:			"							
а	Board designated or quasi-endowment 🕨		%												
b	Permanent endowment	%													
C	Temporarily restricted endowment	<u>-</u> %													
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.													
За	Are there endowment funds not in the posse	•	ation th	at are held	d and administe	red for the	organiz	ration							
	by:								[v	es No					
	(i) unrelated organizations														
	(ii) related organizations														
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule 87					3b	$\overline{}$					
4	Describe in Part XIII the intended uses of the					•••••			30						
	t VI Land, Buildings, and Equipm		MINGIN	Idiiq3i											
	Complete if the organization answered		Part I	/ line 11a	See Form 990	Part X lin	ne 10								
	Description of property	(a) Cost or o			ost or other			м T	(a) Onale						
	Description of property	basis (investr			is (other)		cumulate eciation		(d) Book	value					
	1 and	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>		DB3		Сорг	7 (A. 7 A.	A-11	47	107					
1a	Land			4 4	47,197.	((1 <sub>0</sub> )	75 O	01		<u>,197.</u>					
Þ	Buildings			<u> </u>	.32,497.	4	75,0	<u> </u>	<u> </u>	<u>,496.</u>					
	Leasehold improvements				20 101	A -	21 0	42 -		0.4.1					
	Equipment				30,101.		$\frac{31}{26}, \frac{0}{26}$			<u>-941.</u>					
	Other				200,219.	L:	<u> 26,7</u>	48.		<u>,491.</u>					
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (8), line	9 10c.)			<b>P</b>	777	243.					

Schedule D (Form 990) 2014 Council on	<u>Aging of West</u>	: Florida,	<u>Inc. 59-</u> 1	373939 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-of-	year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) Mutual funds	468,759	End-of-Y	<u>ear Market V</u>	<u>alue                                     </u>
_ (B)				
(C)				
(D)			<u>,,                                    </u>	
(É)				
(F)				
(G)			10.01	
(H)		The Little contract of the page of the section of	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	anamo Mistoriano a carlega e como
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	468,759			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of V	aluation: Cost or end-of-	year market value
(1)				
(2)				
(3)				
(4)				*****
(5)				
(6)				
(7)				
(8)				
(9)		2.1 and 3.30 to the 5.	To a series of a series of the Marie Marie Marie Santing San	ing a section of the security of the second section is a second section of the second
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Continued to a family of the continued to		meneral de la company de la company de la company de la company de la company de la company de la company de l La company de la company de la company de la company de la company de la company de la company de la company d
	A+ 5+ 000 D-+ IV II	111 \$ f 000	D-+ V E 45	
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d. See Form 990,	Part X, line 15.	A-V Do element
	Description			(b) Book value
(1)				
(2)				
(3)			····	
(4)				
(5)				
(6)			<del> </del>	
(7)			<del></del>	
(8)				
Total, (Column (b) must equal Form 990, Part X, col. (B) line	- 15 \			
Part X/ Other Liabilities.	9_10./			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f See Ford	990 Part Y line 25	
1. (a) Description of liability	to i oilli 550, Part IV, line	(b) Book value	1 000, Part X, III 6 20.	and the second second second
(1) Federal income taxes		(47		and the first section of the second
(2) Deposits		15,218.		
(3)		13,210.		
(4)				The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co
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Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	15,218.		
			-	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	rt XI   Reconciliation of Revenue per Audited Financial State			<u> 59-:</u>	<u>1373939</u>	Page 4
r a			Revenue per H	eturn	•	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1			<del>, ,</del>		
1				1 1	5,881	<u>447.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12;	1 - 1	24 521			
a	Net unrealized gains (losses) on investments		<u>-24,531.</u>	[7,4]		
۵	Donated services and use of facilities		955.	3.7		
¢	Recoveries of prior year grants			1,12		
ď	Other (Describe in Part XIII.)			120 H	0.0	
3	Add lines 2a through 2d			2e		<u>576.</u>
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1;		***************************************	3 2905/28	5,905,	023.
7	Investment expenses not included on Form 990, Part VIII, line 7b	الما				
b	Other (Describe in Part XIII.)					
c				Algano		^
5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		***************************************	4c 5	5,905,	0.
	TVXII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per		<u> 5,905,</u>	<u>UZ3.</u>
7 9, ,	Complete if the organization answered "Yes" to Form 990, Part IV, line 1:	<b>^</b> -		netui	11,	
1	Total expenses and losses per audited financial statements			1 . 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;			198404		0.
a	Donated services and use of facilities	امدا				
h				3		
۰	Prior year adjustments Other losses		<del></del>			
ď	Other losses Other (Describe in Part XIII.)					
<u>u</u>						0
3	Add lines 2a through 2d Subtract line 2a from line 1			20		<u> </u>
4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	3		<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b	1 4-1				
b	Other (Describe in Part XIII.)			96		
_	Add lines 4a and 4b					^
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c		0.
Pai	TXIII Supplemental Information.			0 _1	u u	<u> </u>
<del></del>	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	and IV lines the	and Oh: Rart V. line	4. Dowt 1	/ 5 O. D+ V	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			+, Part /	K, line 2; Part X	ч,
	24 and 45, and 1 are xii, intes 24 and 46. xiso complete this part to provide any a	QUIDONA INON	adon.			
					<del>-</del>	
Par	rt X, Line 2:					
	- C II J Dille II.	•				
The	e Council is exempt from federal income t	avec un	der Intern	-3 T		
	. commer is exempt IIom ledelar Income (	ares dir	der tifetii	<u>ar r</u>	revenue	
Ser	vice Code Section 501(c)(3). As a resul	t ther	e ie no nr	ovi e	don for	
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tax	res in the accompanying financial stateme	nta. W	ith few ex	cont	done +	· ho
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### **SCHEDULE G**

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	on Aging of West	¢1.a	mi A	a Tag		Employer ide 59-1373	ntification number
	Complete if the organization answe				ine 17		
1 Indicate whether the organization raise 2 a Mail solicitations 3 b Internet and email solicitations 4 In-person solicitations 5 a Did the organization have a written or key employees listed in Form 990, Pa b If "Yes," list the ten highest paid individual compensated at least \$5,000 by the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or solicitation in the second or sol	ed funds through any of the following Solicitate of Solicitate of Solicitate of Solicitate of Solicitate of Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundralsers) pursi	tion of tion of fundra (includerofess	non-g gover ising d ling of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
		Yes	No	11111		_	
							<del> </del>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						_	
				<u>'</u>			
			-				
						<u></u> <u>-</u>	
otel 3 List all states in which the organization			<b>▶</b> utions	or has been notified	litis	exempt from re	gistration
or licensing.							
							·
						"	
						•	

Sch <b>P</b> a	e៥ប អ <b>†</b>		ne organization answered	d "Yes" to Form 990, Par	t IV. line 18. or reported	more than \$15,000
_		of fundraising event contributions and ga				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	, (c) Other events	(d) Total events
			Rat Pack	Golf	None	(add col. (a) through
			Reunion	Tounament		1
வ			(évent type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	133,235.	25,000.		158,235.
	2	Less: Contributions	95,075.	25,000.		120,075.
	3	Gross income (line 1 minus line 2)	38,160.	]		38,160.
	4	Cash prizes	30/,400			38,100.
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			<u>.</u>	
Direct	7	Food and beverages	13,282.			13,282.
	8	Entertainment	8,245.			8,245.
	9	Other direct expenses	9,934.			9,934.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		<b>&gt;</b>	31,461.
	11	Net income summary. Subtract line 10 from t				6,699.
Pε	rt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))
<u></u>	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			<del></del>	
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	า อี in column (d),		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
9 a b	Ent Is ti	er the state(s) in which the organization conducted organization licensed to conduct gaming action, "explain;	ucts gaming activities; ctivities in each of these	· 40.0		Yes No
		re any of the organization's gaming licenses re fes," explain:				Yes No

Sch	edule G (Form 990 <u>or 990 EZ) 2014 Council on Aging of West Florida, Inc. 59-</u> 1	<u> 3739</u> 39	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		NO
		امدا	
-	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount		
	of gaming revenue retained by the third party 🕨 💲		
ċ	If "Yes," enter name and address of the third party:		
•	····-, ···		
	Name >		
	Address >		
16	Gaming manager information:		
	Name -		
	Gaming manager compensation > \$		
	<del></del>		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes L	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9, 9b, 1(	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	,,	,
		_	
			·····

Schedule (	3 (Form 990 o	r 990-EZ)	Council	on	Aging	$\circ f$	West	Florida	, Inc.	59-1373939	Page 4
Part IV	Supplen	ental Inform	nation (contin	ued)						<u>59-137</u> 3939	
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### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ. Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number Council on Aging of West Florida, Inc. 59-1373939 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (d) Loan to or (h) Approved by board or (e) Original (f) Balance due (g) ln (i) Written from the interested person with organization of loan principal amount default? agreement? organization? committee? To From Yes Yes No Yes No A STATE OF THE PROPERTY OF THE PROPERTY OF Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of interested person and assistance assistance assistance the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014 Counce Part IV Business Transactions Invo	<u>il on Agina</u> Iving Interested	r_of Perso	<u>West ]</u> ns.	Florida, II	ıc.	<u>59-1373</u>	<u>939</u>	Page 2
Complete if the organization answere (a) Name of interested person	d "Yes" on Form 990, (b) Relationship be person and the	etween	interested	3b, or 28c. (c) Amount of transaction		Description of ransaction	organiz <u>r</u> ever	aring of zation's nues?
Malcolm Ballinger	Member of	the	Board	0	The	Organiz	Yes	X X
Caron Sjoberg	Member of					Organiz		X
					<u> </u>			
				<u> </u>	<u> </u>			<del> </del> -
					+			ļ <u>.</u>
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				1.1.1.		""		
Part V Supplemental Information Provide additional information for res	ponses to questions o	on Sche	dule L (see i	nstructions).				<u> </u>
Sch L, Part IV, Business	Transaction	ıs Ir	<u>volvi</u>	<u>ig Interest</u>	ed :	Persons:		
(a) Name of Person: Malco	lm Ballinge	er						
(b) Relationship Between	Interested	Pers	son and	d Organizat	ion	:		
Member of the Board of Di								
(d) Description of Transa	ction: The	Orga	nizati	ion uses th	ie B	oard mem	ber'	s
company to produce the Co	ming of Age	mac	<u>azine</u>	<u></u>				
(a) Name of Person: Caron	Sjoberg				·	<del></del>		
(b) Relationship Between	Interested	Pers	on and	l Organizat	ion	•	•	
Member of the Board of Di						·—		
(d) Description of Transa		Orga	nizati	on weer th	ı B	nard mom	hom!	
company for IT services.	outon. And	<u></u>			<u>.e D</u>	Sara mem	ner_	<u></u>
company tor it services.								
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### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number 59-1373939

Pa	rt I Types of Property					
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q		(d) of determining tribution amounts
1	Art - Works of art			l		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications		CONTRACTOR OF THE STATE			
5	Clothing and household goods		PART WELL STORY		· -	
6	Cars and other vehicles					· ·
7	Boats and planes	<b>-</b>				
8	Intellectual property				"""	
9	Securities - Publicly traded			· · · · · · · · · · · · · · · · · · ·		
10	Securities - Closely held stock	<u></u>				
11	Securities - Partnership, LLC, or			"		
	trust interests					
12	Securities - Miscellaneous				,	
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					· · · · · · · · · · · · · · · · · · ·
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					"
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts				<u> </u>	
25	Other (General)	Х	22,284	61,115.	Quoted pr	ices
26	Other ► ( <u>Meals</u> )	X	7,797	24,463.	Purchase	price from
27	Other (Physicals)	X	98	18,400.	Quoted pr	ice
28	Other (					
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828					
30a	During the year, did the organization receive by must hold for at least three years from the date					Yes No
	exempt purposes for the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II,					
31	Does the organization have a gift acceptance p	olicy that re	quires the review	of any non-standard contrib	utions?	31 X
32a						
	contributions?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				32a X
þ	If "Yes," describe in Part II.					<b>被禁止的人。</b>
33	If the organization did not report an amount in o	olumn (c) f	or a type of proper	ty for which column (a) is ch	ecked,	
	describe in Part II.					14 15 Care 14 1 1 2

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)

Schedule M Part II	(Form 990) (2014) Supplemental	Information.	Provide	the informati	ion required	l by Part I. lines	30b, 32b, and 3	59-1373939 3, and whether the organ	Page 2
	is reporting in Part this part for any ac	I, column (b), the ditional informat	e number ion.	of contributi	ons, the nu	mber of items r	eceived, or a cor	nbination of both. Also co	omplete
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### 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Council on Aging of West Florida, Inc.

Employer identification number <u>59-1373939</u>

Form 990, Part III, Line 4d, Other Program Services:
Senior Companions - A part of Senior Corps, a network of the national
service programs that matches volunteers with their homebound peers
with special needs. Senior Companions assist with running errands,
preparing meals, writing letters, and other daily tasks.
Expenses \$ 352,964. including grants of \$ 0. Revenue \$ 1,124.
Senior Companions - Relief - Provides relief to caregivers by offering
short-term, temporary respite care and companionship to homebound
individuals.
Expenses \$ 42,660. including grants of \$ 0. Revenue \$ 0.
Adult Day Health Care - Provides respite for caregivers while at the
same time preventing premature long term care facility admission for
individuals who cannot be left alone during the day. This program
includes therapy (occupational, speech, etc.) and medication
monitoring.
Expenses \$ 414,009. including grants of \$ 0. Revenue \$ 245,938.
Nutrition Education
Expenses \$ 17,778. including grants of \$ 0. Revenue \$ 0.
Outreach
Expenses \$ 14,216. including grants of \$ 0. Revenue \$ 0.

Name of the organization  Council on Aging of West Florida, Inc.	Employer identification number 59-1373939
personal, social, and educational interests; to enjoy dif	ferent types
of recreation; and to participate in fun and physical fit	ness
activities.	
Expenses \$ 35,044. including grants of \$ 0. Revenue \$	0.
Transportation Timited transportation of individual in	
Transportation - Limited transportation of individuals is	provided for
medical appointments and other essential services.	
Expenses \$ 87,207. including grants of \$ 0. Revenue \$	
Social Service Programs - An in depth program which ident	ifies problems
of the elderly and develops solutions to those problems.	Case
management (CM), case aide (CA), and screening/assessment	(SA) are just
a few of the services offered.	
Expenses \$ 480,321. including grants of \$ 0. Revenue	\$ 223,148.
Home Services Programs	
Expenses \$ 1,616,398. including grants of \$ 0. Revenu	e \$_0.
Senior Farmers Market Nutrition	
Expenses \$ 18,000. including grants of \$ 0. Revenue \$	0.
Form 990, Part VI, Section B, line 11:	
When completed by the CPA firm, the 990 will be e-mailed	to all board
members. In addition, the Agency's Audit Committee will	recei <b>ve an</b>
in-depth review and present the governing Board of Direct	ors with a summary
overview of the 990.	

<u> Schedule O (Form 990 or 990-EZ)                                    </u>	(2014)
-----------------------------------------------------------------------------	--------

Page 2

Name of the organization  Council on Aging of West Florida, Inc.	Employer identification number 59-1373939
All new and returning board members sign a conflict of in	terest form
indicating that they have read and understand the agency'	s conflict of
interest policy. The policy is also reviewed with all st	aff and is stated
in the agency's General Personnel Policies and Procedures	manual.
Form 990, Part VI, Section B, Line 15:	
The agency periodically conducts salary and compensation	reviews for its
various positions within the agency, including CEO, by co	ntacting_similar
agencies within the state and by reviewing state and fede	ral data on
similar positions. Copies of these reviews are available	for review_in the
agency's personnel department. Any raise for the CEO is d	etermined by the
agency's Executive Committee based on job performance and	the result of
these surveys.	
Form 990, Part VI, Section C, Line 18:	
Items are available in PDF format on the agency's website	at
www.coawfla.org for public review.	
Form 990, Part VI, Section C, Line 19:	
Items are available in PDF format on the agency's website	at
www.coawfla.org for public review.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 35, or 37.

■ Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

2014

OMB No. 1525-0047

Open to Public Inspection

Employer identification number 59-1373939 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Inc. Florida of West on Aging Council Name of the organization Part

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year. End-of-year assets ē Total income ₫ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 Ŷ M enbly? Yes ouncil on Aging Direct controlling of West Florida, entity status (if section Public charity 501(c)(3)) Exempt Code section 501(c)(3) Legal domicile (state or foreign country) Florida romote, receive and Primary activity Encourage, solicit, administer gifts Council on Aging Foundation of West Florida - 59-2864564, 875 Royce Street Name, address, and EIN of related organization FL 32503 Pensacola, Inc.

For Paperwork Reduction Act Notice, see the instructions for Form 990.

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59-1373939

Page 2

Schedule R (Form 990) 2014 Council on Aging of West Florida, Inc.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership partner? ŝ Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Olsprays dionate Yes No allocations? Ξ Share of end-of-year assets Ē Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c) Legal domicile (stale or foreign country) Primary activity ₫ Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(i) Section 512(o)(13) controlled entity?	Yes No	<u></u>		
(h) Percentage ownership				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Type of entity (C corp., S corp., or trust)				
(d) (e) (e)  Direct controlling Type of entity (C corp., S corp., or trueth				
(C) Legal domicale (state or locelgan	Conunció			• •
(b) Primary activity			"	
(a) Name, address, and EIN of related organization				

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Ĕ				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more n	elated organizations listed	in Parts IHV?		
<ul> <li>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> </ul>	>			<b>1</b>	×
<ul> <li>Gift, grant, or capital contribution to related organization(s)</li> </ul>				4	×
(8)				-	×
d Loans or loan quarantees to or for related organization(s)				7	×
				2 ,	; >
e Lualis of Idali gualdriees by Felated Digalitzation(s)	***************************************			<u>a</u>	<
				w/\*	i P
f Dividends from related organization(s)				7=	×
g Sale of assets to related organization(s)				5	×
h Purchase of assets from related organization(s)				#	×
				=	×
related organization(s)				=	×
				•	
k Lease of facilities, equipment, or other assets from related organization(s)				<b>=</b>	×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	Þ
A Charina of familities an inemant mailing lists or athor assets with valated assessmental	inanfal		***************************************		>
				<b>E</b>	4 >
o sharing of pard employees with letated diganization(s)				10	4
				· ·	:
p Reimbursement paid to related organization(s) for expenses				10	×
q Reimbursement paid by related organization(s) for expenses				19	×
					/ 2
s Other transfer of cash or property for related organization(s)				÷ \$	< ×
t	the deleases to me ode	to the form of the form	softeineshing and tennengtion thereby the	2	
	Ario must compiete d	ns line, including covered	(extroriships and transaction tareshous.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(2)					
Ę					
(2)					
(3)					
(4)					
•					
(5)					
9					
432163 08-14-14			Schedule	Schedule R (Form 990) 2014	2014

Part VI: Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (b)	(4)	(3)	edinoring inclined	(0)	g	3	3	9	5	3
Name, address, and EIN of entity	Primary activity	چَ. چَ. چَ	t income related, tax unde	A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Share of end-of-year	Dispropor- Tonave alocabols	Dispute Code V-UBI Seneral or Percentage Inner an under in box 20 managing ownership of Schedule K-1 partner?	General of maragen partner?	General or Percentage maraging ownership
		country)	sections 512-514) y	Yes No	Income	assels	Yes No	(Form 1065)	Ves N	
										,,
			New york of the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the sa						•	,
								Schedule	R (For	Schedule R (Form 990) 2014

Schedule	R (Form 990) 201	<u>4 CO1</u>	uncii	<u>on Agin</u>	<u>q or</u>	west	Florida,	Inc.	<u> 59-13</u> 7393	<u> 9 Page 5</u>
Part VI	R (Form 990) 201. L Supplemen	ıtal Informati	on							
	Provide addition	nal information fo	or response	es to questions	on Sche	edule R (se	e instructions).		<u> </u>	
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### Form 8868

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

Information about Form 8868 and its instructions is at www.lrs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form. visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete ..... All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Council on Aging of West Florida, Inc. 59-1373939 file by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO Box 17066 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions Pensacola, FL 32522 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) Form 990-BL Form 1041-A nα Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 Laura Garrett The books are in the care of ► 875 Royce Street - Pensacola, FL 32503 Telephone No. ► (850)432-1475 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 . If this is for the whole group, check this box 🕨 \_\_\_\_\_ . If it is for part of the group, check this box 🕨 \_\_\_\_\_ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2014 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason; \_\_\_\_ Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Зb Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.



### EST. 1972

875 Royce Street/P.O. Box 17066 Pensacola, Florida 32522-7066 (850) 432-1475 FAX (850) 479-7986 Florida Relay: 711 www.coawlfa.org info@coawlfa.org

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PRESIDENT/CEO John B. Clark March 27, 2015

Stephen Hall, Budget Manager Management & Budget Services Bureau 221 Palafox Place Suite 440 Pensacola, FL 32502

Dear Mr. Hall:

The purpose of this letter is to request funding from Escambia County for the Council on Aging of West Florida for the FY 2015-16. Our request for the coming year is \$50,000. These local matching funds will be instrumental in acquiring and retaining \$455,000 worth of state and federal funds.

As you will see from the attached application, this funding is critical in helping the Council on Aging of West Florida serve the County's most vulnerable older adults with essential home and community based services. We are truly grateful to Escambia County and its citizens for their support over the past years. The County Commissioners have played an important role in helping to meet the many needs of Escambia County's elder citizens. On behalf of the people served by the many programs described in the enclosed application, we express our deepest gratitude and thanks for consideration.

Sincerely,

John B. Clark
President/CEO



of Escambia County













# COUNCIL ON AGING OF WEST FLORIDA, INC.

## REQUEST FOR FUNDING FISCAL YEAR 2015/19

MARCH 27, 2015



# COUNCIL ON AGING OF WEST FLORIDA, INC. NARRATIVE

### **BRIEF HISTORY:**

The official "birth" of the Council on Aging of West Florida, Inc. was February 4, 1972. This agency has provided essential programs and services to the elderly of West Florida for over 40 years. The "founders" of the Council on Aging were a dedicated group of community advocates who recognized the need for an organization to address the special needs of elder citizens residing in Escambia County, Florida. The Council on Aging started the Meals-on-Wheels program in 1974. The Senior Companion and Foster Grandparent programs were started in 1988. The agency opened The Retreat (formerly the Oaks Adult Day Health Care Center), one of the first centers of its kind in the state, in 1982. The Cantonment Senior Center (1985) and the Century Senior Center (1996) were opened to support older adults living in the rural areas of Escambia County.

### NEEDS STATEMENT:

The Council on Aging is seeking funds in the amount of \$50,000 to support home and community based services for adults age 60 and older residing in Escambia County. The local funding requested from Escambia County will result in the acquisition and retention of \$455,000 in matched 9.1 funds from state and federal entities.

### JUSTIFICATION:

Adult independence is the primary goal of the continuum of home and community based services provided by COAWFLA. As people grow older, increasingly poor health and lower income(s) often limit an individual's ability to perform Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs include bathing, dressing, eating, toileting, transferring, and walking. IADLs include heavy chores, light housekeeping, financial management, meal preparation, personal shopping, medication management, and the ability to use transportation. As the ability to perform one or more of these ADLs/IADLs decreases, the need for assistance increases. The services of COAWFLA can help an individual maintain or achieve "Adult

Independence." The rational for home and community based services is to assist adults age 60 and older in our community to live in the least restrictive environment and to maintain functional status for as long as possible. These services present a more cost-effective approach to assisting the elderly population than placement in an expensive institution at a higher rate to taxpayers.

Demographic trends and a documented waiting list underscore the critical need that continues for home and community based services in Escambia County, Florida. Currently, the Council on Aging provides service to nearly 2,000 consumers in Escambia County. According to the Florida Department of Elder Affairs as of February 25, 2015, 6,038 older adults are on the Assessed Prioritized Consumer List waiting for assistance in Planning & Service Area 1 which includes Escambia County. Of those waiting, 434 are rank 5 or higher and considered at high risk of nursing home placement if home and community based services are not provided in the very near future.

The Florida Department of Elder Affairs' Escambia County Profile for 2014 states that 65,708 citizens age 60 and older reside in the county (21.9% of the total population). Of adults age 65 and older, 10,892 have 1 or more physical disabilities, 12,768 have 2 or more disabilities, and 6,172 suffer from a probable Alzheimer's disease. Of seniors age 60+, 16,214 are medically underserved, 6,666 fall below the poverty line. 9,628 are 125% of the poverty line, 16,573 live alone with no effective caregiver, 36,310 are female, 14,271 are minorities, 3,653 have grandchildren living with them, and 2,154 are responsible for the complete care of minor grandchildren. Although the population of 60+ is increasing, the most significant growth is in the 85+ segment of the elder population. Over 5,900 of the older individuals living in Escambia County are currently over the age of 85. As this trend continues to grow, people will live longer with illnesses and disabilities that necessitate assistance for a longer duration. Added to this concern are service and economic issues related to the aging of the baby boomers. This influx of older adults will put added pressure on one of Florida's poorest counties. As these trends come to fruition, adult independence home and community based services will continue to grow as a cost-effective alternative to expensive institutional placement.

#### PERFORMANCE MEASURES:

The Council on Aging is required to meet the State of Florida's outcome measure requirements for home and community based services as follows:

Outcome Measures	Target
1. % of CARE Imminent Risk referrals	90%
served.	
2. % of APS High Risk referrals served in	97%
72 hours.	
3. % of new clients with high-risk nutrition	66%
scores improve when re-assessed	
4. % of new clients maintain or improve	63%
ADL scores when re-assessed	
5. % of new clients maintain or improve	62.3%
IADL scores when re-assessed	
6. % of new caregivers self-report they are	88.9%
very likely to continue caregiving when re-	
assessed	
7. % of clients with high or moderate risk	79.3%
environments show improved living	
conditions when re-assessed	

These outcomes are measured through the State of Florida Client Information Referral and Tracking System. Any missed targets must have justifications submitted to The Department of Elder Affairs through the Northwest Florida Area Agency on Aging.

#### **CURRENT PROGRAMS/SERVICES SUMMARY:**

- Meals-on-Wheels: nutritionally balanced meals are delivered by both paid drivers and volunteers to homebound individuals Monday-Friday from 10:30 a.m. to 1:30 p.m. Focus areas include individuals who are low-income, minority, and/or reside in rural areas. 369 clients consumed 95,340 meals.
- Congregate Meals: neighborhood based program offering the opportunity for active adults to share a noon meal with peers and to participate in recreational activities, nutrition education, arts/crafts, and other social activities. Senior Dining sites are located primarily in low-income and rural neighborhoods. 858 clients consumed 70,489 meals.
- The Retreat: provides respite for caregivers while at the same time preventing premature long-term care facility admission for individuals who cannot be left

- alone during the day. Program includes therapy (occupational, speech, etc.) and medication monitoring. 76 clients attended 18,642 hours.
- Recreation: provides opportunities for active adults to develop personal, social, and educational interests; to enjoy different types of recreation; and to participate in physical fitness activities. 693 clients attended 130,355 hours.
- Foster Grandparent Program: part of Senior Corp, a network of national services program that unite eligible adults with at risk children at such sites as schools, hospitals, detention centers, and daycares. 65 Foster Grandparents served 76,686 hours.
- Loan Closet: Equipment such as walkers, bedside commodes, and other items made available for loan to individuals in need community-wide. Open to the community. Not tracked by individual client.
- Senior Companion Program: part of Senior Corps matching volunteers with homebound adults with special needs. Senior Companions provide assistance with running errands, preparing meals, writing letters, and other daily tasks. 45 Senior Companions served 50,550 hours.
- Social Services: in-depth program in which trained professionals provide case management assistance to older adults in West Florida. 415 clients received 3,781 hours of case management
- Caregiver Support Groups: Groups are non-disease specific, led by a facilitator, include a training manual and are FREE to attend. 37 caregiver support groups held.
- In-Home Services: provided to clients through subcontracted vendors. Services may include chore, companionship, personal care, homemaking, and respite. 191 clients received 54,863 hours.
- Transportation: provided on a limited basis to individuals in order to attend Senior Dining Sites, The Retreat, and FGP/SCP volunteer station assignments. 83 clients were provided 8,090 trips.
- Emergency Assistance: provides local older adults with fans, air conditioners, heaters, blankets, and utilities assistance during periods of extreme weather and disasters. Open to the community. Not tracked by individual client

#### SERVICES/STAFF PLANS:

The Council on Aging made the decision to decrease staff by 2 case managers for the Fiscal Year 2015/16 as a result of changes to the case management portion of the Long Term Medicaid Managed Care program to take effect as of April 1, 2015. This will not affect the need for these funds as requested for matching program. Medicaid Waiver is a non-match program.

#### MATCHING PROGRAMS:

Three of the Council on Aging's funding agents require local match as part of the funding agreement.

- Community Care for the Elderly (CCE) \$940,935 provided by the State of Florida (10% local match) for home and community based services for Escambia County citizens age 60 and older. CCE funded programs/services include:
  - Case Management
  - Case Aide
  - Chore
  - Companionship
  - Emergency Alert Response
  - Home Delivered Meals
  - Homemaker
  - In-Home Respite
  - Personal Care
  - Adult Day Care
  - Material Aide
  - Specialized Medical Supplies
- Older American's Act (OAA) \$1,232,345 provided by the federal government through the State of Florida (10% local match) for nutrition and other home and community based services for Escambia and Santa Rosa County citizens age 60 and older. OAA funded programs/services include:
  - Home Delivered Meals
  - Senior Dining (Congregate Meals)
  - Screening & Assessment
  - Outreach
  - Recreation
  - Transportation
  - Homemaker
  - Chore
  - Personal Care
  - Emergency Alert Response
  - Caregiver Training
  - Caregiver Support
  - Gerontological Counseling
  - Nutrition Education
  - Material Aide

- Corporation for National and Community Service (CNCS) \$524,310 provided by the federal government through CNCS (10% local match) for volunteer programs:
  - Senior Companion Program
  - Foster Grandparent Program

#### **FUNDRAISING ACTIVITIES:**

The agency's Board of Directors organizes and plans one fundraising event per year. The agency mails a donation appeal several times per year and has a donation insert in the *Coming of Age* magazine. The Retreat hosts bake sales, fish fries, and many other activities to raise funds for field trips, supplies, and activities. The proceeds support programs and services.

#### (5) IN-KIND SUPPORT:

Foster Grandparents receive meals in-kind from the Escambia County School District while on volunteer assignments in the schools (equivalent to approximately \$20,000 per year). Both Foster Grandparents and Senior Companions receive physical examinations each year. These physicals are provided at no charge to the agency by Sacred Heart Hospital and Florida State University College of Medicine (equivalent to approximately \$15,000 per year). The agency receives thousands of dollars worth of donations of fans, air conditioners, heaters, blankets, wheelchairs, walkers, canes and other items each year. Lastly, the agency receives in-kind media support (equivalent to approximately \$46,000 per year) for activities and events public information from local television stations, cable networks, radio stations, and newspapers outlets.

#### (6) 501 (c) (3) STATUS:

The Council on Aging is a 501 (c) (3) tax exempt corporation. Letter of Determination is attached.

#### (7) FINANCIAL REPORTS

The agency's 2013 audit conducted by Saltmarsh, Cleveland, & Gund is attached.

#### (8) W-9

A completed W-9 is attached.

### **ATTACHMENTS**

1)	<b>Budget Information Document (2</b>
	pages)
2)	COAWFLA's Master Budget for 2015
3)	Completed Form W-9
4)	501 (c) (3) Corporation Determination
	Documentation
5)	Unaudited Financial Statements - 2014

Audited Financial Statements – 2013

**6**)

## Escambia County Office of Management and Budget Budget Information Form for Outside Agencies

Name of Agency: Council on Agong of West Florida, Inc.

Prepared by: Laura Garrett

Date: 3/27/15

Phone: (850) 432-1475

Managed Care Program. We are now paid by HMOs and not directly by

the Agency for Health Care
Administration. Revenues are
now included under "Other"

#### Please attach a narrative answer to the following:

1. What services does your agency provide to the community?

- 2. Are there plans to increase/decrease services or staff in fiscal year 2015/2016? If yes, please explain.
- 3. Please list and explain what amount (if any) of your funding is dependent on a local match.
- 4. In what types of fund raising activities is your agency involved?
- 5. What type (if any) of in-kind support does your agency receive?
- 6. Are you a 501(c) (3) Corporation? If so, provide a copy of your letter of determination.

#### Please submit the following:

- Your financial report from your most recently completed fiscal year that clearly indicates all revenue sources for the preceding fiscal year. You must demonstrate that you receive monies from sources other than local governments in an amount at least equal to the amount requested from the County.
- 2. A current W-9.
- 3. A copy of your most recent audit,

		Revenues	<del></del>
Description		FY 2014-2015 Budget	FY 2015-2016 Budget
County		95,035	98,650
City		0	0
State		1,331,063	1,544,808
Federal		2.060.065	2,135,798
HRS/State		234,000	*0
Service Fees		225,300	180,000
Fund Drives		183,400	235,275
Memberships		<u>o</u>	<u>o                                     </u>
Other		369,297	823,365
	TOTAL	4,498,700	5,017,896  *Medicaid Waiver transitioned to the Long Term Care Medica:

## Budget Information Form for Outside Agencies (Continued)

#### Expenditures

<u>Description</u>		FY 2014-2015 Budget	FY 2015-2016 Budget
Personnel		1,738,917	1,808,070
Office Supplies		43,890	42,350
Utilities		33,800	36,200
Rent/Leases		0	0
Mortgage		31,300	32.900
Travel		49,875	44.950
Contractual		1,437,410	1,953,903
Capital/Debt		<u>0</u>	<u>o</u>
Other		1,163,508	1.099,613
	TOTAL	4,498,700	5,017,896

### COUNCIL ON AGING OF WEST FLORIDA, INC. 2015 MASTER BUDGET - REVENUES

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REVENUES	BUDGET 2015
FEDERALEUNDING	BODGET-2013
OAAIIICI	\$ 487,650
ÓAAIIIC2	\$ 275,717
OAAIIIB	\$ 318,665
OAAIIE	\$ 150,313
NSIP	\$ 71,435
CNS-FGP	\$ 524,310
ADULT CARE FOOD PROGRAM VA	\$ 15,616
CDBG CTTY	\$ 175,000
CDBG RURAL	\$ 65,000
EF&S	\$ 47,000 \$ 5,092
SUBTOTAL FEDERAL FUNDING	\$ 5,092 \$\$\frac{1}{2},135,798
STATE FUNDING:	3 - 135, 2, 233, 776
CCE	\$ 940,935
CCDA	\$ 940,933
ADI	\$ 337,353
HCE	\$ 218,520
MEDICAID WAIVER	\$ -
RELIEF	\$ 48,000
SUBTOTAL STATE FUNDING	\$ \$ 1,544,808
LOCAL FUNDING	THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
GR ESC COUNTY	\$ 38,000
GR SR COUNTY	\$ 36,150
UNITED WAY - ESC CTY	\$ 24,500
UNITED WAY ALLOC UNITED WAY CFC	\$ 62,000
UNITED WAY DESIGNATIONS	\$ 2,500
UNITED WAY FSECC	\$ 15,000
UNITED WAY SANTA ROSA	\$ 1,000 \$ 5,000
UNITED WAY OTHER	
AMERICAN ELDERCARE	\$ 2,500 \$ 420,000
SUNSHINE TANGO HEALTHPLAN	\$ 80,000
SUBTOTALLOCALTUNDING	\$ \$ \$ 686,650.
IN-KIND SUPPORT	ER CONTROL
IN-KIND	\$ 224,000
SUBTOTAL IN-KIND SUPPORT	\$ 224,000
CONSUMER/PRIVATE PAYEUNDING	
PROGRAM INCOME	\$ 55,000
COPAY PRIVATE PAY	\$ 25,000
	\$ 100,000
EVENTS/AGTIVITY FUNDING	\$ 180,000
FUNDRAISING EVENT	\$ 134.275
GENERAL REVENUE DONATIONS	\$ 134,275 \$ 60,000
CIRCLE OF PRIENDS	\$ 14,000
FR CAMPAIGN	\$ 7,000
SEASONAL DONATIONS	\$ 2,500
PUBLIC INFORMATION SPONSORSHIPS	\$ 2,500
GOLF TOURNAMENT DONATION	\$ 15,000
SUBTOTALE VENTS/ACTIVITY FUNDING	\$ 235,275
OTHER INCOME POSCERION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	Personal Company
VOLUNTEER DISCRETIONARY FUND	\$ 350
BOARD LUNCHES RECOGNITION	\$ 365
AGENCY ACTIVITY	\$ 2,050
DAYCARE ACTIVITIES	\$ 1,500 \$ 1,800
WEATHERIZATION	
WHEELCHAIR RAMP	\$ 2,400 \$ 500
EMERGENCY AIDE	\$ 2,400
	\$ 250 11.365.
9.C26491 VSAVACTIO	10 20

## COUNCIL ON AGING OF WEST FLORIDA, INC. 2015 MASTER BUDGET - EXPENSES

EXPENSES	BUI	OGET 2015
WAGES	\$	1,366,580
FRINGÉ	\$	436,190
TRAVEL	\$	44,950
EDUCATION/TRAINING	\$	5,300
COMMUNICATIONS & POSTAGE	\$	76,565
UTILITIES	\$	36,200
PRINTING & SUPPLIES	\$	30,350
ADVERTISING	\$	6,600
INSURANCE	\$	37,900
MAINTENANCE & REPAIR	\$	33,200
SPACE COSTS	\$	32,900
EQUIPMENT	\$	33,484
PROFESSIONAL FEES/LEGAL/AUDIT	\$	28,000
VENDOR SUBCONTRACTS	\$	1,953,903
VOLUNTEER EXPENSES	\$	405,587
PROGRAM SUPPLIES	\$	6,800
FOOD SUPPLIES	\$	6,000
DUES & SUBSCRIPTIONS	\$	6,000
BANK/PAYPAL/CREDIT CARD FEES	\$	4,850
EMPLOYEE RECOGITION/ACTIVITIES	\$	1,850
BOARD ACTIVITIES	\$	8,000
SEASONAL EXPENSE	\$	2,500
EMERGENCY/MATERIAL AIDE/WEAHERIZATION	\$	5,900
DEPRECIATION	\$	85,550
VEHICLES	\$	36,840
RECORDS STORAGE	\$	5,787
REFRESHMENTS/CATERED FOOD	\$	5,110
PUBLIC INFORMATION	\$	15,650
GENERAL DONATIONS/FUNDRAISING	\$	3,700
FUNDRAISING EVENTS	\$	32,300
INTEREST EXPENSE	\$	17,000
DAYCARE ACTIVITIES	\$	3,500
IN-KIND EXPENSE	\$	224,000
WHEELCHAIR RAMP EXPENSE	\$	500
MISC EXPENSE	\$	5,700
VOLUNTEER DEPARTMENT DISCRETIONARY FUNDS	\$	350
CAREGIVER SUPPORT/TRAINING EXPENSE	\$	10,800
BAD DEBT EXPENSE	\$	1,500
TOTALEXPENSES	\$ 500	5,017,896

### Form W-9

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.					
Ĺ	Council on Aging of West Florida, Inc.						
6.2	2 Business name/disregarded entity name, if different from above						•
\$ P	3 Check appropriate box for federal tax classification; check only one of the folional individual/sole proprietor or ☐ C Corporation ☐ S Corporation Single-member LLC  ☐ Limited liability company. Enter the tax classification (C⇒C corporation, S⇒S  ☐ Note. For a single-member LLC that is disregarded, do not check LLC; che the tax classification of the single-member owner.  ✓ Other (see instructions) ► 501 (c) 3 Non-property  ☐ S Address (number, street, and apt. or suite no.)  875 Royce Street  6 City, state, and ZIP code  Pensacola, FL 32503  7 List account number(s) here (optional)	n Partnership Tr 6 corporation, P=partnership) bck the appropriate box in the line offit Corporation	rusi/estate a above for ster's name	Exemptic  Code (if a	ecounts maint	t Individua ge 3); e (if any) ATCA rep	als; see  1 orting
Par	Taxpayer Identification Number (TIN)						
	our TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to evoid	Social se	curity num	her		
backup resider entities	o withholding. For individuals, this is generally your social security numb it alien, sole proprietor, or disregarded entity, see the Part I instructions s, it is your employer identification number (EIN). If you do not have a nu	ber (SSN). However, for a		]-[	-		
	page 3.		ог				
Note.	f the account is in more than one name, see the instructions for line 1 a	and the chart on page 4 for	Employer	Identifica	tion num	ber	
guideii	nes on whose number to enter.		5 9	_ 1 3	7 3	9 3	9
Part	II Certification		-1 1		<del> </del>	1	1
Under	penalties of perjury, I certify that:						<del>-</del> -
1. The	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for a numl	ber to be is	sued to r	ne): and		
2. Lan Ser	n not subject to backup withholding because: (a) I am exempt from bac vice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kun withholding or (b) I have	not been	notified b	v sha lata	rnal Re ied me t	venue that I am
3. 1 an	a U.S. citizen or other U.S. person (defined below); and						
	FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting is con	rrect.				
Certifi becaus interes genera instruc	cation instructions. You must cross out item 2 above if you have been be you have failed to report all interest and dividends on your tax return t paid, acquisition or abandonment of secured property, cancellation of lly, payments other than interest and dividends, you are not required to tions on page 3.	n notified by the IAS that you . For real estate transactions fidebt, contributions to en inc	are curren , item 2 do	es not ap	ply. For r	nortgag	e
Sign Here	Signature of U.S. person	Date ►	3 . L	7.	75		
Gen	eral Instructions	Form 1098 (home mortgage in (tuition)				erest), 10	98-T

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns, include, but are not limited to, the following:

- Form 1099-INT (Interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number o be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Ctalm exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct, See What is FATCA reporting? on page 2 for further information.

#### Internal Revenue Service

Date: March 20, 2007

COUNCIL ON AGING OF WEST FLORIDA

INC.

PO BOX 17066

PENSACOLA

FL 32522

Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Mrs. Turner 31-07345
Customer Service Specialist
Toll Free Telephone Number:

877-829-5500

Federal Identification Number: 59-1373939

#### Dear Sir or Madam:

This is in response to your request of March 20, 2007, regarding your organization's tax-exempt status.

In June 1972, we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations 1

Budget o Actual Master 2014.  Income Statement: An actual Month Ending: Vear To Date: Vear to Date: Windows Statement: An occasion of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con
Net Income
Net Income Before Cost Allocations Revenues

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Net Income Before Cost Allocations												
Revenues												
Federal Funding	₩	186,225.61	Un-	2,398,442.89	<i>u</i>	2,060,605.00	₩	337,837.89	₩.	2,060,605,00	116 4005	. 40%
State Funding	₩	213,856.83	U)-	1,813,288.93	49	1,565,063,00	•	248,225.93	- 40	1,565,063.00	115.86%	15. 86% 15. 86%
Local Funding	*	11,306,47	₩	257,547.72	₩.	179,667.00	44	77,880.72	. 44	179.667.00	143 35%	13.35%
Consumer Private Funding	W	10,043,24 \$	₩.	175,122.15	₩.	225,300.00	49	(50,177,85)	. 4A	225,300.00	77 730%	8/10 00
Events/Activities Funding	4	3,331.35	44	155,045.59	₩.	183,400.00	<del>- 1/2</del>	(28,354,41)		183,400,00	20 50%	15 46%
Other Income/Funding	44	122,376.78 \$		1,082,995.33	<b>5</b> 4.	284,665.00	<b>v</b> .	798,330.33		284,665.00	380.45%	280.45%
Total Revenues	₩.	547,140,28 \$	-,	5,882,442.61	<b>4</b>	4,498,700.00	₩.	1,383,742.61	₩.	4,498,700.00	130,76%	30.76%
Expenses												
Salaries & Wages	44-	112,014.05 \$		1,269,459.26	1	1,330,411.00	₩	(60,951.74)	-	1,330,411.00	95.42%	.4 58%
Fringe Benefits	₩	36,801.68 \$		359,997.59		401,661.00	4	(41,663.41) \$		401,661,00	89,63%	10.37%
Travel	₩.	2,653.33 \$		45,240.52		49,875.00	₩-	(4,634.48)		49,875.00	90,71%	0 29%
Education & Training	<del>1/1</del> -	179.00 \$	,,	5,747.52	40.	6,845.00	₩.	(1,097.48)		6,845.00	83,97%	16.03%
Communications & Postage	<del>un</del> -	6,522.45 \$		71,873.23		78,076.00	<b>t</b> 7	(6,202,77)		78,076.00	92.06%	7.94%
Utilities	s.	2,864.81 \$		35,231.33		33,800,00	4	1,431,33 \$		33,800.00	104.23%	4.23%
Printing & Supplies	<b>4</b> 0-	1,696.09 \$		22,580.55		43,890.00	₩.	(21,309.45)		43,890.00	51.45%	48.55%
Advertising	44	133.00 \$		5,157.53		5,750.00	₩.	(592.47)		5,750.00	89.70%	-10.30%
Insurance, Licenses & Fees	₩	853.82 \$		33,417.29		36,359.00	+*	(2,941.71)		36,359.00	91.91%	%60 8-
Maintenance & Repairs	₩	2,486.25 \$		33,878,32 \$		31,500.00		2,378.32		31,500,00	. 107,55%	7.55%
Space Costs	₩	2,525.14 \$		30,402.99 \$		32,915.00	44	(2,512.01) \$		32,915.00	92,37%	2,63%
Equipment Expense	₩	2,156.10 \$		24,527.19 \$		33,250.00	44.	(8,722.81) \$		33,250.00	73,77%	26.23%
Professional, Legal & Accounting	₩	1,070.34 \$		43,067.44 \$		28,000.00		15,067,44 \$		28,000.00	153.81%	53.81%
Volunteer Expenses	₩7	39,499.60 \$		457,092.12 \$		419,540.00	•••	37,552.12 \$		419,540.00	108.95%	495%
Subcontracted Services	ι÷	239,459.79 \$		2,445,143.91 \$	Τ,	1,437,410.00	10.	\$ 16.657,733.91	Τ,	,437,410.00	170.11%	70.11%
Program/Food Supplies	4	1,253.70 \$		14,157.36 \$		12,800.00		1,357.36 \$		12,800.00	110.60%	360%
Other Expenses	₩.	57,239.75 \$		412,806.13 \$		516,618,00		(103,811.87) \$		516,618.00	79.91%	-20.09%
Total Expenses	₩	\$09,408.90 \$	un.	5,309,780.28 \$		4,498,700.00 \$		811,080,28 \$	4,	4,498,700.00	118.03%	18.03%
Total Net Income Before Cost Allocations	t/i	37,731.38 \$		572,662.33 \$		vs.		572,662.33 \$			N/A	A/N
Cost Pool Allocations	₩	•		1		,		<del>и</del>			ΝΆ	W/A
	<del>un</del> -	37,731.38 \$		572,662.33 \$		,		572,662.33 \$		•	N/A	

i :

#### Council on Aging of West Florida, Inc. Balance sheet - Summary Year To Date 12/31/2014

#### Assets

Current Assets Cash & Investments Receivables Other Current Assets Total Current Assets	1,247,803.25 770,992.69 5,961.79 2,024,757.73
Fixed Assets Property & Equipment Accumulated Depreciation Fixed Assets, net	1,482,715.12 (730,179.40) 752,535.72
Other Assets	0.00
Total Assets	\$ 2,777,293.45
Liabilities and Net Assets	
Current Liabilities Accounts Payable & Accrued Liabilities Other Payables Total Current Liabilities	695,119.59 34,981.86 730,101.45
Long Term Liabilities	300,619.96
Net Assets Unrestricted Net Assets Temporarily Restricted Net Assets Total Net Assets	1,171,132.23 2,777.48 1,173,909.71
Net Income(Loss) for the period	572,662.33
Total Liabilities and Net Assets	\$ 2,777,293.45

#### Internal Revenue Service

Date: March 20, 2007

COUNCIL ON AGING OF WEST FLORIDA

INC.

PO BOX 17066

PENSACOLA

FL 32522

Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Mrs, Turner 31-07345

**Customer Service Specialist** 

**Toll Free Telephone Number:** 

877-829-5500

Federal Identification Number:

59-1373939

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Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations 1

## TABLE OF CONTENTS PAGE 3 OF 9

1.	Gen	eral Fund	Amount Requested	Tab
	<u>Avai</u>	<u>ilable Funding: \$1,425,082</u>		
	a.	ACTS (Another Chance Transitional Services)	\$ 20,000	1
	b.	BARC (Bay Area Resource Council)	\$ 5,000	2
	c.	BRACE	\$ 250,000	3
	d.	Council on Aging	\$ 50,000	4
	e.	Escambia Community Clinics	\$ 525,000	5
	f.	Early Learning Coalition of Escambia County	\$ 300,000	e
	g.	211 (First Call for Help)/United Way	\$ 35,000	
	h.	Foundations for the Future		No Request Submitted
	i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
	j.	Human Relations Commission	\$ 84,265	8
	k.	Lakeview Center	\$ 46,498	9
	1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	10
	m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	11
	n.	Florida Green Finance Authority (PACE)		No Request Submitted
	0.	Panhandle Equine Rescue, Inc.	\$ 20,000	12
	p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	13
	q.	Pensacola Caring Hearts	\$ 13,500	14
	r.	Pensacola Humane Society	\$ 25,000	15
	s.	Pensacola Promise/Chain Reaction	\$ 19,000	16
	t.	United Way	\$ 95,750	17
	u.	Utility Assistance Program	\$ 50,000	BCC Program
	v.	Veteran's Services		No Request Submitted
	w.	WFL Regional Planning Council	\$ 20,342	18
	х.	Wildlife Sanctuary	\$ 30,951	19
Total Ge	eneral I	Fund \$2,089,056		



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

 $\mathcal{Z}_{-\infty}^{\prime}$ 

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Escambia Community Clinics, Inc.

Agency Address:

14 W. Jordan St.

Pensacola, FL 32501

Program Name:

Program Contact:

Chandra Smiley, Executive Director

Contact Email:

csmiley@ecc-clinic.org

Contact Phone:

(850) 436-4630

25-Word Description of Program:

Escambia Community Clinics provides outpatient primary and acute care services to indigent, working poor and medically needy adults and children of Escambia County.

**Amount Requested:** 

525,000.00

Amount Received Last Year, if applicable:

431,880.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

\$431,880 annual continuation funding from Escambia County was used for health care support of low income/working poor Escambia County citizens. ECC is the major provider of primary care for uninsured, underinsured and medically needy citizens of Escambia County, and provides primary care, dental care, pediatrics and supportive services to all patients. Designation as a Federally Qualified Health Center qualifies ECC to receive Medicaid Low Income Pool funding. A total of \$188,000 of last year's funds were used to leverage an extra \$412,000 from Federal and state sources. The average cost of providing an indigent care/working poor visit in 2014 was \$147.56. ECC supported 19,282 visits in this category. County funding provided help to cover \$43.79 of the cost.

Briefly discuss how the funding you are currently requesting will be used.

County funding of \$525,000 for this budget cycle is essential for ECC to serve the medically needy and working poor, and to maintain current services without the worry of service reductions. The most pressing operational concern and need is a new main delivery site to replace the 2200 North Palafox location that was heavily damaged in the April, 2014 flood. ECC needs to create additional clinic space to accommodate more providers, patients, and services. At the current rate of health care inflation, and the increasing patient demand, ECC is unable to accumulate funding to reinvest in additional delivery sites and develop needed space. Escambia County also funding provides critical match funding for vital programs and services for medically underserved, uninsured, and medically needy citizens. Through a continued shared commitment from Escambia County, ECC can meet a large portion of the primary outpatient health care needs of our citizens. Estimates for 2015 are 22,622 charitable visits at an expense of \$154.57 per visit, with a total value of \$3,496,683 of care to uninsured Escambia County residents.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

ECC receives some Community Benefit Grant funding from Bapitst and Sacred Heart Hospitals. ECC continues to generate revenues through services to insured, Medicaid, and Medicare patients, however this reimbursement falls short of the funds required to continue to maintain a viable, fully operational health care facility. ECC does not receive any in-kind support from private, volunteer, public or charitable agencies or individuals.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

For every \$1 in County funding, ECC is able to leverage \$3.58 from state and federal sources. During 2014, of the \$431,880 in funds allotted to ECC from the County, a total of approximately \$188,000 was used as matching funds to allow ECC to leverage an extra \$412,000 from Federal and State sources.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

1) Provide outpatient primary health care services, including pediatrics, dental care and supportive services to working poor/indigent adult and children who are residents of Escambia County, Florida.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1) Total number of charitable visits by Escambia County residents
- 2) Expense per visit for charitable visits
- 3) Overall value of care provided through charitable support of Escambia County.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

2014 Baseline statistics:

- 19.282 charitable visits
- \* \$147.56 Expense/visit
- \* \$2,845,252 Value of Care provided



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year		
Contributions from Private Sources	0.00	0.00	0.00		
Programmatic Income	8,269,356.00	9,861,030.00	10,502,302.00		
County Funding	431,880.00	431,880.00	525,000.00		
City Funding	0.00	0.00	0.00		
State Funding	1,434,605.00	1,250,602.00	1,020,650.00		
Federal Funding	2,428,399.00	2,772,465.00	2,850,000.00		
Memberships					
Investment Income					
Other Income	2,169,980.00	2,622,500.00	2,602,048.00		
Total Income	14,734,220.00	16,938,477.00	17,500,000.00		



**Expenses** 

	Most Recently Completed Budge	Current t Year Budget Year	Proposed Budget Year		
Total Staffing	155.00	162.00	170.00		
Salaries and Wages	7,087,980.00	8,536,895.00	8,976,895.00		
Employee Benefits	1,890,460.00	2,304,962.00	2,423,762.00		
Professional Services	793,842.00	920,000.00	870,000.00		
Contractual Services	797,793.00	1,641,500.00	1,667,000.00		
Travel Expenses	128,093.00	186,000.00	240,000.00		
Rentals and Leases	690,890.00	827,036.00	1,103,262.00		
Communication	0.00	0.00	0.00		
Postage and Freight	24,661.00	31,000.00	31,000.00		
Repair and Maintenance	190,297.00	275,000.00	200,000.00		
Printing and Binding	2,500.00	3,200.00	3,500.00		
Marketing and Promotion	24,547.00	55,000.00	55,000.00		
Fuel	15,049.00	10,000.00	100,000.00		



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	1,122,904.00	1,323,800.00	1,137,000.00
Capitalizable Assets	626,891.00	275,000.00	275,000.00
Total Expenses	13,395,907.00	16,389,393.00	17,082,419.00
Net Income	1,338,313.00	549,084.00	417,581.00

Please explain any capitalizable asset contained in your request.

This is the cost of depreciation for owned assets, and assets lost as a result of the April 2014 flood.

INTERNAL REVENUE SERVICE DISTRICT DIRECTOR C - 1130 ATLANTA: GA 30301 Date: JAN 12 1993

ESCATIA COMMUNITY CLINICS INC BA :T HOSPITAL INC C/O GARY B LEUCHTMAN ESQ P O BOX 12950 PENSACOLA, FL 32576 Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c) (3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a) (1) and 170(b) (1) (A) (ili).

If your sources of supports or your purposes: character; or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the ame of document or bylaws. Also, you should inform us of all changes in your name or address.

As of Jenuary 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. Howevers if you lose your section 509(a)(1) status a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the gubstantial or maderial change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revence Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Comors may deduct contributions to you as provided in section 170 of the

Code. Bequests: legacies: devises: transfers: or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055: 2106: and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts; with no consideration received. Ticket purchases and similar payments in conjunction with fundralsing events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104x which sets forth guidelines regarding the deductibility, as charitable contributions; of payments made by taxpayers for admission to or other participation is fundralsing activities for charity.

In the heading of this letter we have indicated whether you must file Form 990. Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25.000. However, if you receive a Form 990 package in the mall, please file the return even if you to not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filled by the 15th day of the fifth wonth after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filled late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Eusiness Income Yax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your applications a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 801(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3); there should be evidence that the funds will remain

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#### ESCAMBIA COMMUNITY CLINICS INC

dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.8, 1956-2, page 396.)

If we have indicated in the heading of this letter that en addendum applies, the enclosed addendum is an imbegral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records,

He have sent a copy of this letter to your representative as indicated in your poker of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Paul Williems District Director

Enclosura(a): Addendum If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations: tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1371, Deductibility of fayments Made to Charities Conducting Fund-Raising Events. You may, obtain copies of Publication 1391 from your local IRS Office, Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1970-1 C.B. 471 and Revenue Frocedure 92-49, 1992-24 I.R.B. 18.

The value of time or personal services contributed to your organization by volunteers is not deductible by those volunteers as a charitable contribution for Federal income tax purposes. You should advise your volunteers to this effect.



LET'S THRIVE TOGETHER

www.warrenaverett.com

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

<u>A :</u>	For the	2013 calendar year, or tax year beginning and	d ending	_			
В	Check If applicable	C Name of organization		D Employer identific	ation number		
13	Addres	ESCAMBIA COMMUNITY CLINICS INC.		· ·			
Ť	Name	Doing Business As		59-3	105246		
7	initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<del></del>			
7	Termin		2G		436-4630		
⊨	ated Amend		24.03	G Gross receipts \$	15,930,470.		
F	ireturn hpplica tion			<del></del>			
_		F Name and address of principal officer DON TURNER		H(a) is this a group re	7 Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in			
1	Tov evo	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	-	list. (see instructions)		
		The status: A 30 (E(6)	01 021	<b>⊣</b>	· ·		
		organization; X Corporation Trust Association Other	. Vani	H(c) Group exemption	State of legal domicile: FL		
		Summary	( L Year	rorrormation: 1995 W	State of legal domiche: P.L.		
	7 7 1	Briefly describe the organization's mission or most significant activities: TO E	ROVIDI	E COMPREHENS	IVE PRIMARY		
Activities & Governance		AND PREVENTIVE HEALTH CARE SERVICES TO F					
Ē	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo					
ž.	3 1	number of voting members of the governing body (Part VI, eqient's Cop			13		
Ğ	أبة	lumber of independent voting members of the governing body (Part VI, line 1b)	у у	4	13		
**	5	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	177		
靠	8 -	otal number of volunteers (estimate if necessary)			0		
흦	7.	otal unrelated business revenue from Part VIII, column ( 2 2	E 1	7a	0.		
₹	1 6	Net unrelated business taxable income from Form 990-T, lies 24. AMB ARMIS		7a	0.		
_				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	-	1,532,680.	4,411,176.		
ē	9	Program service revenue (Part VIII, line 2g)		5,127,290.	10,834,031.		
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		77.	78.		
£	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,638,457,	685,185.		
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,298,504.	15,930,470.		
_		3rants and similar amounts paid (Part IX, column (A), fines 1-3)		0.	0.		
				0.1	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,057,069.	8,286,558.		
Expenses	15			0.	0,200,550.		
ē	108	Professional fundraising fees (Part IX, column (A), line 11e)			1997		
ä	i	Fotal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	3,151,256.	6,410,482.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,208,325.	14,697,040.		
		Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		-909,821.	1,233,430.		
= 5	19	Revenue less expenses. Subtract line 18 from line 12					
TO SIS	- A	Fotol construction of Village 10	<u> </u>	eginning of Current Year 2,014,574.	End of Year 3,308,819.		
lesset of con-	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		1,079,466.	1,140,281.		
	21	Net assets or fund balances. Subtract line 21 from line 20	·····	935,108.	2,168,538,		
_	22 art #	Signature Block		233,1004	<u> </u>		
_			ilae and etator	ments and to the best of m	v knowledge and helief it is		
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.							
Şiç		Signature of officer		Date			
He	_	DON TURNER, EXECUTIVE DIRECTOR					
776		Type or print name and title					
Date . Check D. PTIN							
Pa	ld	Print/Type preparer's name  BARBARA L. NOLL, CPA Barbara Signature	2 004	8/13/14 sett-employ			
	parer	Firm's name WARREN AVERETT, LLC	<del>- 1</del>	Firm's EIN	45-4084437		
	e Only	Firm's address 45 EGLIN PARKWAY, SUITE 301					
	1	FT. WALTON BEACH, FL 32548		Phone no.85	0-244-5121		
N. J.	av tha 10	S discuss this return with the preparer shown above? (see instructions)		[	X Yes No		
IVI	ay it its if	in discress this ratelly were the blabater shown shows (see ulstractions)			E- 000 (0012)		

	990 (2013) ESCAMBIA COMMUNITY CLINICS INC. 59-3105246 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF ESCAMBIA COMMUNITY CLINICS, INC. IS TO PROVIDE
	COMPREHENSIVE PRIMARY AND PREVENTIVE HEALTH CARE SERVICES TO RESIDENTS
	OF ESCAMBIA COUNTY AND THE SURROUNDING AREA. ESCAMBIA COMMUNITY
	CLINICS, INC. IS COMMITTED TO ASSURING ACCESS TO CARE FOR THE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule Q.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 11,953,170 . Including grants of \$
	PATIENT SERVICES - TO PROVIDE QUALITY AMBULATORY MEDICAL CARE TO THE
	INDIGENT OF THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO
	PAY.
4D	(Code:) (Expenses \$) (Revenue \$)
	·
4¢	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 11,953,170.
	rum 999 (2019)

	·		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X.	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X.
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X.
4	Section 501(c)(3) organizations. 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	_4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, essessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_ i		
	Schedule D, Part III	8		<u>x</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		3.5
	If "Yes," complete Schedule D, Part IV	9_		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		<u> </u>
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	1 .		
	as applicable.	k dirini	. 4	1997
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	1
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	444		x _
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	<del>  -</del>	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	1	x
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	116	<b></b>	-
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444	ļ	_x_
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	1
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	128	^	<del></del>
D	If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13	Did the organization maintain an office, employees, or agents outside of the United States?	140		x
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, <del>, , , , , , , , , , , , , , , , , , </del>		<del></del> -
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	)		
	or more? If "Yes," complete Schedule F, Parts I and IV	146	1	X.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
,,,	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		T	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	}	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
,,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u>l</u>	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross Income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
_	complete Schedule G, Part III	19		X
20a	man and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	20a		X
ط	to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	20b		<u> </u>
		Form	n <b>990</b>	(2013)

Form 990 (2013) ESCAMBIA COMMUNITY CLINICS INC.

[Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Old the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			•
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	-	- 1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 if "Yes," complete			
	Schedule L, Part I	25ь		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	d	-	44 × 2
	Instructions for applicable filing thresholds, conditions, and exceptions):	11.10	$\sim$	100 1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
Þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	١.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and	}	l i	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	36a		_X_
ь	If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		]	~
	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	<u> </u>
37		37	1	x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	-3/	<del>                                     </del>	
38	Note. All Form 990 filers are required to complete Schedule O	38	X	{
_	More: City Ann and the addition to combine actioning a	- 30	~~~	

Form 990 (2013) ESCAMBIA COMMUNITY CLINICS INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

Errier the number reported in Box 3 of Form 1006. Enter 0- if not applicable   1		Check it Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-SG included in line 1a, Enter 0-if not applicable  Oild the organization comple, with backsip withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-G, Transmittal of Wage and Tax Statements,  If a class one is reported on line 2a, did the organization line all required factors are reported on line 2a, did the organization file all required factors are reported to refer the search of lines is and 2a is greater than 250, you may be required to a few less entructions)  3b Old the organization have unrelated business gross income of \$1,000 or more during the year?  3c If If Y-se, a file of Form 990-77 for this year? If Y-No, 1 risk as, 1,000 or more during the year other authority over, a financial account in a foreign country (such as a subma account; southers account?)  4c At any time during the catendar year, did the organization have an interest in, or a signature or other stationity over, a financial account in a foreign country (such as a subma account; southers account?)  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization and provide an explanation of the organization file Form 8886-17  6d Does the organization have an annual gross receipts that are normally greater than \$100,000, and did the organization organization related as party in organization are express statement that such contributions or gifts  6d Does the organization have an annual gross receipts that are normally greater than \$100,000, and did the organization organization and the expression of the explanation organization and the expression of the explanation organization organization and the expression organization are expression organization and expression organization and explanation organization organization organization				Yes	No		
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2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, feed for the celentary year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If Yes, has it filed a Form 990-7 for this year? If YNo, 1 and 3b, provide an explanation in Schedule O.  3b If Yes, has it filed a Form 990-7 for this year? If YNo, 1 and 3b, provide an explanation in Schedule O.  3b If Yes, has it filed a Form 990-7 for this year? If YNo, 1 and 3b, provide an explanation in Schedule O.  3b If Yes, and the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the filed of the	C		<u>}</u>	1	. · · · · ·		
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Note. If the sum of lines is and 2n is greater than 250, you may be required to e-tile (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 If "Yes," has it filed a Form 990." for this year? // "No," to fine 30, provide an explanation in Schedule O  3 If "Yes," the littled a Form 990." for this year? // "No," to fine 30, provide an explanation in Schedule O  3 If "Yes," enter the name of the foreign country. ►/  5 If "Yes," enter the name of the foreign country. ►/  5 See instructions for filling requirements for form 70 F 90.22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes," to lie 5 aor 50, lid the organization file Form 890.77?  5 Use the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles a charitable contributions?  5 If "Yes," did the organization include with every soliditation an express statement that such contributions or gifts were not tax deductible?  7 Organization that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every soliditation an express statement that such contributions or gifts were not tax deductible?  9 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile form 8202?  16 If "Yes," indicate the number of Forms 8282 fled during the year  17 If "Yes," indicate the number of Forms 8282 fled during the year  18 If "Yes," indicate the number of Forms 8282 fled during the year  19 If "Yes," indicate the number of Forms 8282 fled during the year  19 If "Yes," indicate the number of Forms 8282 fled during the year  19 If "Yes," indicate the number of Forms 8282 fled during the year  19 If "Yes," indicate the number of Forms 820 fled furing the year  20 If the organization received an orthib			1	}	100		
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4a A rary 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, or other financial account;?  5a einstructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization that twiss or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a X X  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b L Yes, it oline 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b L Yes, it oline 5a or 5b, did the organization include with every solicitation are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c L Yes, it oline that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor?  5c Did the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor?  5c Did the organization receives a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor?  5d If Yes, indicate the number of Forms 8282 filed during the year  5d If Yes, indicate the number of Forms 8282 filed during the year  5d If Yes, indicate the number of Forms 8282 filed during the year  5d If Yes, indicate the number of Forms 8282 filed during the year  5d If Yes, indicate the number of Forms 8282 filed during the year  6d Did the organization received a contribution of qualified intellectual property, did the organization.  6d Possible organization makes any taxable	3а		За		X		
trancial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if Yes,* enter the name of the foreign country;  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction?  5c U if Yes,* to line 6 a or 5b, did the organization file Form 886-17.  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitatile contributions?  6c Dress the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Dress the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 orgenization state that year cereive deductible contributions under section 170(c).  8 If Yes,* did the organization notify the donor of the value of the goods or services provided?  9 Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8832?  9 Did the organization received a contribution of oas, bloats, airplanes, or other vehicle, ald the organization received a contribution of oas, bloats, airplanes, or other vehicle, ald the organization file—60 of oas, bloats, airplanes, or other vehicle, ald the organization file—60 of oas, bloats, airplanes, or other vehicle, ald the organizations. Did the supporting organization received a contribution of oas, bloats, airplanes, or other vehicle, ald the organizations. Did the organization maintaining donor advised funds and section 4986?  9 Spensoring organization maintaining donor advised funds and section 4986?	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	35				
b if Yes,1 enter the name of the foreign country; P See instructions for filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as contrable is contributions under section 170(c).  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If Yes,2 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If Yes,3 did the organization notify the donor of the value of the goods or services provided?  8c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If Yes, in did the organization notify the donor of the value of the goods or services provided?  8c Did the organization neceived a contribution of qualified intellectual property, did the organization file Form \$999 as required?  9c Did the organization received a contribution of qualified intellectual property, did the organization file Form \$999 as required?  9c Sponsoring organization, and advised funds and section \$986?  9c Did the organization make a distribution of darks posters of payments of payments of payments of payments of payments of payments of payments of payments of payments of payments of payments	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_				
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  (if *Yes,* to line 5a or 5b, did the organization file Form 888-17?  (if *Yes,* to line 5a or 5b, did the organization file Form 888-17?  (if *Yes,* to line 5a or 5b, did the organization file Form 888-17?  (if *Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  (if *Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  (if *Yes,* did the organization relate a payment in excess of 35 made party as a contribution and party for goods and services provided to the payor?  (if *Yes,* did the organization notify the donor of the value of the goods or services provided?  (if *Yes,* indicate the number of Forms 8282 filed during the year  (if *Yes,* indicate the number of Forms 8282 filed during the year  (if *Yes,* indicate the number of Forms 8282 filed during the year year indicated to the forms 8282 filed during the year year payment in except of Forms 8282 filed during the year year premiums, directly or indirectly, to pay premiums on a personal benefit contract?  (if *Yes,* indicate the number of Forms 8282 filed during the year year premiums, directly or indirectly, on a personal benefit contract?  (if the organization received a contribution of qualified intellectly, on a personal benefit contract?  (if the organization make any texable distributions under section 59(s)(s) supporting organizations file Form 8899 as required?  (if the organization make any texable distributions under section 4966?  (if *Yes,* indicate the organization make any texable distributions under section 4966?  (if *Yes,* indicate the organization make any texable distributions under section 4966?  (if *Yes,* indicate the organization file form 500 in file of the organization make any texable distributions under sectio		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	51		1		
c if "Yes," to line 5a or 5b, did the organization file Form 8886-T?  8a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$5' made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Ucid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?  8 Spansoring organizations maintaining denor advised funds and section 509(a)(3) supporting organization file a Form 1088-C?  8 Spansoring organizations maintaining denor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 Section 501(c)(2) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b ("Yes," enter the amount of tax-exempt interest received or accrued during the year.  1 To a little organization the substance or shareholders.  b Gross receipts, included on Form 900, Part VIII, line 12  a Section 501(c)(2) qualified	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Ĺ _	_X		
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	ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u> </u>	<u> </u>		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to mile da, da, da rob below, describe the circumstances, processes, or changes in Schedule O				
	Check if Schedule O contains a response or note to any line. In this Part VI				X
<u>Sec</u>	tion A. Governing Body and Management				
				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	_1.3	7	
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1			
b	Enter the number of voting members included in line 1a, above, who are independent	16	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	' <del></del>			r
~			2		x
3	Olid the organization delegate control over management duties customarily performed by or under the		·····		
•	- · · · · · · · · · · · · · · · · · · ·		3	}	v
	of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form S				<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass				
6	Did the organization have members or stockholders?		В		<u>x</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				**
	more members of the governing body?		<u>7a</u>		<u> </u>
Ъ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		)		
	persons other than the governing body?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
a	The governing body?	, <b>,</b> ,	Ba_	X_	
þ	Each committee with authority to act on behalf of the governing body?	,,	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal A	Revenue Code.)			
				Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		````		
•	and branches to ensure their operations are consistent with the organization's exempt purposes?		105		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,	· · · · · · · · · · · · · · · · · · ·		£. 5
			128	Ĭ "	X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicte?			
þ	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		<u>120</u> _	<del>                                     </del>	
C				}	
	In Schedule O how this was done			-	
13	Did the organization have a written whistleblower policy?				<u>X</u>
14	Did the organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				30 - 64 
a	The organization's CEO, Executive Director, or top management official		15a		<u> </u>
b			15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ement with a	A. 4		
	taxable entity during the year?			1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation	k 19. 3	1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s	only) availat	ole	
	for public inspection, Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •			
	<u> </u>	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		y, and fina	ncial	
-4	statements available to the public during the tax year.	· · · · · · · · · · · · · · · · · · ·	•		
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the ord	anization:	•	
	DON TURNER - 850-436-4630	:			
	14 W JORDAN STREET SUITE 2G, PENSACOLA, FL 32501				
	THE IS CONTINUED DISTRIBLE DOLLARS AND LEGISLANDS OF THE CONTINUED AND AND AND AND AND AND AND AND AND AN				_

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#### ESCAMBIA COMMUNITY CLINICS INC.

59-3105246

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	Ť		(<		_	_	(D)	(E)	(F)			
Name and Title	Average	رر erage			Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box.	unier	56 pe	rson i	is bot	h an	compensation	compensation	amount of			
	week	-		<b>u u</b> u	ROCIO	#/ <b>#</b> @	(44)	from	from related	other			
	(list any	ם						the	organizations	compensation			
	hours for related	8				*	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the			
	organizations	퍨	₹		18	8		(W-2/1099-MISC)		organization and related			
	below	2	量		臺	프로	<u>ا</u> ا			organizations			
	Ilne)	ofwices trustee or frector	DS SPHION AND PROSING	Officer	Ey employa	Habit composition employee	Former			organization.			
(1) JOHN PORTER	1.50				_		_						
CHAIRMAN		X		X		l		0.	0.	0.			
(2) DENISE BARTON	1.50		<u> </u>		·	1							
VICE CHAIRMAN		x		X				0.	0.	0.			
(3) PATRICK EMMANUEL, JR.	1,00						· ·						
SECRETARY		Х		Х				0.	0.	0.			
(4) ROSCOE ELMORE	1.00						•	_	_	_			
TREASURER		Х	辶	X	_	1	<u> </u>	0.	0.	0.			
(5) JUSTIN LABRATO	2.00							_	_	_			
TREASURER		X	ļ	X	ļ	<u> </u>		0.	0.	0.			
(6) WALTER RITCHIE	0.50								_	_			
DIRECTOR		X			┡	<u> </u>	Ļ.,	0.	0.	0.			
(7) JOSEPH EMMANUEL JR	0.50				1	1		_					
DIRECTOR		X	├	_	┝	-	١	0	0.	0.			
(8) BOB WILSON	0.50	x						0.	٥.	0.			
DIRECTOR	0.50	X			╀	-		U -	<del> </del>	<u> </u>			
(9) JESSICA GRIFFEN	0.50	x			l			0.	0.	0.			
DIRECTOR (10) DAISY WHITE	0.50	Α.		$\vdash$	$\vdash$								
DIRECTOR	0.50	x	ļ	1	1			0.	0.	0.			
(11) ANN OSINAME	0.50		$\vdash$		<del>                                     </del>	$\vdash$	$\vdash$	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
DIRECTOR		x		ļ				0.	0.	0.			
(12) FREDDIE CATTOUSE	0.50				1		T						
DIRECTOR		x						0.	0.	0.			
(13) LAURA IRWIN	0.50		Π			П	П	•					
VICE CHAIRMAN		x		X				0.	0.	0.			
(14) BILL BASS	0.50			ŀ						_			
DIRECTOR		X	_	<u> </u>	┖		<u> </u>	0.	0.	0.			
(15) MICHAEL ZIEHL	0.50	1		1				_	_	_			
DIRECTOR		Х	_	<u> </u>	<u> </u>	-	<u> </u>	0.	0.	0.			
(16) LISA MAYO	0.50						1			_			
DIRECTOR	40.00	X	-		╄	igapha	ļ	0.	0.	0.			
(17) GEORGE A.W. SMITH	40.00	1	}	ļ.,				193,498.	٠.	<u>o.</u>			
CHIEF MEDICAL OFFICER			!	Х		1	1	T. T23,430.	<u> </u>	Form <b>990</b> (2013)			
332007 10-29-13										rom <b>330</b> (2013)			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revegue Contributions, Giffs, Grants and Other Similar Amounts Federated campaigns 1a 10,500 Membership dues 1b Fundraising events 10 c Related organizations 1¢ Government grants (contributions) 1e 2,507,998 All other contributions, gifts, grants, and similar amounts not included above ..... 892 678 Noncash contributions included in lines 1s-1f; \$ Total, Add lines 1a-1f. Business Code Program Service Revenue PATIENT SERVICES 621990 10.834.031 All other program service revenue 1.250 Total, Add lines 2a-2f 10.834.031 Investment income (including dividends, interest, and 3 other similar amounts) Income from investment of tax-exempt bond proceeds 5 (ii) Personal Gross rents Less: rental expenses ....... Rental income or (loss) ...... Net rental income or (loss) -7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ........ Gain or (loss) d Net gain or (loss) 8 a Gross Income from fundralsing events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Less: direct expenses \_\_\_\_\_ b Net income or (loss) from fundralsing events Gross Income from gaming activities. See Part IV, line 19 ...... 8 b Less: direct expenses \_\_\_\_\_ b Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances Less: cost of goods sold \_\_\_\_\_ Net income or (loss) from sales of inventory Miscellaneous Revenue <u>Business Code</u> <u>685 18</u>5 OTHER CLINIC REVENUE 900099 685,185 All other revenue Total, Add lines 11a-11d 685<u>.185</u> Total revenue. See instructions. 332009 10-29-13 Form **990** (2013)

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Chack if Schedule O contains a respor	i <u>plete all columns. All oth</u>	ner organizations must c	omplete column (A).	
Do 76,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			₽ia.	
2	Grants and other assistance to individuals in			1 .	
	the United States. See Part IV, line 22			3.00	
3	Grants and other assistance to governments,			100 m	The Book of the Control
	organizations, and individuals outside the			( ) ( ) ( ) ( ) ( ) ( )	
	United States, See Part IV, lines 15 and 16	<u> </u>			
4	Benefits paid to or for members			up <del>r</del>	
5	Compensation of current officers, directors,		"		
	trustees, and key employees	602,604.	445,927.	156,677.	
6	Compensation not included above, to disqualified				- "
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		·		
7	Other salaries and wages	5,952,662.	4,404,970.	1,547,692.	
8	Pension plan accruals and contributions (include		,		
	section 401(k) and 403(b) employer contributions)		ı		
9	Other employee benefits	1,638,290.	1,212,335.	425,955.	
10	Payroll taxes	93,002.	68,822.	24,180.	
11	Fees for services (non-employees):	337002	00,0221	24,200	
	Management				
ь	· · ·	<u> </u>			
c	[			<del></del>	
d	Lobbying				
e	Professional fundralsing services. See Part IV, line 17				,
f	Investment management fees				
8	column (A) amount, list line 11g expenses on Sch O.)	776 776	742 002	24 772	
		776,775. 10,741.	742,002.		<u></u>
12	Advertising and promotion		<u>2,148.</u>	8,593.	
13	Office expenses	46,386.	41,747.	4,639.	,
14	Information technology				
15	Royalties	- F45 760	200 002	010 700	
16	Occupancy	547,763.	<u>329,063</u> .	_218,700.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			·	
19	Conferences, conventions, and meetings	110,045.	93,538.	16,507.	
20	Interest	4,339		<u>4,339.</u>	
21	Payments to affiliates	161 505	444 444	· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	164,737.	148,264.	<u> 16,473.</u>	
23	Insurance	36,175.	7,235.	28,940.	
24	Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e, if line				
	24e amount exceeds 10% of line 25, column (A)		#	17 10 Z. A	
	amount, list line 24e expenses on Schedule 0.)				The Production of the Production
а	CHARITY CARE	1,987,947.	1,987,947.	<u> </u>	
ь	BAD DEBT	1,781,723.	1,781,723.	, a	
C	SUPPLIES	677,907.	<u>576,577.</u>	101,330.	
đ	REPAIRS AND MAINTENANCE	95,439	57,263.	38,176.	
e		170.505.	53,609.	<u>116,896.</u>	
25	Total functional expenses. Add lines 1 through 24e	14,697,040.	11,953,170.	<u>2,743,870.</u>	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	;			
	educational campaign and fundraising solicitation,				
	Check here if following SOP 98-2 (ASC 958-720)				

-orm	990 (2013) ESCAMBIA COMMUNITY CLINICS INC.	_59-	- 3 1 0 5	246	Pag	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	5,93	0,4	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,69		
3	Revenue less expenses. Subtract line 2 from line 1	3	J	.,23	3.4	30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				08.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7	1,16	8.5	38.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	-,,,	****		47-447	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1.7	F .;
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u>o.</u>				100
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				10.00	
	separate basis, consolidated basis, or both:					100
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				*	
	consolidated basis, or both:			[v ]		
	X Separate basis Consolidated basis Both consolidated and separate basis					er Carrings
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	,	1	r	<b>}</b>
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	١.	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dlt	1		
	Act and OMB Circular A-133?			3a	X	<u> </u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	dit			[
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Зъ	X	L
				Form	990	(2013)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Rescan for Public Chartly Status (A) expansions must complete this part.) See instructions.	Name of t	the organizati	on							Employer	identificat	ion กบ	mber
The organization is not a private foundation because it is: [For lines 1 through 11, check only one box.]    A school described in section 170(k)*(fAKI)(i), Altitach Schodule (E.)   A school described in section 170(k)*(fAKI)(i), Altitach Schodule (E.)   A hospital or a coopprative hospital service organization described in section 170(k)*(fAKI)(ii),   A hospital or a coopprative hospital service organization described in section 170(k)*(fAKI)(ii),   A hospital or a coopprative hospital service organization described in section 170(k)*(fAKI)(ii),   A hospital or a coopprative hospital service organization described in section 170(k)*(fAKI)(iii),   A hospital or a coopprative hospital service organization described in section 170(k)*(fAKI)(iii),   A hospital state, or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state, or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state, or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state, or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state, or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state, or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state or local state for interest and the section 170(k)*(fAKI)(iii),   A hospital state or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state or local government or governmental unit described in section 170(k)*(fAKI)(iii),   A hospital state organization exceptions, and (g) no more than 33 1,3% of its support from contributions, governmental unit described in section 180(k)*(faKI),   A hospital state organizatio			ESCAMBI	A COMMUNITY	CLINI	CS IN	c.			5	<u>9-3105</u>	246	;
A shool described in section 170(b)(1)(A)(I), (Altach Schedule E.)  A shool described in section 170(b)(1)(A)(II), (Altach Schedule E.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).  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;  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).  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV).  A reganization that normally receives: (I) more than 33 173% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust described in section 170(b)(1)(A)(IV). (Complete Part III.)  A community frust frust frust frust III. (III.) (IV). (Complete Part III.)  A community frust frust frust frust III. (IV). (Complete Part III.)  A community frust frust frust frust III. (IV). (Complete Part III.)  A community frust frust frust frust frust III. (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV). (IV)	Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	rt.) See Ins	tructions	S,			
A school described in section 170(b)(1)(A)(II), (Alach Schodule E)	The organ												
3 X A hospital or a cooperative hospital service organization described in section 170(b)(1XA(iii)). Enter the hospital's name, city, and state;  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1XA(iii)). Complete Part II.)  A rederal, state, or local government or governmental unit described in section 170(b)(1XA(iv)). (Complete Part III.)  A rederal, state, or local government or governmental unit described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 170(b)(1XA(iv)). (Complete Part III.)  A community furst described in section 511 tax) from businesses acquired by the organization attending research securities related to its exempt functions - subject to certain exceptions, and (2) or more than 33 1.73% of its support from gross investment income and unrelated businesses taxable income (sees section 511 tax) from businesses acquired by the organization attending research securities related to its exempt functions - subject to certain exceptions, and (2) or more than 33 1.73% of its support from gross investment income and unrelated to tax exempt functions - subject to certain exceptions, and (2) or more than 33 1.73% of its support from gross investment income and unrelated to tax exempt functions - subject to certain exceptions, and (2) or to carry out the purposes of one or more publicly supported organization organization organization organization in section 509(a)(1). Check the box that describes the type of suppo	1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	D(b)(1)(A)(i)	<b>}</b> .				
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.  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)(iii). (Omplete Part II.)  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)(iii). (Complete Part II.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) in more than 33 1/3% 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.)  An organization organization and operated exclusively to test for public safety. See section 509(a)(4).  An organization organization 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 and sections 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complets lines 11e through 11h.  a					,								
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a Type II b Type II c Type III c Type III c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, i certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II. Type III or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (ii) A samily member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) I supported organization (v) Did you notify the organization in col. (i) arganization in col. (i) organization (ii) organization in col. (ii) arganization in col. (ii) arganization in col. (iii) arganization in col. (iii) arganization in col. (iii) organization (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in co								2). See see	etion <del>5</del> 0	9(a)(3). Ch	eck the box	that	
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Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Controlled the following information about the supported organization (see instructions))  (iv) Did you notify the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (ii) organization in col. (iii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) org	•			alm bana		_							
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(iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (v) Did you notify the organization (described on lines 1-9 above or IRC section (see Instructions))  (iii) Name of supported organization (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))  (iv) Is the organization (v) Did you notify the organization in col. (ii) organization in col. (ii) organization in the U.S.?  Yes No Yes No Yes No												1.00	1,10
(ii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))  (iii) Name of supported organization  (iii) EIN  (iii) Type of organization (iv) Did you notify the organization in col. (i) Islated in your ganization in col. (ii) organization in col. (iii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) org													
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organization (described on lines 1-9 above or IRC section (see Instructions))    Vest   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes	h								, - ,		(**********************************	•	
organization (described on lines 1-9 above or IRC section (see Instructions))    Vest   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes		<u> </u>			t				4.41	\ l= 46-#			
(see instructions)) Yes No Yes No  No  No  No  No  No  No  No  No  No			(II) EIN	(described on lines 1-9	in col. (i) il	sted in your	organiza	tion in col.	organiza (I) organ	ation in col. nized in the	· •		
Yes No Yes No			ļ										
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	Total											_,	

Schedule A (Form 990 or 990-EZ) 2013

Page
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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					"	
	ndar year (or fiscal year beginning in) 📂	(e) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	•		•			,,, , <u> </u>
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	Ization's benefit and either paid to						
	or expended on its behalf						
9	The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
	- ··· }						
	Total. Add lines 1 through 3		<del>-</del>				
5	The portion of total contributions		, i			"	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					· 1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	:		· !			
	column (f)	-			-		
	Public support. Subtract line 5 from line 4.		<u> Santa da Africa.</u>				
	tion B. Total Support				,		
	idar year (or fiscal year beginning in) 📂 🏻	(s) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from Interest,					1	
	dividends, payments received on				1		
	securitles loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					•	
10	Other income. Do not include gain		•				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see Instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	tion C. Computation of Publi	c Support Pe	rcentage			A.5.	
14	Public support percentage for 2013 (III	ne 6, column (f) di	vided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, Ilne 14			_15	96
	33 1/3% support test - 2013. If the o					ore, check this box	
	stop here. The organization qualifies a	as a publicly supp	orted organization				
þ	33 1/3% support test - 2012. If the o	rganization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organiz	ation
	meets the "facts-and-circumstances" 1					•	
ь	10% -facts-and-circumstances test						
_	more, and if the organization meets th						<del>-</del> -
	organization meets the "facts-and-circ						
18	Private foundation, if the organization						
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	T THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE	on mig 10, 10	<u></u>	A - L -		

## Schedule A (Form 990 or 990-EZ) 2013 [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and			, , , , , , , , , , , , , , , , , , ,			
membership fees received. (Do not						
include any "unusual grants.")						
2 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						
3 Gross receipts from activities that	<del></del>			<del></del>		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		<del>                                     </del>			<del> </del>	
ization's benefit and either paid to				1	1 .	
or expended on its behalf						I
5 The value of services or facilities					<del> </del>	
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		<del></del>			<del> </del>	
7a Amounts included on lines 1, 2, and				<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
3 received from disqualified persons						I
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.						
c Add lines 7a and 7b						
8 Public support (Subtractline 7c from line 6.)					<u> </u>	
Section B. Total Support						***************************************
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		(6) 2010	(6) 2011	10) 2012	(8) 2013	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						,
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						<b>2000</b>
13 Total support. (Add lines 9, 100, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization'	s first, second, thin	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation.
				-	an ou reason or gar no	
Section C. Computation of Public						<u>, , , , , , , , , , , , , , , , , , , </u>
16 Public support percentage for 2013 (lin			olumn (f))		15	96
16 Public support percentage from 2012 S					16	96
Section D. Computation of Invest					.1. , , , , , , , , , , , , , , , , , ,	·
17 Investment income percentage for 201:			e 13. column (f))		17	%
18 Investment income percentage from 20		B			18	94
19e 33 1/3% support tests - 2013, if the o					· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, check this box and						
<b>b</b> 33 1/3% support tests - 2012. If the o	rganization did r	not check a box on	fine 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, check						
20 Private foundation. If the organization	old not check a	pox on line 14, 19	a, or 195, check t	nis box and see in	structions	

COLOR A (FOIL	n 990 or 990-EZ)	2013 ESCAMB	IA COMMUNITY vide the explanations is	<u>Y CLINICS</u>	INC.		9-3105246 Pa
	. ,			,	i, line 10; Part i	II, line 17a or 17	b; and Part III, line 12.
Aisc	complete this p	art for any additions	al information. (See ins	structions).			
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#### SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

_	ESCAMBIA COMMUNITY CLINICS INC.	<u> 59-3105246</u>
Pai	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts, Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<del></del>
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	
•		
6	are the organization's property, subject to the organization's exclusive legal control?	Yes LiNo
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	· <u> </u>
D-a	impermissible private benefit?  rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV.	Yes No
		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	Istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
	year >	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_		Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
7		
8	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(t)	
_	and section 170(h)(4)(B)(ii)?	Yes LNo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include. If applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
Date	conservation easements.	C:!
. Fai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement at	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and to	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(I) Revenues included in Form 990, Part VIII, line 1	. <b>-</b> \$
	(ii) Assets Included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

		A COMMUNIT				<u>59-310</u>	<u>5246</u>	Page 2
_		Collections of A	rt, Historical 1	reasures, or (	Other Simil	<u>ar Assets</u>	(continue	<del>(</del>
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that ar	e a significant :	use of its co	ollection it	tems
	(check all that apply):							
a	Public exhibition	(	af 🔙 Loan ore≀	kchange programs	ł			
b	Scholarly research	•	g Other					
C	Preservation for future generations							
4	Provide a description of the organization's of	ollections and explai	in how they further	the organization's	exempt purpo	se in Part >	KIII.	
5	During the year, dld the organization solicit of	or receive donations	of art, historical tre	asures, or other s	imilar assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?			Yes	☐ No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	<b>igements.</b> Compl	ete if the organizat	ion answered "Ye	s" to Form 990	Part IV, lin	e 9, or	
1a	Is the organization an agent, trustee, custoo		diary for contribution	ons or other assets	s not included			
	on Form 990, Part X?						Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ikowina tahla:				169	140
~	TO THE STREET OF STREET STREET	and complete the to	MOWING LADIE.					
c	Beginning halance				4-		mount	
ă	Beginning balance				1c			
	Additions during the year	***************************************		-11-11/11/11/11/11/11/11/11/11	1d			
4	Distributions during the year				10			
7	Ending balance				11			
2B	Did the organization include an amount on F	om 990, Part X, line	217			, نا	Yes [	No
Par	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation has bee	n provided in Part	XIII			
1. (21	t V Endowment Funds. Complete							
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d) Three y	ears back (	a) Four ye	ars back
	Beginning of year balance							
þ	Contributions						•	
¢	Net investment earnings, gains, and losses							
d	Grants or scholarships							
9	Other expenditures for facilities							
	and programs					1		
f	Administrative expenses							
9	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	ce fline 1a, column	(a)) held as:				
а	Soard designated or quasi-endowment		%	(14)				
b	Permanent endowment	%	<b>_</b> ^-					
C	Temporarity restricted endowment			1				
•	The percentages in lines 2a, 2b, and 2c shot							
20			_4: 414 11		4			
40	Are there endowment funds not in the posse	resion of the organiz	ation that are neit	ano aoministereo	tor me organiz	ation	[a.	1
	by:							No No
	(I) unrelated organizations			***			3a(i)	<del></del>
	(ii) related organizations						3e(ii)	<del></del>
	If "Yes" to 3a(II), are the related organization	a listed as required d	on Schedule R?				36	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	organization's endo	owment funds.					
Fai				<u> </u>				
	Complete if the organization answere							
	Description of property	(a) Cost or o			c) Accumulate	d (4	d) Book v	alue
		basis (Investr	nent) bask	s (other)	depreciation			
12	Lend				<u> </u>			
b	Buildings		7	01,275.	<u> 243,8</u> 9	99.	457,	376.
C	Leasehold improvements							
d	Equipment		1,1	52,439.	710,16	55.	442,	274.
	Other		4	61,872.	28,93	26.	432,	946.
Totai	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B), line	10(c).)		<b>▶</b> 1	332	596.

Sche	dule D (Form 990) 2013 ESCAMBIA COMMUNITY CLINICS	INC		59-	3105246 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per F	₹etur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	12,160,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			11 /	-
a	Net unrealized gains on investments	2a		]	
b	Donated services and use of facilities	2b			
C	Recoverles of prior year grants	2c		7	
d	Other (Describe in Part XIII.)	2d		7 .	
•	Add lines 2a through 2d			20	0.
3	Subtract line 2e from line 1			3	12,160,800.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			19 W.	
a	Investment expenses not included on Form 990, Part VIII, line 75	4a		1	
b	Other (Describe in Part XIII.)		3,769,670.	1	
c	Add lines 4a and 4b			40	3,769,670.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,930,470.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per		ım.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		,		
1	Total expenses and losses per audited financial statements			1	10,927,370.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,	<del>                                     </del>	10,527,5701
a	Donated services and use of facilities	28		1	'
ь	Prior year adjustments	25		┨	
-	Other losses	2c	· · · · · · · · · · · · · · · · · · ·	1	
d	Other (Describe in Part XIII.)			<b>∮</b> ·	•
_			<del></del>	┥	ĺ
3	Add lines 2a through 2d Subtract line 2a from line 1	• • • • • • • • • • • • • • • • • • • •		20	10,927,370.
4	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	10,927,370.
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	1 1			]′
-			3,769,670.	┨	
þ	Other (Describe in Part XIII.)			T	2 250 570
c	Add lines 4g and 4b			4c	3,769,670.
Ba	<u>Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</u> rt XIII Supplemental Information.			5	14,697,040.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional Inf	ormation.		
	" " " " " " " " " " " " " " " " " " " "		·		
		·			
	<u> </u>				
$\mathbf{PAI}$	RT XI, LINE 4B - OTHER ADJUSTMENTS:			_	
			_		
EXI	PENSES NETTED WITH REVENUE FOR GAAP REPORT	ING (	CHARITY_		
<u>CAI</u>	RE AND BAD DEBTS)				
<u>PAI</u>	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
EXI	PENSES NETTED WITH REVENUE FOR GAAP REPORT	ING (	CHARITY		
CAI	RE AND BAD DEBTS)				
	·				
			· · · · · · · · · · · · · · · · · · ·		

Schedule D (Form 990) 2013

332054 09-25-13

#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ESCAMBIA COMMUNITY CLINICS INC.

Employer identification number <u>59-3105246</u>

	The Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Care of the Ca			
	• In the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second		Yes	No
Ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	t.		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ľ		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		197	2 - 3/2
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	-	15 to 1	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	5.75	-	
		1.		
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1.8.7		N. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16	ľ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		100	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
		·	· · ·	<del>   </del>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1		1
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		112.5	
	establish compensation of the CEO/Executive Director, but explain in Part III.		ļ. ·	l .
			N. 3	
	Compensation committee Written employment contract		33.19	
	Independent compensation consultant	N.	<u> </u>	
	Form 990 of other organizations Approval by the board or compensation committee	jelek	\$40,40	
			100,000	+v. 🛬
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		7	
a	Receive a severance payment or change-of-control payment?			X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Ì	1.	
	4			. 15
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		, le	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		500	100
	contingent on the revenues of:			4
a	The organization?	5a		_x_
ь	Any related organization?	6b		X
	If "Yes" to line 5a or 5b, describe in Part III.		1,443	degra.
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			[
-	contingent on the net earnings of:	7.1		1
а	The organization?	64	1	X_
ь.	Any related organization?		<b>-</b>	x
_	If "Yes" to line 6a or 6b, describe in Part III.	3.77		
7		2.		4
•	not described in lines 5 and 6? If "Yes," describe in Part III	<b>-</b> - · ·		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		0.00	
Ų.		1 '		x
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	' <b>                                    </b>		<b>├</b>
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Requisitions section 53.4958-6(c)?	۰	1 0000	
	PRODUCTOR SECTION DAMESTANICO (	1 34	•	

59-3105246

ESCAMBIA COMMUNITY CLINICS INC.

Part 11 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (BXI)(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(III) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	8 5 5 5	(a).(i)(a)	in prior Form 990
(1) GEORGE A.W. SMITH	≘	183,000.	10,498.	0.	0	0.	193,498.	0.
BF MEDICAL OFFICER	€		•	0.	0.	0.	4	0.
TIUS	=	156,00	9,901.	0.	0.	.0	165,901.	0.
EMPLOYEE	€		.0	0.	.0	•0	0.	0.
(3) MANUSE ABENDAN	Ξ	156,00	9,131.	0.	.0	.0	165,131.	0.
OYEE	<u> </u>		.0	0.	0.	.0	.0	0
(4) ROCELIO SAMSOR	(i)	156,00	8,783.	.0	0.	• 0	164,783.	0.
OYER	(ii)		0.	0	0	0.	0.1	0
RGE BOLTMAN	ω	156,00	6,313.	.0	0.1	0.	162,313.	
	€		0.	0.	0.	0.	0.	
Y SALIB	(3)	156,000.	2,318.	.0	0.1	0	158,318,	
BLFLOYER	8	0.	0.	.0	0.	0.	0.	
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Schedule J (Form 990) 2013

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

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ESCAMBIA COMMUNITY CLINICS INC.

Employer identification number 59-3105246

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND THE SURROUNDING AREA. ESCAMBIA COMMUNITY CLINICS, INC. IS COMMITTED
TO ASSURING ACCESS TO CARE FOR THE MEDICALLY NEEDY, UNDER INSURED,
UNINSURED, AND UNDERSERVED POPULATIONS. ESCAMBIA COMMUNITY CLINICS,
INC. SHALL ENDEAVOR TO PROVIDE CARE WITH COMPASSION, DIGNITY AND
RESPECT FOR EACH PERSON REGARDLESS OF ABILITY TO PAY FOR SERVICES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDICALLY NEEDY, UNDER INSURED, UNINSURED, AND UNDERSERVED POPULATIONS.
ESCAMBIA COMMUNITY CLINICS, INC. SHALL ENDEAVOR TO PROVIDE CARE WITH
COMPASSION, DIGNITY AND RESPECT FOR EACH PERSON REGARDLESS OF ABILITY
TO PAY FOR SERVICES.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE BOARD MEMBERS REVIEW AND DISCUSS THE RETURN AT THEIR
MONTHLY BOARD MEETING PRIOR TO THE RETURN BEING FILED. THE CURRENT YEAR
RETURN IS COMPARED TO THE PRIOR YEAR AND ANY ISSUES ARE DISCUSSED AND
SETTLED AT THE MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: MANAGEMENT DISCLOSES GOVERNING DOCUMENTS IN RESPONSE TO
WRITTEN REQUESTS OF THE DOCUMENTS.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			<b>X</b>
	are filing for an Additional (Not Automatic) 3-Month Ex					
Da not ç	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electron	ic filling (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	months for a con	poration
required	to file Form 990-T), or an additional (not automatic) 3-mol	nth extens	alon of time. You can electronically f	ile Form 88	368 to request an	extension
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	r.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I onl	у					▶ □
All other	corporations (including 1120-C filers), partnerships, REM					
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### ESCAMBIA COMMUNITY CLINICS, INC.

## FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

**DECEMBER 31, 2014 AND 2013** 



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#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Escambia Community Clinics, Inc.

#### Report on the Financial Statements

We have audited the accompanying financial statements of Escambia Community Clinics, Inc., (a nonprofit organization) which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities, functional expenses, and cash flows for the years then ended and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Escambia Community Clinics, Inc. as of December 31, 2014 and 2013, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

#### Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated April 24, 2015, on our consideration of Escambia Community Clinics, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Escambia Community Clinics, Inc.'s internal control over financial reporting and compliance.

#### Other Matters

#### Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of grants, contracts and reimbursements revenue on page 17 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

#### Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Warren Avent, LLC Fort Walton Beach, Florida

April 24, 2015

#### ESCAMBIA COMMUNITY CLINICS, INC. STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
CURRENT ASSETS		
Cash	\$ 2,508,274	\$ 522,490
Patient services receivable, net	1,347,166	1,349,689
Other receivables	270,526	67,150
Prepaid expenses and other current assets	60,008	36,826
Total current assets	4,185,974	1,976,155
PROPERTY AND EQUIPMENT, NET	681,562	1,332,596
OTHER ASSETS	•	
Deposits	5,368	5,368
TOTAL ASSETS	\$ 4,872,904	<u>\$ 3,314,119</u>
LIABILITIES AND NE	ET ASSETS	
CURRENT LIABILITIES		
Accounts payable	\$ 248,531	\$ 137,196
Accrued salaries and related expenses	508,107	363,807
Accrued compensated absences	314,715	285,946
Related party note payable	294,700	175,000
Deferred revenue	-	181,280
Other liabilities		2,352
Total current liabilities	1,366,053	1,145,581
NET ASSETS		
Unrestricted	<u>3,506,</u> 851	2,168,538
TOTAL LIABILITIES AND NET ASSETS	\$ 4,872,904	\$ 3,314,119

#### ESCAMBIA COMMUNITY CLINICS, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
OPERATING REVENUES		
Net patient services	\$ 6,723,130	\$ 7,173,522
Provision for bad debts	(531,276)	(1,355,710)
Net patient services less provision for bad debts	6,191,854	5,817,812
Capitation revenue	1,391,666	203,994
Grant, contracts and reimbursements	5,587,203	4,488,878
340B prescription drug assistance program	1,438,678	515,281
In-kind contributions and donations	22,563	690,595
Other	102,256	251,426
TOTAL OPERATING REVENUES	14,734,220	11,967,986
FUNCTIONAL EXPENSES		
Healthcare services	9,855,694	8,236,388
Support services	3,172,233	2,690,982
TOTAL FUNCTIONAL EXPENSES	13,027,927	10,927,370
FLOOD LOSS	(367,980)	<u>-</u>
CHANGE IN UNRESTRICTED NET ASSETS	1,338,313	1,040,616
UNRESTRICTED NET ASSETS AT BEGINNING OF YEAR	2,168,538	1,127,922
UNRESTRICTED NET ASSETS AT END OF YEAR	\$ 3,506,851	\$ 2,168,538

#### ESCAMBIA COMMUNITY CLINICS, INC. STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2014

	Healthcare Services	Support Services	
SALARIES AND RELATED EXPENSES			
Salaries	\$ 5,315,985	\$ 1,771,995	\$ 7,087,980
Payroll taxes and fringe benefits	1,417,845	472,615	1,890,460
Total salaries and related expenses	6,733,830	2,244,610	8,978,440
OTHER EXPENSES			
Prescription drugs	515,245	-	515,245
Occupancy	266,175	177,450	443,625
Physician professional	255,781	-	255,781
Supplies	458,743	80,955	539,698
Collection costs	492,732	-	492,732
Telephone & utilities	148,359	98,906	247,265
Conferences	108,879	19,214	128,093
Depreciation	233,020	25,891	258,911
Dues & memberships	45,980	5,109	51,089
Equipment rental	9,279	37,115	46,394
Miscellaneous	6,796	61,165	67,961
Postage & shipping	22,195	2,466	24,661
Professional fees	28,647	19,695	48,342
Recruitment cost	47,840	25,760	73,600
Repairs & maintenance	114,178	76,119	190,297
Insurance	10,833	43,330	54,163
Contractual services	110,143	100,905	211,048
Software fees	242,129	133,906	376,035
Advertising	4,909	19,638	24,547
Total other expenses	3,121,864	927,623	4,049,487
TOTAL EXPENSES	\$ 9,855,694	\$ 3,172,233	\$ 13,027,927

## ESCAMBIA COMMUNITY CLINICS, INC. STATEMENTS OF FUNCTIONAL EXPENSES - CONTINUED FOR THE YEAR ENDED DECEMBER 31, 2013

	Healthcare Services	Support Services	Total
SALARIES AND RELATED EXPENSES Salaries Payroll taxes and fringe benefits	\$ 4,753,880 1,281,157	\$ 1,670,282 450,137	\$ 6,424,162 1,731,294
Total salaries and related expenses	6,035,037	2,120,419	8,155,456
OTHER EXPENSES			
Prescription drugs	370,444	<u></u>	370,444
Occupancy	202,647	135,098	337,745
Physician professional	316,987	-	316,987
Supplies	275,653	48,445	324,098
Collection costs	285,520	-	285,520
Telephone & utilities	126,417	83,602	210,019
Conferences	93,538	16,507	110,045
Depreciation	148,265	16,473	164,738
Dues & memberships	34,282	3,809	38,091
Equipment rental	12,174	48,696	60,870
Miscellaneous	7,154	64,385	71,539
Postage & shipping	21,524	2,392	23,916
Professional fees	73,734	-	73,734
Recruitment cost	49,126	5,458	54,584
Repairs & maintenance	57,263	38,176	95,439
Insurance	7,235	28,940	36,175
Interest	-	4,339	4,339
Contractual services	117,240	65,650	182,890
Advertising	2,148	8,593	10,741
Total other expenses	2,201,351	570,563	2,771,914
TOTAL EXPENSES	\$ 8,236,388	\$ 2,690,982	\$ 10,927,370

#### ESCAMBIA COMMUNITY CLINICS, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

		2014		2013
CASH FLOWS FROM OPERATING ACTIVITIES				<u> </u>
Change in unrestricted net assets	\$	1,338,313	\$	1,040,616
Adjustments to reconcile change in net assets				
to cash flows provided by operating activities				
Depreciation		258,911		164,738
Flood loss on property and equipment		424,153		-
Provision for bad debts		531,276		1,355,710
In-kind ontributions		-		(690,595)
Changes in assets and liabilities:				
Patient services receivable		(528,753)		(1,668,444)
Other receivables		(203,376)		160,163
Prepaid expenses and other current assets		(23,182)		29,942
Accounts payable		111,335		(280,435)
Accrued salaries and related expenses		144,300		139,398
Accrued compensated absences		28,769		59,933
Deferred revenue		(181,280)		144,867
Other liabilities		(2,352)		2,352
Net cash provided by operating activities		1,898,114		458,245
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of property and equipment		(39,030)		(64,435)
Proceeds from sale of property and equipment		7,000		(04,455)
Net cash used in investing activities		(32,030)		(64,435)
CASH FLOWS FROM FINANCING ACTIVITIES				
Borrowings on related party note payable		119,700		<u>-</u>
NET INCREASE IN CASH		1,985,784		393,810
CASH AT BEGINNING OF YEAR	******	522,490		128,680
CASH AT END OF YEAR	\$	2,508,274	\$	522,490
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION: Cash paid during the year for: Interest	<u> </u>		•	4 000
interest	<u>   \$                                 </u>	_	<u>\$</u>	4,339

See notes to the financial statements.

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF ORGANIZATION

#### Description of Organization

Escambia Community Clinics, Inc. (ECC) is a not-for-profit health care corporation incorporated under the laws of the State of Florida in January 1992. ECC is a Federally Qualified Health Center (FQHC) that receives federal grant funds pursuant to Section 330 of the Public Health Service Act, 42 U.S.C. 254b, a program which is administrated by the Bureau of Primary Health Care with the United States Department of Health and Human Services (DHHS). The mission of ECC is to provide quality outpatient primary and acute health care services to citizens of Escambia County and surrounding areas; with a special focus to provide access to care for the under insured, uninsured, working poor, and the medically needy regardless of their ability to pay for services.

#### Reporting Entity

The accompanying financial statements include the financial activities of ECC. All activities and programs on which ECC exercises oversight responsibility have been included in the financial statements for the years ended December 31, 2014 and 2013. ECC does not consider itself a component unit of Escambia or Santa Rosa counties or the related parties disclosed in Note 5.

#### Financial Statement Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification. ECC is required to report information regarding its financial position and activities according to three classes of net assets; unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Net assets are classified based on donor restrictions, if any, that may or may not be met by actions of management or by the passage of time. Currently, there are no temporarily or permanently restricted net assets.

#### Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities as of the date of the financial statements, and the reported amounts of revenues, expenses, and other changes in net assets during the reporting period. Actual results could differ from those estimates.

#### Net Patient Service Receivables

Patient services receivable result from the health care services provided by ECC. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators.

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF ORGANIZATION - CONTINUED

#### Net Patient Service Receivables - Continued

For receivables associated with services provided to patients who have third-party coverage, which includes patients with deductible and copayment balances due from which third-party coverage exists for part of the bill, ECC analyzes contractually due amounts and provides an allowance for doubtful collections and a provision for doubtful collections, if necessary. For receivables associated with self-pay patients, ECC records a significant provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections. ECC had not changed their financial assistance policy in 2014 or 2013. ECC does not maintain a material allowance for doubtful collections from third-party payors, nor did it have significant write-offs from third-party payors.

#### Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, ECC considers as cash equivalents all highly liquid investments, which can be converted into known amounts of cash and have a maturity period of ninety days or less at the time of purchase.

#### Property and Equipment

Property and Equipment is stated at cost. ECC capitalizes all property and equipment purchases in excess of \$1,000. Donated property and equipment is recorded at estimated fair market value at the date of the donation. Depreciation is calculated using the straight-line method over the following estimated useful lives:

Improvements	15 years
Machinery and equipment	3-7 years
Vehicles	5-6 years
Software	3 years

Property and equipment acquired with Section 330 grant funds are considered to be owned by ECC. However, the funding source has a reversionary interest in the property, as well as the right to determine the use of any proceeds from the sale of assets purchased with their funds.

#### Compensated Absences

ECC's provides paid time off (PTO) benefits, which includes vacation, holiday and sick time, for its full-time employees and some part-time employees who meet hourly work requirements. Employees are granted PTO benefits in varying amounts to specified maximums depending on tenure with ECC. Generally, after one year of service, employees are entitled to all accrued PTO upon termination or retirement up to 80 hours. A maximum accrual of PTO is limited to two times the annual accrual (or two years).

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF ORGANIZATION - CONTINUED

#### **Net Patient Service Revenues**

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Self-pay revenue is recorded at published charges with charitable allowances deducted to arrive at net self-pay revenue. All other patient services revenue is recorded at published charges with contractual allowances deducted to arrive at patient services, net. Reimbursement rates are subject to revisions under the provisions of reimbursement regulations. Adjustments for such revisions are recognized in the year incurred.

#### **Charity Care**

Quality medical care is provided to all persons requiring treatment regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of ECC. In assessing a patient's inability to pay, ECC utilizes the most recently published Federal poverty income guidelines, but also includes certain cases where incurred charges are significant when compared to income. In addition, charity services include charges for services provided to Medicaid patients less payments actually received. These charges are included in net patient service revenue. The cost of charity care provided by ECC for the years ended December 31, 2014 and 2013 was \$2,202,868 and \$2,183,150, respectively.

#### Grant and Contract Revenue

Revenue from government grants and contracts designated for use in specific activities is recognized in the period when expenditures have been incurred in compliance with the grantor's restrictions. Grants and contracts awarded for the acquisition of long-lived assets are reported as changes to net assets, in the absence of donor stipulations to the contrary, during the year in which the assets are acquired. Cash received in advance of revenue recognized is recorded as deferred revenue. Grant and contract receivables are reported at their outstanding unpaid balances.

#### Capitation Revenue

ECC has agreements with managed care organizations and the Department of Public Health to provide medical services to subscribing participants. In 2014, ECC added a substantial managed care contract as part of the State of Florida's reorganization of Medicaid. Under these agreements, ECC receives monthly capitation payments based on the number of each plan's participants assigned to ECC, regardless of services actually performed by ECC.

#### Medicaid Electronic Health Records ("EHR") Incentive Program

The American Recovery and Reinvestment Act of 2009 provides for a Medicaid Incentive Program beginning in Federal fiscal year 2011 for eligible professionals that are meaningful users of certified EHR technology, as defined by the Federal Register. Certain of ECC's physicians implemented certified EHR technology that enabled them to demonstrate their meaningful use and to qualify for the incentive program. ECC recognized \$119,000 and \$246,500 of Medicaid EHR incentive, reported in grants, contracts and reimbursements revenue in the accompanying statement of activities for the years ended December 31, 2014 and 2013, respectively. ECC accounts for EHR incentive funds using the contingency model. Under this model, ECC records EHR incentive revenue in the period in which the last remaining contingency associated with its recognition is resolved.

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND DESCRIPTION OF ORGANIZATION - CONTINUED

#### Section 340B Program of the Public Health Service Act

ECC offers reduced price medications to low income uninsured patients through arrangements with contracted pharmacies. Revenue is earned as prescriptions are filled and provided to patients. Revenues earned of \$1,438,678 and \$515,281 and expenses incurred of \$372,601 and \$168,478 are recognized in the accompanying financial statements as program expenses for the years ended December 31, 2014 and 2013, respectively.

#### **Donated Services and Equipment**

Contributions of donated services that create or enhance non-financial assets or that require specialized skills which are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation, are recorded at fair value in the period received. Donated services totaled \$22,563 for the year ended December 31, 2014. There were no such donated services in 2013. For the year ended December 31, 2013, ECC recorded donated equipment with a fair value of \$690,595. The equipment was donated by the Department of Health for use in ECC's dental clinic. No such donations of equipment were received in 2014.

#### Income Taxes

ECC has been granted an exemption from income taxes under Internal Revenue Code, Section 501(c)(3) as a not-for-profit corporation. ECC is not aware of any uncertain tax positions that would require disclosure or accrual in accordance with generally accepted accounting principles.

#### Reclassifications

Certain amounts in the 2013 financial statements have been reclassified for comparative purposes to conform with presentation in the 2014 financial statements.

#### **Subsequent Events**

Management has evaluated subsequent events for recognition or disclosure through April 24, 2015, the date the financial statements were available to be issued.

#### 2. PATIENT SERVICES RECEIVABLE

Patient services receivable as of December 31, 2014 and 2013 consisted of the following:

	2014	2013		
Medicare	\$ 159,575	\$ 467,554		
Medicaid	1,669,905	1,333,414		
Other third-party	222,027	296,823		
Self-pay	840,972	1,449,999		
Less contractual allowances	(779,861)	(949,783)		
Less allowance for doubtful accounts	(765,452)	(1,248,318)		
Net patient services receivable	\$ 1,347,166	\$ 1,349,689		

#### 3. NET PATIENT SERVICE REVENUES

ECC has agreements with third-party payors that provide for payments to it at amounts different from its published rates. A summary of the payment arrangements with major third-party payors is as follows:

<u>Medicaid</u> - ECC as an FQHC receives reimbursement from Medicaid based upon its costs of providing services to Medicaid eligible patients. ECC is reimbursed for cost reimbursable items at a contracted rate with settlement determined on a quarterly basis after submission of wraparound cost reports by ECC and audits thereof by the Medicaid fiscal intermediary. Additionally, ECC is paid a capitation payment from a managed care organization for a large portion of its Medicaid patients as a result of the State of Florida's reorganization of Medicaid.

<u>Medicare</u> - ECC is eligible for cost reimbursements from Medicare based upon its costs of providing services. Services rendered to Medicare patients are paid at a tentative rate with final settlement determined after submission of annual cost reports by ECC and audits thereof by the Medicare fiscal intermediary.

Patient services revenue, net of provision for bad debts and contractual allowances and discounts consists of the following for the year ended December 31, 2014:

	Gross Char	Contractual and Charitable ges Allowances	Net Patient Service Revenue
Medicare Medicaid Other third-party Self-pay	\$ 989,3 5,713,0 1,209,4 2,679,1	052 (1,397,111 451 (232,801	4,315,941 976,650
	\$ 10,591,0	008 \$ (3,867,878	\$ 6,723,130

Patient services revenue, net of provision for bad debts and contractual allowances and discounts consists of the following for the year ended December 31, 2013:

	Gross Charges		Contractual and Charitable Allowances		Net Patient Service Revenue	
Medicare Medicaid Other third-party Self-pay	\$	1,039,731 5,075,648 983,333 3,191,908	\$	(311,759) (465,005) (157,184) (2,183,150)	\$	727,972 4,610,643 826,149 1,008,758
	\$	10,290,620	\$	(3,117,098)	\$	7,173,522

#### 4. PROPERTY AND EQUIPMENT

As of December 31, 2014 and 2013 property and equipment, net consisted of the following:

		2014		2013	
Improvements	\$	59,433	\$	701,275	
Equipment		866,206		1,152,439	
Vehicles		425,144		411,394	
Software		60,368		50,478	
		1,411,151		2,315,586	
Less accumulated depreciation		<u>(729,589)</u>	_	(982,990)	
Property and equipment, net	<u>\$</u>	681,562	\$	1,332,596	

Depreciation expense for the years ended December 31, 2014 and 2013, totaled \$258,911 and \$164,738, respectively.

#### 5. RELATED PARTY TRANSACTIONS

ECC is a recipient of community benefit grant awards through agreements with Sacred Heart Health System, Inc. (SHH) and Baptist Hospital, Inc. (BH). The grant proceeds are to be used specifically to support the otherwise uncompensated costs (including general and administrative costs properly allocable under GAAP), which ECC reasonably projects it will incur in providing comprehensive, community-based preventive and primary health and dental care, behavioral health services, related enabling services, outreach, health education and promotion, risk management and other appropriate services and programs that promote access to, and availability of, continuous care for the residents of the Escambia and Santa Rosa County service area. The Chairman and Vice Chairman positions of ECC's board of directors are held by executives from BH and SHH. The total amount of awards ECC received under these Community Benefit Grant Agreements with SHH and BH for the years ended December 31, 2014 and 2013 was \$1,100,000 and \$1,139,583, respectively.

Escambia Community Holdings, Inc. (ECH) was formed in 2008 by SHH and BH to acquire and lease real property to ECC. Prior to May 2014, ECC leased its main office and clinic location on North Palafox in Pensacola, Florida from ECH. Total rents paid to ECH in 2014 and 2013 were \$24,500 and \$73,608, respectively, which is included in occupancy expense on the statement of functional expenses. Both parties agreed to terminate this lease as a result of the April 2014 flood, as further described in Note 11.

#### 5. RELATED PARTY TRANSACTIONS - CONTINUED

In August 2012, the North Palafox building sustained severe flood damage from excessive rains. To assist with the costs to repair the damage, ECH loaned ECC \$175,000. In April 2014, another flood resulted in additional damages to the same building. In 2014, an additional \$119,700 was loaned from ECH to assist with restoration costs. The entire note is uncollateralized, accrued interest at a rate of 4.25%, and required interest only payments of \$620 through August 1, 2013. From the inception of the note through December 31, 2014, ECC had not made any principal payments on this note. Accordingly, the balances outstanding of \$294,700 and \$175,000 as of December 31, 2014 and 2013 are classified as a current liability on the accompanying statement of financial position. The balance of this related party note payable was paid off in January 2015.

A member of ECC's board of directors is an attorney at a local law firm; a firm retained by ECC to provide legal services. Total legal fees of \$900 and \$17,373 were paid to this firm during the years ended December 31, 2014 and 2013, respectively.

#### 6. PENSION PLAN

ECC established the Escambia Community Clinics, Inc. Retirement Plan (the Plan). ECC administers the Plan, which provides retirement and disability benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. The plan purchases annuity contracts for its employees pursuant to Section 403(b) of the Internal Revenue Code.

ECC is required to contribute at an actuarially determined rate. The current rate is 3.5% of the compensation of each eligible employee. Pension expense under the Plan amounted to \$181,672 and \$166,294 for the years ended December 31, 2014 and 2013, respectively.

#### 7. MEDICAL MALPRACTICE CLAIMS COVERAGE

The Federally Supported Health Centers Assistance Act of 1992 and 1995 granted medical malpractice liability protection through the Federal Tort Claims Act (FTCA) to FQHCs. Under this legislation, ECC, employees, and eligible contractors are considered Federal employees immune from suit with the Federal government acting as their primary insurer.

#### 8. CONTINGENCIES

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient service previously billed. Management is not aware of any material incidents of noncompliance; however the possible future financial effects of this matter on ECC, if any, are not presently determinable.

#### 9. CONCENTRATIONS AND CREDIT RISK

#### Concentrations

ECC's primary operations and service area include most communities of Escambia County, Florida. ECC grants credit without collateral to its patients, who are insured under third-party payor arrangements, primarily with Medicare, Medicaid, and various commercial insurance companies. The significant concentrations of patient services receivable at December 31, 2014 and 2013 were approximately:

	2014	2013
Medicare	10%	13%
Medicaíd	50%	39%
Other third-party	12%	8%
Self-pay	28%_	41%
	100%	100%

Approximately 16% and 14% of ECC's total revenues in 2014 and 2013, respectively, were provided by grants through the U.S. Department of Health and Human Services. Approximately 8% and 9% of ECC total revenues in 2014 and 2013, respectively, were provided by community grants from Sacred Heart Health System, Inc. and Baptist Hospital, Inc. ECC is economically dependent on these funding sources.

#### Deposits

ECC occasionally maintains cash balances in excess of the insured limits provided by the Federal Deposit Insurance Corporation (FDIC). As of December 31, 2014, deposits at financial institutions exceeded FDIC insured limits by \$2,113,563.

#### 10. LEASE COMMITMENTS

ECC leases equipment, office and clinical space under operating leases expiring at various dates through October 2019. Total lease expense for the years ended December 31, 2014 and 2013 was \$490,019 and \$398,615, respectively.

The following is a schedule of future minimum lease payments under operating leases as of December 31, 2014 that have initial or remaining lease terms in excess of one year:

2015	\$ 507,976
2016	216,756
2017	17,135
2018	4,320
2019	3,600_
	<u>\$ 749,787</u>

#### 11. FLOOD LOSS

In April 2014, ECC'S North Palafox building sustained massive, unrepairable, flood damage due to more than two feet of rain falling in approximately 26 hours. Escambia County was one of 26 counties in the state of Florida that were declared as in a state of emergency. Both ECH (the landlord) and ECC (the tenant) agreed to terminate the lease on the North Palafox building. As a result of this event, the ECC administrative offices and clinical services were temporarily shut down and forced to permanently relocate to a space leased on W Jordan Street in Pensacola, Florida.

Initially, ECC planned to re-occupy the building; however, after an assessment following initial water restoration actions it was determined the building was uninhabitable. Leasehold improvements made to the North Palafox building in 2010, as well as equipment, with an original cost of roughly \$710,000 and a net book value of approximately \$401,000 as of the date of the flood were written off in 2014. In addition, approximately \$415,000 of water restoration, moving, and other ancillary costs were incurred in 2014. In June 2014, ECC received approximately \$471,000 in flood claim payments from the U.S. Department of Homeland Security under the National Flood Insurance Program as a result of ECC filing a claim against its flood policy. ECC has reported a net loss from the flood of \$367,980 in the accompanying financial statements.

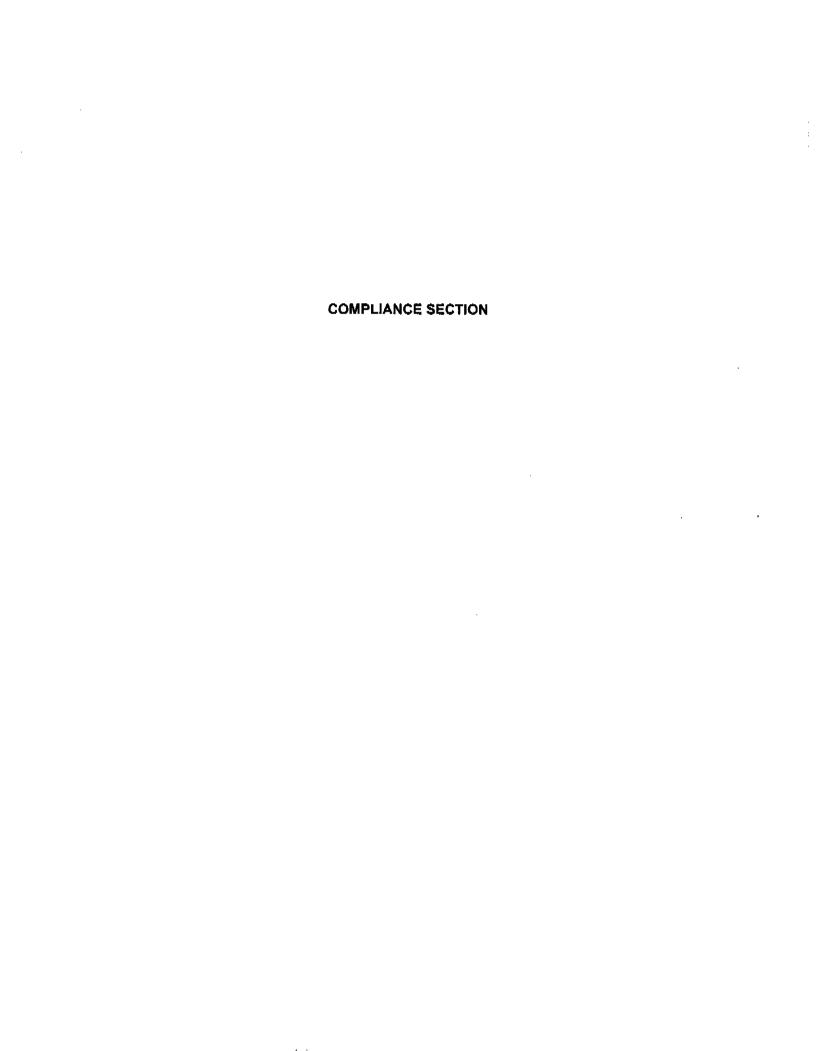
#### 12. SUBSEQUENT EVENTS

Effective May 1, 2015, Integral Quality Care, a substantial managed care capitated provider service network under the State of Florida's Medicaid program, is reducing capitation amounts remitted to ECC from \$17 to \$10 per patient assigned per month. Management estimates this change to reduce capitation revenue by approximately \$98,000 per month, or \$1,176,000 annually.

#### **SUPPLEMENTARY INFORMATION**

# ESCAMBIA COMMUNITY CLINICS, INC. SCHEDULES OF GRANTS, CONTRACTS, AND REIMBURSEMENTS REVENUE FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
Federal Government		, i
Health Resources and Services Administration	\$ 2,309,399	\$ 1,714,188
Medicare and Medicaid EHR Incentive Program	119,000	246,500
Total federal government	2,428,399	1,960,688
State Government		
State of Florida Agency for Health Care Administration	1,081,804	508,685
State of Louisiana Public Health Institute	352,801	264,460
Total state government	<u>1,434,605</u>	773,145
Local Government		
Escambia County	224,221	262,200
Santa Rosa County	87,480	87,480
Total local government	311,701	349,680
Community		
Sacred Heart Health System	663,126	589,583
Baptist Health Care	550,000	550,000
Total community	1,213,126	1,139,583
Other	199,372	265,782
OTAL GRANTS, CONTRACTS, AND REIMBURSEMENTS	\$ 5,587,203	\$ 4,488,878



## ESCAMBIA COMMUNITY CLINICS, INC. SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2014

Federal Agency Pass-Through Entity Federal Program	CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures
U.S. Department of Health & Human Services Health Center Cluster Consolidated Health Centers ACA-Grants for New & Expanded Services	93.224 93.527	N/A N/A	\$ 1,525,476 783,923
Total Health Center Cluster			2,309,399
TOTAL EXPENDITURES OF FEDERAL AWARDS			\$ 2,309,399

The accompanying notes are an integral part of this schedule.

## ESCAMBIA COMMUNITY CLINICS, INC. NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2014

#### 1. BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of Escambia Community Clinics, Inc. under programs of the federal government for the year ended December 31, 2014. Expenditures reported on the schedule are reported on the accrual basis of accounting.

The information in this schedule is presented in accordance with the requirements of Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Since the schedule presents only a select portion of the operations of ECC, it is not intended to and does not present the financial position, changes in net assets or cash flows of ECC.





## INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Escambia Community Clinics, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Escambia Community Clinics, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2014, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 24, 2015.

#### Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Escambia Community Clinics, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Escambia Community Clinics, Inc.'s (ECC) internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying schedule of findings and questioned costs to be a material weakness: 2014-1

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in the accompany schedule of findings and questioned costs to be a significant deficiency: 2014-2

#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether Escambia Community Clinics, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### Escambia Community Clinics, Inc.'s Response to Findings

ECC's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. ECC's response was not subject to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

#### Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering ECC's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Fort Walton Beach, Florida April 24, 2015

Warren averet LLC





### INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Board of Directors
Escambia Community Clinics, Inc.

#### Report on Compliance for Each Major Federal Program

We have audited Escambia Community Clinics, Inc.'s (ECC) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of ECC's major federal programs for the year ended December 31, 2014. ECC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

#### Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

#### Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of ECC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about ECC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of ECC's compliance.

#### Opinion on Each Major Federal Program

In our opinion, ECC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2014.

#### Report on Internal Control over Compliance

Management of ECC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered ECC's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133 but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of ECC's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Fort Walton Beach, Florida

Waven avent, LLC

April 24, 2015

#### ESCAMBIA COMMUNITY CLINICS, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2014

. SUMMARY OF AUDITORS' RESULTS				
Financial Statements				
Type of auditors' report issued: Unmodified				
Internal control over financial reporting:				
<ul> <li>Material weakness(es) identified?</li> </ul>	X	Yes		No
<ul> <li>Significant deficiency(ies) identified that is/are</li> </ul>				None
not considered to be material weaknesses?	X	Yes		Reported
Noncompliance material to financial statements noted	1?	Yes	X	No
Federal Awards				
Internal control over major programs:				
<ul> <li>Material weakness(es) identified?</li> </ul>		Yes	X	No
<ul> <li>Significant deficiency(ies) identified that is/are</li> </ul>				None
not considered to be material weaknesses?		Yes	X	Reported
Type of auditors' report issued on compliance for maj	or programs:	Unmod	ified	
<ul> <li>Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB</li> </ul>				
Circular A-133?		Yes	X	No
Identification of major programs:				
CFDA Number N	lame of Feder	al Progra	am or Clus	ster
93.224/93.527	Health	Center C	luster	
Dollar threshold used to distinguish between type A a	nd type B			
programs:	ind type o		\$300	.000
Auditee qualified as low-risk auditee?		Yes	X	No

#### ESCAMBIA COMMUNITY CLINICS, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2014

#### II. FINANCIAL STATEMENT FINDINGS

#### 2014-1 - AUDITOR DETECTED JOURNAL ENTRIES

#### Condition

Two journal entries were proposed by the auditors and accepted by management to achieve accurate account balances for patient receivables, related party patient services revenues, and opening net assets.

#### Criteria

The proposed adjustments were material to ECC's financial position.

#### Cause

ECC experienced delays in its financial reporting and reconciliation process during 2013 and part of 2014. The accounting errors occurred in early 2014, and were not detected at that time as the system of internal control was not functioning properly. ECC, at the end of 2014, is current with its monthly close and review process.

#### Effect

The financial statements were materially misstated until corrected via audit adjustment.

#### Recommendation

Detective controls, such as robust review of month-end reconciliations, are designed to identify an error or exception after it occurs. ECC should ensure appropriate finance management time is dedicated to the monthly review process to enhance its effectiveness.

#### ECC's Response

Upper management of Escambia Community Clinic's Inc. has implemented month-end, quarterend, and year-end review procedures to immediately identify any improprieties that could potentially be present. In order to promote accountability, Escambia Community Clinic's will develop a checklist utilized by upper management which will outline these review tasks including a deadline for each.

#### 2014-2 - 340B PRESCRIPTION DRUG PROGRAM

#### Condition

ECC did not obtain adequate disbursement support from the supplier of prescription drugs in relation to the 340B prescription drug program.

#### Criteria

ECC should have proper and sufficient documentation for all expenses of the Organization, including those under the 340B program,

#### Cause

Periodically, the third-party supplier of prescription drugs under this program automatically drafts funds from ECC's operating bank account to cover the cost of replenishment of the medications; however, ECC did not obtain documentation to support the amounts being drafted.

#### ESCAMBIA COMMUNITY CLINICS, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2014

#### II. FINANCIAL STATEMENT FINDINGS - CONTINUED

#### 2014-2 - 340B PRESCRIPTION DRUG PROGRAM - CONTINUED

#### **Effect**

Certain prescription drug expenses incurred in 2014 were not supported by detailed invoices. The invoices are also useful in enhancing the 340B vendor monitoring. The invoices were obtained by ECC management from the vendor during the audit fieldwork in April of 2015.

#### Recommendation

ECC should request support for the bank drafts from the third-party prescription drug supplier.

#### ECC's Response

Escambia Community Clinic's Inc. began obtaining the detailed invoices from the third-party drug supplier in April 2015 to support the 340B prescription drug program expenses.

#### III. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

We noted no matters involving noncompliance that are required to be reported in accordance with the U.S. Office of Management and Budget Circular A-133.

#### IV. SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS

There were no findings reported in the prior year A-133 report.

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1.	Gen	eral Fund	<b>Amount Requested</b>	Tab
	Ava	ilable Funding: \$1,425,082		
	a.	ACTS (Another Chance Transitional Services)	\$ 20,000	
	b.	BARC (Bay Area Resource Council)	\$ 5,000	
	c.	BRACE	\$ 250,000	
	d.	Council on Aging	\$ 50,000	
	e.	Escambia Community Clinics	\$ 525,000	
	f.	Early Learning Coalition of Escambia County	\$ 300,000	
	g.	211 (First Call for Help)/United Way	\$ 35,000	
	h.	Foundations for the Future		No Request Submitted
	i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
	j.	Human Relations Commission	\$ 84,265	
	k.	Lakeview Center	\$ 46,498	
	1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
	m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	1
	n.	Florida Green Finance Authority (PACE)		No Request Submitted
	o.	Panhandle Equine Rescue, Inc.	\$ 20,000	
	p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	
	q.	Pensacola Caring Hearts	\$ 13,500	
	r.	Pensacola Humane Society	\$ 25,000	
	s.	Pensacola Promise/Chain Reaction	\$ 19,000	10
	t.	United Way	\$ 95,750	1
	u.	Utility Assistance Program	\$ 50,000	BCC Program
	v.	Veteran's Services		No Request Submitted
	w.	WFL Regional Planning Council	\$ 20,342	1
	х.	Wildlife Sanctuary	\$ 30,951	
<b>Total Go</b>	eneral l	Fund \$2,089,056		



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Early Learning Coalition of Escambia County

Agency Address:

3300 N. Pace Blvd,

Suite 210

Pensacola, FL 32505

**Program Name:** 

School Readiness

**Program Contact:** 

Walter B. Watson, Jr.

Contact Email:

bwatson@elcescambia.org

Contact Phone:

850-595-5402

25-Word Description of Program:

The program provides child care funding assistance for low income working families so that they can obtain and maintain employment.

Amount Requested:

300,000.00

Amount Received Last Year, if applicable:

218,500.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

All (100%) of the funds received from Escambia County last year were used to draw down matching Federal and State funding to provide subsidized child care for low income working families in Escambia County. Federal and State money is drawn down at a 16 to 1 match. The Escambia County funding drew down \$3,496,000 into Escambia County. This funding enabled more than 1,000 children to receive the subsidy child care that better enbables their working parents to maintain employment. Escambia County funding directly paid for 62 of these children. No administrative or service costs were taken from the Escambia County funding.

Briefly discuss how the funding you are currently requesting will be used.

The Escambia County funding will be used in the same manner as last year, to draw down Federal and State funding to enable low income working families to maintain employment by having child care services available during their work times. The money is used as part of our "local match" requirement of 6% from the local community to draw down Federal funds. Escambia County funding is a portion of the nearly \$500,000 we are required to raise in local match this year. Last year's grant when combined with other cash and in-kind donations allowed the Coalition to meet our match requirements and we did not have to submit a waiver request, which is required to ensure unmatched funds are not recouped in the next year's funding. Our request this year if fully granted, when combined with Federal and State match, will serve approximately 1,370 children. No Escambia County funding will be used for administrative costs.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Receiving less than requested potentially reduces the amount of money that the Coalition can draw down to enable low income working families to receive subsidy child care services. Less money means fewer children can be served and the burden of the costs of their child care falls back upon their parents. The average annual cost of care per child is \$3,500. Therefore when coupled with match dollars, for every \$3,500 less we receive we serve 17 fewer children, unless we were able to replace the funding from other sources. The Coalition



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

The Federal Child Care Development Fund requires local communities to match Working Poor funding at a 16 to 1 ratio. How much of our budget depends on exactly how many parents in this category request services. This year that will be approximately \$8,000,000 of our budget for a \$500,000 match requirement.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

The Coalition's subsidy child care program, also known as the School Readiness Program, has two primary goals.

- 1. To promote economic self-sufficiency in low-income families by providing child care subsidies to enable parents to obtain or maintain employment.
- To ensure that children enter schools ready to learn.

Our long term vision is that the Coalition will support community development.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- The number of children assessed as Ready to Enter Kindergarten.
- The number of families terminated for loss of employment and over income.
- The number of children, and associated parents, on the waiting list to receive services.

#### Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1. The number of children assessed by the Escambia County School District as Ready (At Grade Level or Progressing) as compared to the previous years. Currently tracking in the 75-80% range.
- Comparison of the number of families terminated for loss of employment and over income from year to year. Note this data is being tracked this year for the first time.
- 3. Tracking the number of children, and associated parents, on the waiting list to receive services as an indicator of community need.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently  Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	75,570.85	70,573.03	76,074.00
Programmatic Income	139,493.00	208,397.60	tbd
County Funding	218,500.00	218,500.00	218,500.00
City Funding	0.00	0.00	0.00
State Funding	19,252,423.00	19,082,703.37	19,431,170.46
Federal Funding	0.00	0.00	0.00
Memberships	0.00	0.00	0.00
Investment Income	0.00	0.00	0.00
Other Income	13,085.15	11,276.90	0.00
Total Income	19,699,072.00	19,591,450.90	19,725,744.46



#### **Expenses**

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year		
Total Staffing	36.00 38.0	00	40.00		
Salaries and Wages	1,394,595.00	1,517,989.40	1,573,507.95		
Employee Benefits	180,574.00	221,162.65	265,662.28		
Professional Services	79,327.00	52,873.04	41,364.00		
Contractual Services	17,600,722.00	17,038,607.24	17,348,074.69		
Travel Expenses	22,534.00	28,120.75	49,500.00		
Rentals and Leases	118,616.00	134,017,90	134,072.65		
Communication	36,798.00	28,261.06	28,412.88		
Postage and Freight	9,682.00	11,284,72	11,077.69		
Repair and Maintenance	14,838.00	10,943.83	11,885.53		
Printing and Binding	4,323.00	5,646.65	5,000.00		
Marketing and Promotion	0.00	0.00	0.00		
Fuel	0.00	0.00	0.00		



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	251,502.00	267,794.57	160,901.32
Capitalizable Assets	0.00	0.00	0.00
Equip. and SW	42,874.00	71,431.98	46,500.00
Water and Power	18,156.00	36,000.39	34,185.47
Insurance and Bonding	10,197,00	11,436.61	10,800.00
Dues and Fees	13,494.07	3,644.92	4,800.00
Provider Training	6,906.00	7,560.14	tbd
Misc. Expense	5,171.93	5,022.79	0.00
Depreciation Expense	6,707.00	27,058.70	tbd
Total Expenses	19,817,017.00	19,478,857.34	19,725,744.46
Net income	(117,945.00)	112,593.56	0.00

Please explain any capitalizable asset contained in your request.

Any loss or profit is derivative of maximum allowable funds during a given fiscal year (where matching revenue carries into the following fiscal period), - less depreciation expense, + misc. donations and bequests.



JANUARY 28, 2015

WALTER B. WATSON, JR., EXECUTIVE DIRECTOR 3300 NORTH PACE BLVD, SUITE 210 PENSACOLA, FL 32505

DEAR BRUCE:

ENCLOSED IS THE 2013 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2013 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

KELLEY CHAMBLIN, CPA PRINCIPAL

#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2013, or fiscal year beginning	JUL	1	, 2013, and ending	JUN	30	,20 14

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879 Employer Identification number

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

59-3683227

Name and title of officer

WALTER B. WATSON, JR. EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here Date Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	19,699,073.
28	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN-	check	one	box	only
Officer 5	THE	CHECK	one	DOX	OHITY

X lauthorize WARREN AVERETT, LLC	to enter my PIN 83227
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2013 electronically file is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	ed return. If I have indicated within this return that a copy of the return ne IRS Fed/State program, I also authorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent scree	on the organization's tax year 2013 electronically filed return. If I have h a state agency(ies) regulating charities as part of the IRS Fed/State on.
Officer's signature	Date -
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	50702684437

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature 📂

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2014

Prepared for	WALTER B. WATSON, JR., EXECUTIVE DIRECTOR 3300 NORTH PACE BLVD, SUITE 210 PENSACOLA, FL 32505
Prepared by	WARREN AVERETT, LLC 316 SOUTH BAYLEN ST. SUITE 300 PENSACOLA, FL 32502
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public,

Information about Form 990 and its instructions is at www.irs.gov/form990
tax year beginning JUI 1 2013 and ending JUN 30 2014

Open to Public Inspection

<u>^ '</u>	or un	2013 Calendar year, or tax year beginning 000	1, 4013 and	enaing c	<u>, on so,</u>	Z 0 1 4		
B 0	heck if applicable	ESCAMBIA COUNTY SCHOOL R	EADINESS		D Employe	r identific	eation number	
	Addre chang	ange COALITION, INC.						
	Name chang	hange   Doing Business As EARLY LEARNING COALLYTON OF ESC   59-3683227						
	Initial return   Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number   850-332-7847							
$\overline{}$	Amen			G Gross recei		19,699,073.		
$\overline{}$	Applic	PENSACOLA, FL 32505	or rereign postar code		H(a) Is this			
	pendi	F Name and address of principal officer:WALTE	R B. WATSON.	JR.			Yes X No	
		3300 NORTH PACE BLVD, SUI	TE 210. PENSA	COLA.			cluded? Yes No	
1 1	ax-ex		(insert no.) 4947(a)(1)				list. (see Instructions)	
		e: WWW.ELCESCAMBIA.ORG	(1100111101)	<u> </u>			number 📂	
		organization: X Corporation Trust Associa	ation Other	I Year			State of legal domicile; FL	
	art I	Summary		I roai	Di lomanon,	2 O O O I IÃI	State of legal domicile, P Li	
	_	Briefly describe the organization's mission or most sign	ifficent activities: SEE	SCHEDI	ILE O			
Activities & Governance	'	cherry describe the diganization a mission of most sign	micant activities. Chin	<u> </u>	,55			
<u>na</u>	2	Check this box 🕨 📖 if the organization discontinu	and its apparations or dispar	and of many	a than 050/ +4			
ş							sets.	
ĝ	3	Number of voting members of the governing body (Par	t VI, IIDO (8)	••••		3	18	
٥ <u>٥</u>	4	Number of independent voting members of the govern	ing body (Part VI, line 1b)			4		
ë	5	Total number of Individuals employed in calendar year.	2013 (Part V, line 2a)				40	
Ξ	6	Total number of volunteers (estimate if necessary)				6	0	
æ	7 a	Total unrelated business revenue from Part VIII, column	1 (C), line 12				0.	
	þ.	Net unrelated business taxable income from Form 990	T, line 34	·····		7ь	0.	
	١,	On the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		Prior Yes		Current Year		
量		Contributions and grants (Part VIII, line 1h)	***************************************	······- <del>  -</del>	19,214		19,696,729.	
Revenue						571.	2,287.	
æ		Investment income (Part VIII, column (A), lines 3, 4, and			1,	075.	57.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			40 040	0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part			19,217,		19,699,073.	
		Grants and similar amounts paid (Part IX, column (A), Ii				0.	0.	
		Benefits paid to or for members (Part IX, column (A), lin				0.	0.	
S.	15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines 5-10)		32,	426	71,897.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1	1e)			0.	0.	
×		Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f	24e)		19,177		19,745,120.	
		Total expenses. Add lines 13-17 (must equal Part IX, co			19,209,		19,817,017.	
. 70	19	Revenue less expenses. Subtract line 18 from line 12				977.	-117,944.	
3 or				Be	ginning of Curr		End of Year	
358		Total assets (Part X, line 16)			1,491,		1,407,442.	
Ē	21				1,382,		1,415,995.	
깋	22	Net assets or fund balances. Subtract line 21 from line	<u> 20 .</u>		109,	391.	-8,553.	
	ert II	Signature Block						
		ties of perjury, I declare that I have examined this return, Inclu					knowledge and belief, it is	
rue,	correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of wh	iich preparer	has any knowle	edge.		
		Signature of officer			Date			
Sigr		•	riidaren erra armanı	aman	Date			
Her	<del>o</del>	WALTER B. WATSON, JR., EX	XECUTIVE DIREC	CTOR				
		· · · · · · · · · · · · · · · · · · ·			Date	Ta T	II DTIN	
B = 1.5		Print/Type preparer's name Prep	parer's signature		-a.c	Check	PTIN	
Paid		KELLEY CHAMBLIN, CPA	٠		T	self-employed		
	ners)	Firm's name WARREN AVERETT, LLC			Firm	s EIN 🛌	45-4084437	
use	Only	Firm's address 316 SOUTH BAYLEN S'				, m ,	1 45° 7400	
		PENSACOLA, FL 3250			Phor	ne no. 8 5 (	0-435-7400	
Vlav	the IF	S discuss this return with the preparer shown above?	(see instructions)				X Yes No	

### ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Form		ON, INC.				59-3683227	Page 2
Pa	rt III Statement of Program Se	rvice Accom	plishments		•		
	Check if Schedule O contains a re	sponse or note :	to any line in this P	art III			
1	<ul> <li>Briefly describe the organization's missic</li> </ul>	on:					
	THE ORGANIZATION WAS	CREATED	FOR THE	IMPLEMENTA	ATION OF A	COMPREHENS	IVE
	PROGRAM OF READINESS	SERVICE	S THAT EN	HANCE THE	COGNITIVE	SOCIAL A	ND
	PHYSICAL DEVELOPMENT	OF CHIL	DREN TO A	CHIEVE THI	E PERFORMAN	CE STANDAR	DS
	AND OUTCOME MEASURES	SPECIFI	ED BY THE	FLORIDA (	OFFICE OF I	LEARNING.	
2	Did the organization undertake any signi						
			•	•			X No
	If "Yes," describe these new services on	Schedule O.	***************************************		***************************************		CZZJ NO
3	Did the organization cease conducting, or		ent changes in how	it conducte any n	roorom continue?	Yes	۲.
•	If "Yes," describe these changes on Sch	n mene signinca odulo O	int changes in now	it conducts, any p	rogram services:	Yes	LA⊒ No
4							
7	Describe the organization's program services	nce accomplish	ments for each of r	ts three largest pro	gram services, as m	easured by expenses	j.
	Section 501(c)(3) and 501(c)(4) organizate		d to report the amo	unt of grants and	allocations to others,	, the total expenses, :	and
<del></del>	revenue, if any, for each program service						
4a	(Code: ) (Expenses \$ 19,	341,0/9.	including grants of \$		) (Revenue \$	2,	<u> 287.</u> )
	THE ORGANIZATION WAS	CREATED	FOR THE	TWALTEWENLY	ATTON OF A	COMPREHENS	IVE
	PROGRAM OF READINESS	SERVICE:	S THAT EN	TANCE THE	COGNITIVE,	SOCIAL, A	ND
	PHYSICAL DEVELOPMENT	OF CHIL	DREN TO A	CHIEVE THE	E PERFORMAN	<u>ICE STANDAR</u>	DS
	AND OUTCOME MEASURES	SPECIFI	ED BY THE	FLORIDA (	FFICE OF I	EARNING.	
			"		A II	'	
			'				
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						" "	
4b	(Code: ) (Expenses \$		including greate of \$		) (Revenue \$		
	,,		moleculary grants or #		) (Hevende \$	<u> </u>	<del></del> '
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4¢	(Code:) (Expenses \$	.1	including grants of \$		) (Revenue \$	<del></del>	<del></del>
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4d	Other program services (Describe in Sche			_			
4-		Including grants of \$	070	) (Revenu	10 S		
40	Total program service expenses	19,341	L,8/y.				
22200	•					Form <b>9</b> 9	90 (2013)

Form 990 (2013) COALITION, I
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	ls the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbylng activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		1	
	amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services?	_		~
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Ì	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			**
• •	as applicable.		3	: .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	٠.		
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		_X
Ç	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total		-	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
f	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		<u> </u>
	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		

Form 990 (2013) COALITION, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a	248		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disquallfled persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	'	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ. —	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	20	x	
	NOTE: All FURTH 220 INCIS BIC ICCUNCO TO COMDICTO SCREDUIC C)	38	47	Ī

-òtm 880 (				59-368322/	Page
Part V	Statements Regarding	Other IRS Filin	gs and Tax Compliance	<del></del>	

	Check if Schedule O contains a response or note to any line in this Part V	,							
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter 0- If not applicable		I						
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0	1		ŀ					
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	]							
	(gambling) winnings to prize winners?	1c	X	1					
2a		1 1	*** **						
	filled for the calendar year ending with or within the year covered by this return 2a 40		· · · .:						
þ	If at least one is reported on line 2a, dld the organization file all required federal employment tax returns?	2ь	X.						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	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)?	4a	Ì	Х					
b	b If "Yes," enter the name of the foreign country;								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	- · ·		:					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		х					
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		. : '						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
ь	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	7Ь							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		_X_					
d	If "Yes," indicate the number of Forms 8282 filed during the year	٠							
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ <u>x</u> _					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	Today and the digital today and the digital today and the digital the digital today.	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	:							
a	Did the organization make any taxable distributions under section 4966?	9a							
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations, Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12		. "						
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   11a	1 ::	7 "						
•		1 1							
12a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	10-							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year125	12a							
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.	:	(a)	W.,,,					
	is the organization licensed to issue qualified health plans in more than one state?	13e	$\vdash \vdash$						
_	Note. See the instructions for additional information the organization must report on Schedule O.			10.9					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-148	: :::						
-	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand								
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	142		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
			200						

COALITION, INC.

59-3683227

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing		ľ	ŀ						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 2 000	l							
ь	Enter the number of voting members included in line 1a, above, who are Independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		,							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b_		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7:							
а	The governing body?	8a	X							
ь	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	_10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of Interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a	The organization's CEO, Executive Director, or top management official	15a	X							
Ь	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	the sector	1 11	; .						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1						
	taxable entity during the year?	16a		_X_						
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		****							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) and 990-T (	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Woon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨								
	BECKI RUTCHLAND - 850-332-7847 3300 NORTH PACE BLVD, SUITE 210, PENSACOLA, FL 32505									
	JOO HOMEN TACH DEVE, DOLLE ALV, FENDACOUM, FU JAJVJ									

Form 990 (2013)

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COALITION, INC.

59-3683227

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Form 990 (2013)

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n		orga	aniza	ation	cor	преп	nsat	ted any current officer,	director, or trustee,	
(A)	(B)			_ ( <u>(</u>	<b>)</b>			(D)	(E)	(F)
Name and Title	Average	(do	not a	MOS heck	HOTE HOTE	than	опе	Reportable	Reportable	Estimated
	hours per	DOX	, unie	66 p <del>a</del>	rton	is bot x/true	han	compensation	compensation	amount of
	week (list any	_	]				I,	from	from related	other
	hours for	喜				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	25	뾽			150 150 150 150 150 150 150 150 150 150		(W-2/1099-MISC)	(***2) 1033-141130)	organization
'	organizations	lodividual Trustee or director	nstitutional y usitee		91/6	Ë		(,		and related
,	below	ige	, <u>5</u>	15	Кау втркуле	estor	ı			organizations
	line)	8	Ist	Отся	fry	Highest compensated employes	ЮШК			-
(1) KERMIT E. HOUSH	1.00							_		
BOARD CHAIR		X		X				0.	0.	0.
(2) ALEXIS BOLIN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) SUSAN NELMS	1.00							.,		
SECRETARY		X		X				0.	0.	0.
(4) ROGER THOMPSON	1.00									
MEMBER		X		X				0.	0.	0.
(5) MARY ANN BICKERSTAFF	1.00									
MEMBER		X						0.	0.	0.
(6) PAMELA HAGAN	1.00									'
MEMBER		X						0.	0.	0.
(7) JUDY DICKINSON	1.00							"-		
MEMBER		X						0.	0.	0.
(8) RICHARD DODD	1.00									
MEMBER		X				li		0.	0.	0.
(9) PAT FRANKLIN	1.00									
MEMBER		X						0.	0.	0.
(10) SUSAN MORGAN	1.00									
MEMBER		X						0.	0.	0.
(11) GERALD BOONE	1.00									
MEMBER		X						0.	0.	0.
(12) CHARLOTTE BOLING	1.00									
MEMBER		X						0.	0.	0.
(13) EDNA WILLIAMS	1.00		_							
MEMBER		X						0.	0.	0.
(14) MONA JACKSON	1.00			$\Box$						, ,,
TREASURER		Х						0.	0.	0.
(15) BRITTANY CURTIS	1.00									
MEMBER	'	X						0.	0.	0.
(16) DREW HARDGRAVE	1.00									
MEMBER		Х						0.	0.	0.
(17) TAMMY HICKS	1.00							, , , , , , , , , , , , , , , , , , , ,		
MEMBER		X						0.	0.	0.

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Part VII   Section A. Officers, Directors,		ploy	ees			ighe	et (	Compensated Employe	es (continued)				
(A)	· · · · · · · · · · · · · · · · · · ·			Pos	C) sition			(D)	(E)				
Name and title	Average hours per		not d	heck	more	than		Reportable	Reportable				
•	week					la bot or/trus			compensati from relate			ount (	of
•	(list any	ij.					П	the	organizatio		ı	other Densai	tion
	hours for	ġ.		]		ē			(W-2/1099-M		,	m the	
	related	streo	藍	ĺ				(W-2/1099-MISC)			orga	ınizati	on
	organizations below	1	<b> </b>		<u>\$</u>		1					relate	
	line)	Individual Irusiae or director	Institutional 3 poster	OMECSI	Key essylopes	Highest compensated employee	in the				orgai	nizatio	วทร
(18) KIM CARMODY	1.00		-	0	12	T E	۳.						
MEMBER		X						0.		0.			0.
(19) WALTER B. WATSON, JR.	40.00						Π		,				
EXECUTIVE DIRECTOR				Х	L		L	71,897.		0.	·		0.
		Н	_	<u> </u>			┡						
		1										•	
		Ħ				T	T						
		$\vdash$			-	ļ	_				<b></b>		
114.					$\vdash$		$\vdash$		<del></del> -			—	
				L									
1b Sub-total		<u> </u>					<u>.                                    </u>	71,897.		<del>- 0.</del>			0.
<ul> <li>Total from continuation sheets to Pa</li> </ul>	irt VII, Section A					,	•	0.		0.			ø.
d Total (add lines 1b and 1c)								71,897.		0.			0.
2 Total number of individuals (including t		ios <del>e</del>	liste	d al	bove	e) wt	no r	eceived more than \$100	,000 of reportab	əle			_
compensation from the organization	<u> </u>										<del></del>	<del></del>	0
3 Did the organization list any former off	icer director orth	ietos	. ka	W 66	nolo	waa	<b>~</b>	highast companested as	malayaa aa	ſ	$\overline{}$	Yes	No
line 1a? If "Yes," complete Schedule J								riighest compensated ei		ļ	3		x
4 For any individual listed on line 1a, is the	ne sum of reportab	le co	mpe	ense	ation	and	d oti	her compensation from (	the organization	. [		5.75	<del></del> -
and related organizations greater than	\$150,000? If "Yes,	" cor	mple	ete S	Sche	dule	9 J 1	for such individual			4		X
5 Did any person listed on line 1a receive							elat	ted organization or indivi	dual for service:	à [			
rendered to the organization? If "Yes," Section 8. Independent Contractors	complete Schedul	ė J fo	DF SL	ıch <sub>i</sub>	pers	on .				<u></u>	5		X
Complete this table for your five highest	t componented in	dono	ndo	nt o	ont	ranto		that ranging many them	\$100 000 -4				
the organization. Report compensation										npensa	ation ire	om	
(A)						<u> </u>	Ī	(B)	-		(C)		_
Name and busin	ness address							Description of s	ervices	C/	ompen		I
KINDER-WORLD INC													
2000 TONI ST, PENSACOL	A, FL 3250	) 4					_	SERVICE PROV	IDER		454	,56	59.
2623 W MICHIGAN AVENUE	PENSACOI	.Δ	T	7T.	3:	252	26	SEBUICE DROV	TDER	1	445	, 57	77
KIDS KLUB/MOORE UNLIMI	TED		_	_	<u> </u>			DERVICE TROV	# 17 131K		440	, , ,	•
8350 N DAVIS HWY, PENS	ACOLA, FL	32	251	. 4				SERVICE PROV	IDER	<u> </u>	428	3,35	57.
COME UNTO ME PRESCHOOL 1803 NORTH "S" STREET,			ਜ਼ਾ		325	5 O F	, إ	SERVICE PROV	TDEB		404	, 48	20
GLOBAL LEARNING CENTER		-,	L 1		, 4	, 0 :	Ή	SERVICE FRUV	TUER	$\vdash \vdash$	+00	, 40	, , ,

403,864.

SERVICE PROVIDER

8497 N PALAFOX ST, PENSACOLA, FL 32534

\$100,000 of compensation from the organization

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Statement of Revenue

Part VIII

Page 9

Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 70,000 1a b Membership dues 16 c Fundraising events 1c d Related organizations ..... 1d 19,625,620. • Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,109 g Noncash contributions included in lines 1a-1f: \$ 139,493, h Total. Add lines 1a-1f. 19 696 729 Business Code 2 a CEU CLASS FEBS 900099 Program Service Revenue 2,287 2.287 f All other program service revenue ..... Total. Add Ilnes 2a-2f 2,287, Investment income (including dividends, Interest, and other similar amounts) 57. 4 income from investment of tax-exempt bond proceeds 5 Royalties ..... (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ...... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ..... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses \_\_\_\_\_\_b Net income or (loss) from fundraising events. 9 a Gross income from gaming activities, See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 2,287. 19,699,073. 57.

| Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must corr				
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21			A space of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
3	Grants and other assistance to governments,			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	Name of the second second
	organizations, and individuals outside the				
	United States, See Part IV, lines 15 and 16			A second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		/ <b>_</b> _		
	trustees, and key employees	71,897.	57,518.	14,379.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruats and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	0E 70E	12 100		<u></u>
٠.		25,725.	13,120.	12,605.	
ď	Lobbying				
•	Professional fundraising services. See Part IV, line 17			on a war of the	
† -	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,			11	
â	column (A) amount, list line 11g expenses on Sch O.)	124,132.	93,424.	30,708.	
40	•	144,134.	33,444.	30,700.	
12 13	Advertising and promotion	298,968.	286,109.	12,859.	
14	Office expenses Information technology	10,343.	8,840.	1,503.	
15	Royalties	10,3431	0,040.	1,505.	
16	Occupancy	18,156.	14,922.	3,234.	
17	Travel	22,534.	15,251.	7,283.	
18	Payments of travel or entertainment expenses		20,0021	1,2001	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			··	
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,707.	6,004.	703.	
23	Insurance	10,197.	6,672.	3,525.	
24	Other expenses, Itemize expenses not covered	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	engara a er dagara a era dagara a esta de esta esta esta en el cara en el cara en el cara en el cara en el car En esta en el cara en el cara en el cara en el cara en el cara en el cara en el cara en el cara en el cara en e	American services and the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the serv	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	And the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the 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	amount, list line 24e expenses on Schedule ().)	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8	CONTRACT EXPENSES	17,600,722.	17,600,722.		-
ь	LEASED EMPLOYEES	1,428,959.	1,079,321.	349,638.	
C	RENTALS	113,931.	92,179.	21,752.	
đ	COMMUNICATIONS	36,798.	30,198.	6,600.	
	All other expenses	47,948.	37,599.	10,349.	
25_	Total functional expenses. Add lines 1 through 24e	19,817,017.	19,341,879.	475,138.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		'		
	educational campaign and fundraising solicitation.  Check here  figure 1 to following SOP 98-2 (ASC 958-720)				
	Check here F If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X | Balance Sheet

		Datatice officer				<del></del>
		Check if Schedule O contains a response or no	te to any line in this Part X		<del></del>	<u> </u>
				(A) Beginning of year		(B) End of year
	1	Çaşh - non-interest-bearing		137,650.	1	94,362.
	2	Savings and temporary cash investments		65,921.	2	
	3	Pledges and grants receivable, net	***************************************	1,266,848.	3	1,264,902.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,		: " .	
		trustees, key employees, and highest compens	ated employees. Complete	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	. :::::	2.00
		Part It of Schedule L			5	
	6	Loans and other receivables from other disqual	fied persons (as defined under		4.11	112
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			the second
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			· :
ξ.		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		"	7	
₹	8	Inventories for sale or use		·· ·	8	
	9	Prepaid expenses and deferred charges			9	-
	10a	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			. "	-, "
		basis. Complete Part VI of Schedule D	10a   111,305.		<u></u>	
	ь	Less: accumulated depreciation		17,375.	10c	39,111.
	11	Investments - publicly traded securities		""	11	
	12	Investments - other securities. See Part IV, line	11	, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	12	
	13	Investments - program-related. See Part IV, line	11		13	· · · ·
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	3,949.	15	9,067.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,491,743.	16	1,407,442.
	17	Accounts payable and accrued expenses	1,382,352.	17	1,415,995.	
	18	Grants payable	- ""	18	···	
	19	Deferred revenue	11111		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
iiti		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	" ' ' '
-	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	<u>" · · · · · · · · · · · · · · · · · · ·</u>
	25	Other liabilities (including federal income tax, pa			-	<b>'</b> '
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			25	
	26	Total ilabilities. Add lines 17 through 25		1,382,352.	26	1,415,995.
		Organizations that follow SFAS 117 (ASC 968	), check here 🕨 🐰 and			
Se		complete lines 27 through 29, and lines 33 an				
풇	27	Unrestricted net assets		92,017.	27	-19,221.
Bal	28	Temporarily restricted net assets	·	17,374.	28	10,668.
2	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖	contribution (1991) that contribution is a second of the property of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution	15000	
<u>ة</u> ا		and complete lines 30 through 34.				
i jë	30	Capital stock or trust principal, or current funds		_	30	
AS	31	Paid-in or capital surplus, or land, building, or eq		- 11 -	31	
重	32	Retained earnings, endowment, accumulated in			32	
-	33	Total net assets or fund balances	***************************************	109,391.	33	-8,553.
	34	Total liabilities and net assets/fund balances		1,491,743.	34	1,407,442.

ESCAMBIA COUNTY SCHOOL READINESS

COALITION, INC. 59-3683227 Page 12

Theck if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Total expenses (must equal Part IX, column (A), line 25) 3 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990; Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  1 Accounting method used to prepare the Form 990; Cash X Accrual Other If Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated ba	Pa	Reconciliation of Net Assets						
2 19,817,017. 3 Revenue less expenses. Subtract line 2 from line 1 3 -117,944. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 109,391. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) -8,553.  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Version of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or sooth: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Column or compilation of its financial statements and selection of an ind		Check if Schedule O contains a response or note to any line in this Part Xt						
2 19,817,017. 3 Revenue less expenses. Subtract line 2 from line 1 3 -117,944. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 109,391. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) -8,553.  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Version of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or sooth: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Column or compilation of its financial statements and selection of an ind				-				
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#### SCHEDULE A

(Form 990 or 990-EZ)

#### **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Employer identification number 59-3683227

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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. **ь** 🔲 Туре II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or Indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. No Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (Iv) is the organization (v) Did you notify the (vi) is the (I) Name of supported (II) EIN (III) Type of organization (vii) Amount of monetary organization in col. in col. (I) listed in your organization in col. (described on lines 1-9 organization (i) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see Instructions)) Yes No Yes No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 COALITION, INC.

59-3683227 Page 2

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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	'		•		<del></del> -	
Cale	endar year (or fiscal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	"			, ,	,/	17, 1013
	membership fees received. (Do not						
	include any "unusual grants.")	20,741,615,	20,057,376.	19,768,738.	19,211,892.	19,696,729.	99,476,350.
2	Tax revenues levied for the organ-	-					· · · · · · · · · · · · · · · · · · ·
	ization's benefit and either paid to						
	or expended on its behalf				<u></u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,741,615.	20,057,376.	19,768,738.	19,211,892.	19,696,729.	99,476,350.
5	The portion of total contributions			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	The state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		
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	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	column (f)			eler seidt vildstet			_
	Public support. Subtract line 5 from line 4.	1. "	7		and the second second		99,476,350.
	ction B. Total Support	<u></u>					
	endar year (or fiscal year beginning In)		(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	20,741,615.	20,057,376.	19,768,738.	19,211,892.	19,696,729.	99,476,350.
8	Gross income from interest,						
	dividends, payments received on	`					
	securities loans, rents, royalties	1 007	C 2.1	4 400	4 000	!	
	and income from similar sources	1,027.	631.	1,175.	1,075.	57.	3,965.
9	Net income from unrelated business		i				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4 607	1 750	1 000	1 551		44 4
	assets (Explain in Part IV.)	4,607.	1,752.	1,260.	1,571.	2,287.	11,477.
	Total support. Add lines 7 through 10			- 17 m 14.11.11	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	<u> Parting the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community of the Community</u>	99,491,792.
12	• • • • • • • • • • • • • • • • • • • •					12	
IJ	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Per	rcentage			······	<u>- L</u>
14	Public support percentage for 2013 (	ine & column (f) di	vided by lies 11 s	sh (6)	<del>-</del>		99.98 %
15	Public support percentage from 2012	Schedule A. Part	vided by line 11,¢ II line 14	orumn (i))		15	00 00
16a	33 1/3% support test - 2013. If the c	organization did no	t check the box or	line 13 and line :			
	stop here. The organization qualifies	as a publicly supp	orted organization	rano ro, and and	14 10 00 17070 OF 11	Mar Chack this DO	× ano
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on II	ne 13 or 16a, and	lina 15 is 33 1/3%	or more, check th	ie hav
	and stop here. The organization qual	ifies as a oublicly s	supported organiza	ition	101010100017070	or more, crieck tri	• I
17a	10% -facts-and-circumstances tes	t - 2013. If the orga	anization did not c	heck a box on line	13.16a or16h a	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization	nen no organi	<b>L</b>
b	10% -facts-and-circumstances tes	t - 2012, If the orga	anization did not o	heck a box on line	13, 16a, 16b, or 1	  7a, and line 15 is 1	
	more, and if the organization meets the						-/4 WI
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
						dule A (Form 990	

### Schedule A (Form 990 or 990 EZ) 2013 COALITION, INC. [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or If the organization falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	tion A. Public Support		provide the trip				
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					<u> </u>	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,					"	
	merchandise sold or services per-				ĺ	ļ	
	formed, or facilities furnished in any activity that is related to the			ł			
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	Iness under section 513		l.				
4	Tax revenues levied for the organ-		-			· ·	
	ization's benefit and either paid to		1				
	or expended on its behalf						
5	The value of services or facilities					<u> </u>	
	furnished by a governmental unit to			Ì			
	the organization without charge	· .		İ			
6	Total. Add lines 1 through 5			'			
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				Ì		
b	Amounts included on lines 2 and 3 received		1 "				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		Í				
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtractline 7c from line ft.)			Pi	100		
Sec	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			.,	, ,	\	(17 1 - 151)
	Gross Income from interest,						
	dividends, payments received on securities loans, rents, royalties			'			
	and income from similar sources	I					
b	Unrelated business taxable income		· · · · · ·				:
	(less section 511 taxes) from businesses	I					
	acquired after June 30, 1975	I			1		
c	Add lines 10a and 10b				_		
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	1				[	
	regularly carried on	,					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·					
13	Total support. (Add lines 9, 10c, 11, and 12.)	•					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation.
	-b	_			_		
	tion C. Computation of Publi	<u>ic Support Pe</u>	rcentage				
	Public support percentage for 2013 (li			olumn (f))		15	%
	Public support percentage from 2012					16	%
	tion D. Computation of Inves					· ·	
	Investment income percentage for 20			e 13, column (f))		17	<u>%</u>
	Investment income percentage from 2	18	<u>%</u>				
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	15 is more than :	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly :	supported organiz	ation	
b	33 1/3% support tests - 2012. If the	organization did r	iot check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

#### ESCAMBIA COUNTY SCHOOL READINESS

Schedule A (Form 99   <b>Part IV   Suppl</b> e				, INC. he explanations required	by Part	II line 10: P	art II lino 17a or	59-36832	27 Page -
	nplete this I	oart for any addi	<u>tional info</u>	mation. (See instruction	s).	II, line (U; P)	art II, line 17a or	170; and Part III,	ine 12.
SCHEDULE A	, PART	II, LIN	E 10,	EXPLANATION	FOR	OTHER	INCOME:		
MISCELLANEC	ous				-				***
2009 AMOUNT	Ր։ \$	4,607.							
2010 AMOUNT	r: \$	1,752.							
2011 AMOUNT	r: \$	1,260.					· · · · · · · · · · · · · · · · · · ·		
2012 AMOUNT	r: \$	1,571.		···				<u> </u>	
2013 AMOUNT	r: \$			•					
				-"					
, 10 mm							•••	····	
						-			
							1	1114	
<u>"</u>						,			
		11 - 11							
				***			· .		
		W 1		111-11					
<u></u>			-				·#		
		***************************************		111					
" '						. "			
		<u> </u>						<del></del>	
·						<u>.                                    </u>			

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2013

Name of the organization

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Employer identification number

59-3683227

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( 3) (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					
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> H(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
For an organiz	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one emplete Parts I and II.					
Special Rules						
509(a)(1) and 1	io1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 170(b)(1)(A)(v)) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contributi	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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.					
contributions f If this box is ch purpose. Do no	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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. An organization	on that is not covered by the General Rule and/or the Special Rules does not file Schedule 8 (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PE. Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Employer identification number

59-3683227

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contribution
1	OFFICE OF EARLY LEARNING  107 EAST MADISON STREET  TALLAHASSEE, FL 32399	s <u>18,533,908.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(á) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>-</u>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Employer (dentification number

<u>59-368322</u>7

Part II	Noncash Property	(see Instructions).	Use duplicate copies	of Part II i	f additional s	pace is needed,
---------	------------------	---------------------	----------------------	--------------	----------------	-----------------

(a) No. from Part I	(b) Description of noncesh property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
—		<b>\$</b>	
(e) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>-</b>   <b>\$</b>	
(e) 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>\$</b>	
(a) No, from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
:		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
29453 10-24-1	3	Schedule B (Form 9	190, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

ESCAMBIA COUNTY SCHOOL READINESS

CONTITUTON	TNC	
COALITION,	, T1//C =	

50-3603007

Part III	Exclusively religious, charitable, etc., individue year. Complete columns (a) through (e) and the	ual contributions to section 501(c following line entry. For organization	)(7), (8), or (10) organizations that total more than \$1,000 for the ins completing Part III, enter the year. (Enter this information once.)
	Use duplicate copies of Part III if additional	space is needed.	trie year. (Enter this Information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		11-11-111	
,	· · · · · · · · · · · · · · · · · · ·		
	· ·		_
	- <del> </del>	(e) Transfer of gift	
ļ	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No.	I		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>.</u>			
		(-) T 4 4 4	
	•	(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
	· ·		
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	· · · · · · · · · · · · · · · · · · ·		
H	1	(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
1			Market Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
L			
	•	(e) Transfer of gif	t
	Transferee's name, address, and	1 Z1P + 4	Relationship of transferor to transferee
		<del></del>	
	W		

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, Ilne 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

ESCAMBIA COUNTY SCHOOL READINESS

Emplo

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COALITION, INC.

Employer identification number 59-3683227

Par	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line 6		or Accounts.Complete if the
	organization attawards 100 to 1011 000, Fairty, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<del>.</del>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisors in wr		funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad-		
	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifle	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	i		Held at the End of the Tax Year
a	Total number of conservation easements		2a
þ	T-4-1		
¢	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	rganization during the tax
	year >		•
4	Number of states where property subject to conservation ease	ment is located -	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements durin	ng the year 📂
7	Amount of expenses incurred in monitoring, Inspecting, and en	forcing conservation easements during the	ė year ► \$_
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(	(4)(B)(l)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio		
	conservation easements.		-
Par	t III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treesures, or other similar assets held for public exhib		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
ь	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	••••••	🕨 \$
	7003 A		
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 116		
ä	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

# ESCAMBIA COUNTY SCHOOL READINESS

		ON, INC.					59-	368322	<u>7</u> . F	age 2
Pat	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Other	Similar A	ssets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a sig	nificant use o	f its collectio	n iten	ns
	(check all that apply):		_							
a	Public exhibition	C	• 🗀	Loan or exc	hange progr	rams				
b	Scholarly research	•								
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	h <del>e</del> y further t	he organizat	ion's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Compi	ete if the	organizatio	n answered	"Yes" to F	orm 990. Part			
	reported an amount on Form 990, Pa						<b>,</b> - <del>-</del>			
1a	Is the organization an agent, trustee, custod	lan or other interme					ncluded			
	on Form 990, Part X?							Yes		No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				. — - • •		
								Amoun	•	
c	Beginning balance						10	74110411	•	
d	Additions during the year					***************************************	1d			
e	Distributions during the year			***************************************			1e			
ť	Ending balance				•••••	,	11			
_	Did the organization include an amount on F	orm 990. Part X. line	212					Yes		No
	If "Yes," explain the arrangement in Part XIII.							163	<u> </u>	5 10
	t V Endowment Funds, Complete	if the organization ar	swered	"Yes" to Fo	rm 990 Pari	IV line 10	·····			_
		(a) Current year		Prior year			n Three years b	ack (a) Four	r vears	hark
1a	Beginning of year balance	(a) can and year		Tipe your	(4) 1.00 ) 3.0	10 2231. 16	y • • y • w • • •	NON (E) OU	yours	Duon
ь	Contributions									
c	Net investment earnings, gains, and losses					<u>_</u>				
ď	Grants or scholarships	****						_		<del></del> -
	Other expenditures for facilities									
-	and programs				1					
f	Administrative expenses				<del>                                     </del>	_				
g	End of year balance					<del>-  </del>				
2	Provide the estimated percentage of the cur	root was and halan	a Alaa d		N hald as					
a	Board designated or quasi-endowment			g, column (a	a)) neka as:					
b	Permanent endowment	%	_%							
-	Temporarily restricted endowment	<del></del> -								
C		<u>%</u>			•					
2-	The percentages in lines 2a, 2b, and 2c should be the second and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec									
-38	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ina aaministi	ered for the	organization	r		
	by:								Yes	No
	(i) unrelated organizations									
	(ii) related organizations							3e(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?				3b		
4 Dor	Describe in Part XIII the intended uses of the tVI   Land, Buildings, and Equipm	organization's endo	wment	funds.						
Fai										
	Complete if the organization answere									
	Description of property	(a) Cost or c			or other		umulated	(d) Boo	k valu	<del>o</del>
	Land	basis (investr	nent)	Daşıs.	(other)		eciation			
	Land					erriging application	andre ne dan t	'		
b	Buildings									
	Leasehold improvements			4.4	1 305		70 404		<del></del>	<del></del>
d	Equipment			11	1,305.		72,194.	3	9,1	11.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC. 59-3683227 Page 3 Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7)(8) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3)(4)(5)(6) (7) (8)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

	Complete if the organization answered "Yes" to Form 990, Part	IV, line 11e or 11f. See For	m 990, Part X, line 25.
1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	***		
(3)			
(4)	<u> </u>	"	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
(5)			
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(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>.</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC. 59-3683227 Page 4 Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete If the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 19,699,073. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities \_\_\_\_\_ 2b c Recoverles of prior year grants 20 d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 19.699.073. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1; a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 19,817,017. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2я b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 19,817 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 19,817,017. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization

ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Employer Identification number 59-3683227

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermir		:\$
1	Art - Works of art		Itomo Comminacio	T OITH 550; T CET VIII; III 16 19				
2	Art - Historical treasures							
3	Art - Fractional interests			· · ·				
4	Books and publications	Х		139,493.	COST			
5	Clothing and household goods		7		- "			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock				"			
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other		ļ <u>.</u>				·	
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other				ļ			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			,				
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (							
28	Other ( )	<u> </u>						
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement <b>29</b>				
30a	During the year did the evention to sain the				Mark 16	$\overline{}$	Yes	No
JUA								
	at least three years from the date of the initial the entire holding period?							x
h	If "Yes," describe the arrangement in Part II,					30a		_
31								<b>X</b>
32a						31		
			-	•		200		x
6	contributions?  If "Yes," describe in Part II,					32e		
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is of	necked			
	describe in Part II.	CONGRESS (C) I	or a type or proper	ty for writer column (a) is ci	ioonoo,			:
	COUNTRY HIT CIT HI							<u> </u>

# ESCAMBIA COUNTY SCHOOL READINESS

Schedule M	(Form 990) (2013) COALITION, INC.  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	<u>59-368</u> 3227	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a countribution and additional information.	33, and whether the organize ombination of both, Also com	ation iplete
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### **SCHEDULE O**

(Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ESCAMBIA COUNTY SCHOOL READINESS Emplo COALITION, INC.

Employer Identification number 59-3683227

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION WAS CREATED FOR THE IMPLEMENTATION OF A COMPREHENSIVE
PROGRAM OF READINESS SERVICES THAT ENHANCE THE COGNITIVE, SOCIAL, AND
PHYSICAL DEVELOPMENT OF CHILDREN TO ACHIEVE THE PERFORMANCE STANDARDS
AND OUTCOME MEASURES SPECIFIED BY THE FLORIDA OFFICE OF LEARNING.
•
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS REVIEWED BY THE FINANCIAL COORDINATOR AND THE
EXECUTIVE DIRECTOR, PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: DISCLOSURES OF POTENTIAL CONFLICTS ARE MADE IN WRITING AT
LEAST ANNUALLY. FURTHERMORE, AT EVERY BOARD MEETING AT WHICH THERE ARE
VOTES ON CRITICAL ISSUES, THE BOARD MEMBERS ARE QUESTIONED ABOUT ANY
POSSIBLE CONFLICTS OF INTEREST REGARDING THOSE ISSUES, AND THE RESPONSES
ARE FILED WITH THE MINUTES OF THOSE MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15A:
EXPLANATION: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE
DIRECTOR'S SALARY.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE
ORGANIZATION'S OFFICE.

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return,

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

<ul> <li>If you a</li> </ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>X</b>
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex					
Electroni	ic filing <sub>(e-file)</sub> . You can electronically file Form 8868 if	you need a		ne to file (	6 months for a cor	
required 1	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	Certain
	Benefit Contracts, which must be sent to the IRS in page					
	.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I						
	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only			-,			▶ ∟
All other o	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	ision of time	
to me ince	ome tax returns.			Enter file	<u>er's identifying nu</u>	ımber
Type or	Name of exempt organization or other filer, see instru		a	Employe	r Identification nun	nber (EIN) or
print	ESCAMBIA COUNTY SCHOOL REAL COALITION, INC.	DINES	5		59-36832	27
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s		tions,	Social se	curity number (SS	
return. See instructions,	3300 NORTH PACE BLVD, SUITE City, town or post office, state, and ZIP code. For a fe		iress see instructions	·		
	PENSACOLA, FL 32505					
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			01
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	- a sopula				[ ] -
Applicati	on	Return	Application			Return
ls For	<u>, , , , , , , , , , , , , , , , , , , </u>	Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			. 07
Form 990	-BL	02	Form 1041-A			08
Form 472	(individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	BECKI RUTCHLAN					
<ul> <li>The bo</li> </ul>	ooks are in the care of > 3300 NORTH PAC	E BLVI	D, SUITE 210 - PEN	SACOL	A, FL 325	05
	none No. <b>&gt;</b> 850-332-7847		Fax No. 🕨			
<ul><li>If the c</li></ul>	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □
<ul><li>If this i</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN), , j	f this is fo	r the whole group,	check this
box 📂 l	l . If it is for part of the group, check this box 🕨 📖	and atta	ch a list with the names and EINs of	f all memb	ers the extension	is for.
1 Ire	quest an automatic 3-month (6 months for a corporation FEBRUARY 16, 2015, to file the exemp	required : t organiza	to file Form 990-T) extension of time tion return for the organization name	until ed above.	The extension	,
is to	or the organization's return for:					
<b>▶</b> !	calendar year or					
<b>▶</b> 1	X tax year beginning JUL 1, 2013	, an	d ending JUN 30, 2014		_·	
2 if tr	te tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	π	
	Change in accounting period					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	0.
	iis application is for Forms 990-PF, 990-T, 4720, or 6069		•			_
	mated tax payments made. Include any prior year overp			3b	\$	<u> </u>
	ance due. Subtract line 3b from line 3a. Include your pa	-	·		_	٥
	using EFTPS (Electronic Federal Tax Payment System).			3c	_ 1 S 0070 S C	0.
instruction	If you are going to make an electronic funds withdrawalns.	(direct de	oil) with this Form 8868, see Form 8	9453- <b>E</b> U 8	na romi 8879-EO	ror payment

### Internal Revenue Service

Date: April 23, 2007

ESCAMBIA COUNTY SCHOOL READINESS COALITION INC % BETH ROGERS 3636 D N L ST STE A PENSACOLA FL 32505 Department of the Treasury P. O. Box 2508 Cincinnati. OH 45201

Person to Contact:

John C. Crawford 31-08672 Customer Service Representative

**Toll Free Telephone Number:** 

877-829-5500

Federal Identification Number:

59-3683227

#### Dear Sir or Madam:

This is in response to your request of April 23, 2007, regarding your organization's taxexempt status.

In February 2001 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations 1 INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 16 2005

ESCAMBIA COUNTY SCHOOL READINESS COALITION INC 3636-D N L ST PENSACOLA, FL 32505-5248 Employer Identification Number:
59-3683227
DLN:
17053232765045
Contact Person:
THOMAS C KOESTER ID# 31116
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated FEBRUARY 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements

Letter 1050 (DO/CG)



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

United Way of Escambia County

Agency Address:

1301 West Government Street

Pensacola, FL 32502

Program Name:

211 Northwest Florida

**Program Contact:** 

Amanda Crabtree

Contact Email:

amanda@unitedwayescambia.org

Contact Phone:

850-444-7111

25-Word Description of Program:

2-1-1 provides comprehensive information, referral and advocacy for the community 24 hours a day, 7 days a week.

Amount Requested:

35,000.00

Amount Received Last Year, if applicable:



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

2-1-1 maintained a full resource database available to the public on the website (www.211nwfi.org) in addition to the helpline being available via phone. The greatest percentage of contacts occurred from local citizens who had a very low household income and from those in financial crisis who needed food, shelter, clothing or prescriptions. In addition to these citizens we provided a wide spectrum of referrals to the general community. In April of 2014, 2-1-1 received over 2400 calls from victims of the flood that occurred in the City and in Escambia County. This is in addition to our normal monthly call volume. Our staff is still providing case management to survivors and helps those in need access resources as they become available. In the height of need, we helped survivors navigate the FEMA application, appeal, and unmet needs assistance programs because no other agency program could provide the comprehensive service that was in place. 2-1-1 also connected residents to cold weather resources such as blankets and shelters during the January freeze and other inclement winter weather of 2014.

Briefly discuss how the funding you are currently requesting will be used.

2-1-1 will continue to maintain a full resource database available to the public on our website in addition to the helpline being available via phone. This service will be available 24 hours a day, 7 days a week for all residents. We expect to continue to connect local citizens of very low income households to resources during financial crisis who needed food, shelter, clothing, prescriptions, and health care resources.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

2-1-1 will continue to actively seek grant and contracting opportunities that provide either financial or in-kind support for the initiative.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

None at this time

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

2-1-1 will work to connect callers to resources to meet their particular need during their crisis. Through phone conversations, 2-1-1 Specialists will work with callers to determine the best coarse of action to gain stability through local community referrals.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

2-1-1 will track the success of stability of our callers by utilizing follow up phone calls to the caller after 7 days. We will track the initial need of the caller as well as the result of the referrals given to the caller upon follow up phone call. We expect that at least 20% of callers who receive a follow up call will have had success in having their need met through the referrals given. These results will be track and reported monthly.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

During the previous year, 2-1-1 tracked the success of referrals given to callers by utilizing follow up phone calls to the caller after 7 days. An average of 17% of callers were able to successfully meet their need based on the referrals given during the initial call to 2-1-1.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources			
Programmatic Income			
County Funding	33,250.00	33,250.00	35,000.00
City Funding	10,000.00	10,000.00	10,500.00
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income	255,390.00	188,100.00	189,100.00
Total Income	298,640.00	231,350.00	234,600.00



<u>Expenses</u>

	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing				
Salaries and Wages	171,956.00	162,206.0	00	175,206.00
Employee Benefits	18,038.00	11,128.00	)	18,268.00
Professional Services	43,771.00	38,640.00	)	27,000.00
Contractual Services				
Travel Expenses	16,813.00 9,600.00		5,000.00	
Rentals and Leases				
Communication	15,577.00	4,401.00		4,776.00
Postage and Freight	1,150.00	50.00		50.00
Repair and Maintenance	3,917.00	750.00		1,000.00
Printing and Binding	10,000.00	100.00		200.00
Marketing and Promotion	17,417.00	4,375.00		3,000.00

Fuel



## Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	1,208.00	100.00	100.00
Capitalizable Assets			
Total Expenses	298,640.00	231,350.00	234,600.00
Net Income	298,640.00	231,350.00	234,600.00

Please explain any capitalizable asset contained in your request.

# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Informal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ➤ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Form **990** (2013)

Cat. No. 11282Y

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<u> </u>	For the	2013 calendar year, or tax year beginning July 1 . 2	013, and endi		ne 30	, 20 14
В		applicable: C Name of organization United Way of Escambia County, Inc.				yer Identification number
ш	Address	change Doing Business As				
	Name ch	ange Number and atreet (or P.O. box if mail is not delivered to street address	Boom/si	uite	E Telepho	59-0651076 one number
	Initial ret					
	Terminat					<u>850-434-3157</u>
	Amended					
		on pending F Name and address of principal officer:	<u>.</u>		G Gross re	
		· · ·				subordinales? Yes No
$\overline{}$	Taylayon	Andrea Krieger, 1301 W Government St., Pensacola, Ft. 3250 (ppt status: 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(	)2	H(b) Are all	subordinate	e included? 🔲 Yes 🗀 No
Ė	Website		i) or 527	IT N	o," altach	a list. (see instructions)
ĸ		·				number 🗠
_	arti	rganization: ✓ Corporetion ✓ Trust ✓ Association ✓ Other ►  Summary	L Year of forms	tion: 1944	M State	of legal domicile: FL
_						
۵	'	Briefly describe the organization's mission or most significant activ	ities: <u>To uni</u>	te the efforts	and reso	urces of Escambia
Activities & Governance	] ,	County with programs and initiatives that can create measurable and s	ustainable po	sitive change	s in the	areas of health,
Ĕ	2	education, and financial stability.				
Š	2	Check this box ► ☐ if the organization discontinued its operations	or disposed	of more than	25% of	its net assets.
Ġ	•	Number of voting members of the governing body (Part VI, line 1a)			3	25
9	4	Number of independent voting members of the governing body (Pa	rt VI, line 1b)		4	25
ŧ	6	Total number of Individuals employed in calendar year 2013 (Part V	, line 2a)		5	
듄	6	Total number of volunteers (estimate if necessary)			6	
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	2,257
	ь	Net unrelated business tayoble income from Court 200 T vers 44			7b	(13)
				Prior Ye		Current Year
œ	8 (	Contributions and grants (Part VIII, line 1h)			,504,327	
Revenue	9 (	Program service revenue (Part VIII, line 2g)			53,082	3,011,507
ă	10	munchment innome (Text VIII Inner (A) II				86,800
ш	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	<u>,</u> ,		45,654	32,670
	12	otal revenue—add lines 8 through 11 (must equal Part VIII, column (	A) line 12)	<del></del>	22,626	31, <del>9</del> 55
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	79; MIIO 12)	•	.625,689	3,162,832
	14 8	Benefits paid to or for members (Part IX, column (A), line 4)	• • • •	2,	308,392	1,681,303
an an	15 8	Salarles, other compensation, employee benefits (Part IX, column (A), li	`			
Expenses	16a	Professional fundraising food (Port IV. calumn (A), (II.	nes 510)  -	<del></del>	835,493	916,236
夏	b	Professional fundraising fees (Part IX, column (A), Iline 11e)  Total fundraising expenses (Part IX, column (D), line 25)	· · · ·	C. Astronom	11,927	13,345
ă	17	Other expenses (Part IV, column (b), line 25)				
	18 1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> </u>	363,455	377,183
	19 F	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line	e 25) . 📙	3,	527,267	2,988,067
		Revenue less expenses, Subtract line 18 from line 12			98,422	174,765
20 E	20 7	Tabel again. (Florida V. II.)	LE	Seginning of Cur	rent Year	End of Year
t Assets d Balanc		otal assets (Part X, line 16)	<u>.</u> L	3,	830,545	3,409,087
3 3		otal llabilities (Part X, line 26)	[	1,:	952,822	1,285,170
		let assets or fund balances. Subtract line 21 from line 20			877,723	2,123,917
	rt II	Signature Block				
Uric	ier penaiti	as of perjury, I declare that I have examined this return, including accompanying sche- and complete. Declaration of preparer (other than offices) is based on all information of	dules and stater	ments, and to the	a beat of m	v knowledge and belief it is
	, 0011000,	and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowles	ige.	
0:-				· ·	- 2.	19/15-
Sig		Signature of officer		Date	, ,	
Her	~e	19M HILTON, CF	>			
Type or print name and title						
Pai	d	Print/Type preparer's name Preparer's signature	Dat	te	Cha-L-E	T (FTIN
_	parer				Check self-empt	_  N7
	9 Only	Firm's name		Figure	EW ►	<u>-</u> -
		Firm's address		Phone		
May	the IRS	discuss this return with the preparer shown above? (see instruction	ns) .	Lenone	5 (RJ)	· · Yes No
For i	Paperwo	rk Reduction Act Notice, see the separate Instructions.		p. 11282Y	<del>- ' '</del>	Form <b>990</b> (2013)

Form 9 Parti	90 (2013)  Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response or note to any line in this Part III	17
1	Briefly describe the organization's mission:	· 14
	Uniting our community and leveraging resources to improve lives. We create opportunities by serving as a safety net that leve	rages
	volunteer manpower, in-kind and financial contributions, and public awareness to support collaborative partnerships that effec	tively
	meet our community's health and human service needs.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<b></b> ⊘No
3	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	Yes I	Z No
4	if "Yes," describe these changes on Schedule O.	
•	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	red by
	the total expenses, and revenue, if any, for each program service reported.	otners
<b>4a</b>	(Code: 624100 ) (Expenses \$ 1,756,646 including grants of \$ 1,881,303 ) (Revenue \$ 281,019	)
	Community Investment programs - the principal objective is to effectively administer and distribute resources to local aparoles	and
	programs, with a focus on improving health, education, and financial stability in Escambla County. Of the \$1,881,303 set aside	ſαr
	distribution, over \$1,600,000 stayed locally in Escambia County, including over \$1,500,000 awarded or distributed to our partner	,
	agencies, primarily through an application process that uses community volunteers to assess partner applications. The applica-	tion
	process focuses on measurable outcomes in the focus areas noted above. Local partner agencies apply for funding, host site to	/isits,
	and have oral presentations to our volunteer panels to allow them to better assess program effectiveness. In addition, success	<u>ful</u>
	applicants must report quarterly on the results of their efforts for any funds awarded through the application process. In additional time allocation process, deposits on the results of their efforts for any funds awarded through the application process.	on to
	this allocation process, donors can designate to specific agencies. United Way also participates in two local programs, Communicating at Christmas, and Cram the Van, that provide toys to local agencies for the benefit of their low income clients, and provide	<u>inities</u>
	school supplies to the Escambia County School District to assist their low income students. Total funds raised for these two	16
	programs were \$49,320 and \$22,388, respectively.	•
4b	(Code: 624200 ) (Expenses \$ 338,182 including grants of \$ 0) (Revenue \$ 389,041	)
	211 Northwest Florida- During this year, the program continued its service to the 9 countles of northwest Florida.	
	211 provides 24/7 comprehensive information and referral services to a population of nearly one million individuals.	
	Over 40,000 callers connected with 211 in search of assistance with health and human services. For these callers, 211 Northwes	t
	Florida provided over 81,000 referrals to programs that assist with utilities, rent/mortgage, and health related services.	
	They maintained a 99% quality rating and managed a website (211nwfl.org) that experienced over 4,800 unique visits monthly.	
	The program is integral to the health and human services community structure of providing support. In addition to its ongoing	
	information and referrals to local citizens, 211 Northwest Florida has provided disaster case management to individuals whose homes were damaged by the floods of late April 2014.	
	Tioning word did indeed by the today of late Alath 2014.	
4c	(Code: 624100 ) (Expenses \$ 122,149 Including grants of \$ 0) (Revenue \$ 225,105)	
	The financial stability program is made up of three components: volunteer income tax assistance (VITA), MyFreeTaxes.com, an	<u>d</u>
	the MyFreeTaxes Helpline Center. The local VITA program was operated by 50 volunteers at six sites who provided over 3,000	
	donated hours to provide free tax preparation services to low income individuals and families in Escambia and Santa Rose Coul	nties.
	In total, our volunteers helped return \$1.5 million in Earned Income Tax Credit (EITC) and more than \$3.3 million in refunds to	
	2.672 individuals and families in our community. The leveraged impacts and free services returned \$4.7M to our community.	
	MyFreeTaxes.com provides individuals and households with an annual income of \$60,000 or less a way to file their taxes on line	
	through this easy to use web application. United Way of Escambia County uses this program to compliment the VITA program by offering the community two options to file their taxes for free, online or in person. Last year 153 local returns were filed through	
	MyFreeTaxes.com website. United Way Worldwide partners with United Way of Escambia County to fund the MyFreeTaxes Esca	igh mb'r
	Helpline, which is one of six call centers across the nation. Last year, our call center staff supported over 6,670 callers who had	шыа

questions about various aspects of their tax returns. 4d Other program services (Describe in Schedule O.) (Expenses \$ 203,977 Including grants of \$ o) (Revenue \$ 148,855) 4e Total program service expenses ▶ 2,418,749

Part	Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	<b>V</b>	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	7	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Ť	1
4	Section 501(c)(3) organizations. 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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	<u> </u>	✓
-	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		✓
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		·
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<b>*</b>	·
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1ib	_	<b>√</b>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			<u>*</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11c		<u> </u>
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule O. Part X	11d		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	/	_
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	<b>V</b>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	-	<b>✓</b>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>/</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	l l		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>✓</u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Ī	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	/	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	
20 g	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a	$\dashv$	<del>*</del> -
	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		···-

Part	Checklist of Required Schedules (continued)			rage -
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>,</u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		· · · · · ·	,
24a	Did the organization have a tax-exempt bond lesue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		·
c p	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		7
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u>*</u>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>v</b> √
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>,                                     </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	À		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>√</u>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	<b>✓</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>*</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u>,</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	/	_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1	34	Ť	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		.√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	35b 36		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	30		
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37 38	_	
			990	(2013)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			aye
	Check if Schedule O contains a response or note to any line in this Part V			г
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>、福棚</b>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gamling (gambling) winnings to prize winners?	ic	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2747.23		Chi K
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	) <b>( )</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	E S	推览	
38	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
4a	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)?			
		4a		<u> </u>
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
6a	If "Yes" to line 5a or 5b, clid the organization file Form 8886-T?	5c		
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		ĺ	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
_		_		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	anuprospygis	No.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		多者	淵
	and services provided to the payor?			都清
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	<del>/</del>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1B	4	
	required to file Form 8282?	7c	1	,
đ	if "Yes," indicate the number of Forms 8282 filed during the year	7 C	and and a	¥ Amagical Amagical
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	STATE OF THE PARTY OF	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	$\dashv$	Ť
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	#248000	NABARE	多声描
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	2600nya
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:	: (-) <u>.</u> ((1)		24
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		15.44	
	Gross income from members or shareholders		4 4	
_	Gross Income from other sources (Do not net amounts due or pald to other sources against amounts due or received from them.)			
12a			بالتوا	H.
b	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		tare en
	if "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	200		
-	Note. See the instructions for additional information the organization must report on Schedule O.	13a	4 - 17 - 12 - 12 - 12	Napata Marana
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plane			
	Enter the amount of reserves on hand	<b>1</b>	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	148		NI W
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		—
	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th			

Form	900	(2013)	

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	d for a "No"
	Check if Schedule O contains a response or note to any line in this Part VI	instructions.
Secti	ion A. Governing Body and Management	<u> </u>
-		Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 1
6	Did the organization have members or stockholders?	3 🗸
7a	one or more members of the governing body?	a 🗸
Ь		
8	stockholders, or persons other than the governing body?	ь
а	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	
b	The land the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	3 1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	,     /
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)
	· · · · · · · · · · · · · · · · · · ·	Yes No
10a	Did the organization have local chapters, branches, or affiliates?	)a ✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	ь
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	a✓
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
13	Post the annual standard from the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	
14	Chief the average from the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
а	The organization's CEO, Executive Director, or top management official	a /
, b	Other officers or key employees of the organization	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
	with a taxable entity during the year?  If "Yes," dld the organization follow a written policy or procedure requiring the organization to evaluate its	3 /
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	
	on C. Disclosure	:- I
17 18	List the states with which a copy of this Form 990 is required to be filed Florida  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.	)1(c)(3)s only)
19	<u>∀</u> Own website	st policy, and
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he
	organization: Tom Hilton, 1301 W. Government Street Penesonia FI 32502	

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	on c	ompe	3N\$2	ated any currer	t officer, director	r. or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(do r. box, office or direct	ot ch unies er and	Pos neck as pe d a d	C) Rion men rson ilrect		one 1 an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and rotated organizations
	•	<b>a</b>	ustee		ľ	ensated		<u> </u>	_	or Sen usanding
(1) Gary Sammons								, "		
Chairperson		1		1				1		
(2) David Peadon										
Chair Elect		1		1						
(3) Bob Sanders										
Treasurer		/		1	ĺ					
(4) Meri Asmar								-		
Secretary		✓	}	✓	1					
(5) Andrea Krieger	59									
Chief Executive Officer	1			✓				116,228		9,767
(6) Tom Hilton	44									
Chief Financial Officer	1			✓				64,422		8,124
(7) Mark Faulkner										
<u>Director</u>	}	✓								
(8) David Jones									,	
Past Chair			L				✓			
(9) Oliver Jones							[			
<u>Director</u>		<b>*</b>	Ш				_	:		
(10) Bob McLaughlin			i							
Director		<b>\</b>								
(11) Ted Kircharr										
Director			Ш	_			✓			
(12) Yvette McLellan										
Director		<u> </u>	Ш							
(13) Trip Maygarden										<u>-</u>
Director	{	<b>\</b>	Ш		$\Box$		Ш			
(14) Vaughn Nichols								Į i		
Director	<u>.</u>	✓	ш							

Form 9	90 (2013)	laga Kauf				1	11 - la a					Page 8
	Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average hours per	(do n box, s	ot ct unles	Pos neck ss pe	C) :ition :more :raon		one n an	(D) Reportable compensation	(E) Reporta compensatio	eid moni ra	(F) Estimated smount of
		week (list any hours for related organizations below dotted line)		Institutional bustee	Officer	Kay employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-	ons	other compensation from the organization and related organizations
(15) M	alcom Thomas			┢	_	-		-				
Direct	or		1									
(16) K	athle Jeffcoat					_		Π		,		
Direct			<b>\</b>					L.				
	atrice Whitten	*==			<b>l</b> .							
Direct			<b>\</b>	<u> </u>				_				
	athy England					1						
Direct (19) u	or al George		1	<u> </u>		ļ.		<u> </u>	<u> </u>			
Direct			/									
	C Etheridge							_	<del> </del>		-+	
Direct			1			İ			•			
	m Putman		_								<del></del>	
Direct			<b>/</b>									
(22) p	avid Moore											
Direct	or		1						<u>L</u>		į	
<b>(23)</b> Ç	edric Durre											-
<u>Direct</u>	- 11 11 11 11 11 11 11 11 11 11 11 11 11		✓									
(24) J	ohn Floyd										""	
Direct	OI,		✓	_								
	ichael Adamson		,						.			
Direct			✓					Ļ			_	
C	Sub-total .  Total from continuation sheets to Part	, , . VII Contin							180,650		_	17,891
ď	Total (add lines 1b and 1c)				•							
2	Total number of individuals (including but reportable compensation from the organic	not limited	to th	ose	Ilst	ed a	above	) w	180,650 ho received mo	ore than \$1	00,000	17,891 of
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	COLIOIT P	_									Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	icer, direct Schedule J	tor, o for su	r tr	uste <i>indi</i>	e, vidu	keye <i>lei</i> .	mpi	loyee, or high	est compe	nsated	3
4	For any individual listed on line 1a, is the organization and related organizations	sum of reg	ortab	de d	com	per	eitse	ក ឧព ទី, " ៖	nd other comp complete Sch	ensation fr edule J fo	om the	COLUMN TO THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
5	individual	accrue co	mper	ısat	ion	fror	n any	uni	related organiz	ation or inc	 divîdual	4 🗸
Spott	for services rendered to the organization? on B. Independent Contractors	n res, c	omple	16	3CN	eou	ie J f	or s	ucn person	· · ·	• •	5 1
1	Complete this table for your five highest of	omponeste	od loc	lone				t-	en that randus	al as a a .	- 64.00	000 -5
•	compensation from the organization. Rep	ort comper	satio	n fo	or th	ent (	siend	ar y	ear ending witi	a more the	the orga	anization's tax
	(A) Name and business addi	* <del>0</del> 35							(B) Description of sa	ervices	C	(C) Compensation
None				_					<u>-</u>			
2	Total number of independent contractor	s (includin	g bu	n	ot li	mite	ed to	the	ose listed abo	ve) who		
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion.	<u> </u>		<u> </u>			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	ted Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
		· · · · · · · · · · · · · · · · · · ·

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations,
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Chartestallia have the majories and a comment of

Check this box if neither the organization no	any relate	d org	aniz			ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box, office	ar end Angles	Pos seck s pe d a d	reon Irect	than ( is both	(ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		institutional trustee	Officer	Kay employee	Highest compensated employee	Former	tho organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tammy Davies Director		<b>4</b>								
(2) Jack Lowrey Director		<b>V</b>								
(3) Michelle Scaglione Director	:	<b>/</b>							:	
(4) Oliver Sumlin Director (5)		1			_					
163		_								
(7)									_	
(8)										
(9)		<u> </u>								
(10)			$\dashv$				_			
(11)			_	-			Н		<u> </u>	
(12)			-	$\dashv$						<del></del>
(13)				$\dashv$	$\neg$					
(14)										

Par	t VIII	Statement of Reve					-		
		Check if Schedule (	<u>) contains</u> :	a res	ponse or note t	o any line in thi	s Part VIII,,		
						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	ta	Federated campaign:	s	1a	8,361				
وَ جَرِ	þ	Membership dues .	. ,	1b					
S. C.	C	Fundraising events .		10	68,605				
Gifts,	d	Related organizations	з., ј	1d					
v Ē	e	Government grants (cor	ntributions)	1e	156,711				
ig is	f	All other contributions, g	lifts, grants,						
Contributions, Gifts, Grants and Other Straitar Amounts		and similar amounts not in	cluded above	<b>1</b> f	2,777,830				
a ti	g	Noncash contributions inclu-	ded in lines 1a-	1f: \$	50,963				
_ರಿ ಕ	h	Total. Add lines 1a-1	f			3,011,507	<b>人名罗尔克斯</b> 克克		
					Business Code				j
윷	2a	Non Profit Training Se	minars		624200	13,825	13,825	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O
Program Service Revenue	b	Escambia 211 Serving	NW Florida		624200	37,969			
.2	C	Emergency Food Shell			624200	2,293			
돐	d	Designation Fee Incon	ne		900099	24,793			
Ĕ	ė	Subsidized Agency Re	ent		624110	7,920			<del> </del>
<u> </u>	f	All other program ser		θ.		7,320	7,320		
<u>¥</u>	g	Total. Add lines 2a-2		,		86,800			
	3	investment income	(including	divide	ends, Interest,		1.22-00-00-00-00-00-00-00-00-00-00-00-00-0	<u> </u>	nami ana makampanah kabili 2012 1989.
	ļ	and other similar amo	ounts)		▶	32,570	32,570		
	4	Income from investmen	t of tax-exen	et bo	and proceeds		1 32,070		<u> </u>
	5	Characa Inform	,	٠,					<del> </del>
		-	(ī) Rest		(ii) Personal				
	6a	Gross rents , ,				V. 57			
	b	Less: rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or (						and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	School Store and Section Street
	7a	Gross amount from sales of	(I) Securition	15	(li) Other			rigas in little vroegess	
		assets other than inventory	156	,137					
	b	Less: cost or other basis	<del>```</del>	,,,,,,					
		and sales expenses .	198	,706					
	c	Gain or (loss)		,431					
	d	Net gain or (loss) .	<u>=\</u>			20.431	20,431		PARTY OF THE RESIDENCE OF
	1			· 1		20,451	20,431	reger in <mark>The Williams.</mark>	
3	8a	Gross income from fu	ındraisind						
evenue		events (not including \$				,			2.7
a B		of contributions reporte	d on line 1c	ĭ.					
<u>a</u>		See Part IV, line 18 .		а	27,375				
Other	ь	Less: direct expenses		b	26,338				
•	Ċ	Net income or (loss) fi			events -	1,037		24-1-2 m 12/ 2/ 2/4/8/ - 1	· · · · · · · · · · · · · · · · · · ·
	9a	Gross income from ga	ıming activiti	es. [					1,037
	ь	Less: direct expenses	·	ь					
	Ċ	Net income or (loss) fr		activ	/ities 🕨				2.11.21.21.21.21.20.00.00.00.00
	10a	Gross sales of in	ventory, le	ess [					
		returns and allowance		a	305				
	b	Less: cost of goods s	old	b	318				
	C	Net income or (loss) fr		inva	ntory ▶	(13)		(13)	
		Miscellaneous Re		П	Business Code		gada gagar iga kaba		
	11a	Event Sponsorships			·	10,500	10,500		or the control of the second
	ь			}		10,500	10,300		
	c								
	đ	All other revenue .			···			•••	· · · · · ·
	e	Total. Add lines 11a-		. *	📂	10,500	Gyntae Dane (All All All All	Fally average and a second	
	12	Total revenue. See in	structions.		<b>≻</b>	3,162,832	150,301	(13)	1,037

Form 990 (2013) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundralsing 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 1,665,050 1,665,050 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 . . . . 16,253 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, 214,920 82,650 113,551 18,719 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 . . . . . . 582,310 352,279 142,317 87,714 8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions) 1,567 2,866 1,247 52 9 39,830 22,741 6,408 10,681 10 76,310 47,716 17,576 11,018 11 Fees for services (non-employees); ь C 18,300 18,300 Professional fundralsing services. See Part IV, line 17 13,345 13,345 Investment management fees . . . . . . f 6,928 6,928 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, fist line 11g expenses on Schedule O.) 8,538 4.030 3.780 728 Advertising and promotion , , , , , , 12 39,128 18,784 8.476 11,868 Office expenses . . . . . . . . . . . . 13 59,014 43,124 11,141 4,749 Information technology . . . . . . . 14 18,958 10,402 4,627 3,929 15 16 37,703 24,943 7,957 4,803 17 23,409 20,685 1,183 1.541 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 4,782 3.812 825 145 20 305 201 64 40 21 30,655 20,224 6,442 3,989 22 Depreciation, depletion, and amortization ... 63,600 48,754 10,404 6,442 23 24,807 16,111 5,646 3,050 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Dues and Subscriptions 3,731 1,129 1,938 86 Volunteer Support and Recognition b 9,762 8.721 1,041 Government Fees and Licenses C 2,126 990 452 684 Meals and Event Dinners đ 23,166 10,269 7,833 5,064 All other expenses 2,871 314 2,327 230 Total functional expenses. Add lines 1 through 24e 25 2,988,067 2,418,749 189,898 379,420 Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)

	art X				
		Check if Schedule O contains a response or note to any line in this Pa		<u> </u>	<u></u> [
_			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	684,307	1	584,11
	2	Savings and temporary cash investments	198,266	2	15,80
	3	Pledges and granta receivable, net	1,250,715	3	1,013,82
	4	Accounts receivable, net	118,839	4	92,62
	6	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
12	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(E), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
455ets	7	Notes and loans receivable, net		7	
۲	8	Inventories for sale or use	3,268		4,69
	9	Prepaid expenses and deferred charges	45,151		46,82
	10a	Land, buildings, and equipment: cost or		ya Çeş	20,02
		other basis, Complete Part VI of Schedule D 10a 1,518,469			
	11	Less: accumulated depreciation	685,047	_	673,06
	12	Investments—publicly traded securities	844,952	_	978,14
	13	Investments—other securities. See Part IV, line 11		12	
ļ	14	Intercible assets		13	
ı	15	Intangible assets	" ""	14	
-	16	Other assets. See Part IV, line 11.		15	
+	17	Total assets. Add lines 1 through 15 (must equal line 34)	3,830,545		3,409,08
1	18	Grants payable	58,821		66,07
1	19	Deferred revenue	1,629,728		965,55
ļ	20	Tax-exempt bond liabilities	B,312	19	8,31
Į	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	<u></u>	20	
.	22	Loans and other payables to current and former officers, directors,	111,091	21	116,66
		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
ij	23	Secured mortgages and notes payable to unrelated third parties	135,323	23	
	24	Unsecured notes and loans payable to unrelated third parties	133,323	24	128,56
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	- , ,		·
1	26	Washington And David War	9,547		
1		Organizations that follow SFAS 117 (ASC 958), check here > (7) and	1,952,822	26	1,285,170
		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,131,888	27	1,213,770
	28	Temporarily restricted net assets	478,909	28	643,21
	29	Permanently restricted net assets	266,926	29	266,920
		Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		-30	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
1	32	Retained earnings, endowment, accumulated income, or other funds.	****	32	'
	33	Total net assets or fund balances	1,877,723	33	2,123,917
	34	Total liabilities and net assets/fund balances			

Enven	200	(2019)	۰

Pena 12

Par	t XI Reconciliation of Net Assets			Page 12
	Check If Schedule O contains a response or note to any line in this Part XI			Z
1	otal revenue (must equal Part VIII, column (A), line 12)	111		3,162,83
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,988,06
3	Revenue less expenses. Subtract line 2 from line 1	3		174,78
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,877,72
5	Net unrealized gains (losses) on investments	5		71,429
6	Donated services and use of facilities	6		68,013
7	Investment expenses	7		6,926
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9		(74,941)
)	33, column (B))	10		2,123,917
- CILL	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		🗆
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled or	2a	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an Independent accountant?		2b /	·
	If "Yes," check a box below to indicate whether the financial statements for the year were audito separate basis, consolidated basis, or both:	ed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accounts.	versight		,
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	2c 🗸	
	An a rough of a feeless second county to the second county to		AND DESCRIPTION	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	0.	
3a b	the Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergotive audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3a	<u> </u>

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

# **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.

2013

OMB No. 1545-0047

Department of the Treeaury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Reason for Public Charity Status (All organizations must complete this part.) See instructions.		of the organization							Employer	identificati	on number
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)    A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)	United Way of Escambla County							59-0651076			
1		organization is no	t a private found	arity Status (All orga	anization	ns must o	complet	e this pa	art.) See	instruct	ions,
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:    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)(iii). (Complete Part II.)   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)   A forganization 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)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)   A community trust described in section 150(a)(A)(iv). (Complete Part III.)   A community trust described in income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and organization structures. See section 508(a)(2). (Complete Part III.)   An organization organized and operated exclusively to test for public selety. See section 509(a)(4). The purposes of one or more publicly supported organizations and complete lines 11e through 11h. a purposes of one or more publicly supported organization and complete lines 11e through 11h. a   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II   Type II	1		ivention of chur	ches, or association o	f churche	es describ	ed in se	k only on ction 170	e box.) 3(b)(1)(A)	(i).	
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:    A norganization 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.)    A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.)    A norganization 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)(iv). (Complete Part III.)    A normanization that normally receives: (1) more than 33'/9% 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'/9% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and operated exclusively to test for public safety. See section 509(a)(d).    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)(d).    A price of the purpose of one or more publicly supported organization and complete lines 11e through 11h.    A   Type   B   Type   B   Type   Type III. Functionally integrated   Type III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III. Price III.	_	☐ A scrool desi	☐ A scriool described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
An organization operated for the Denetit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)	_	A medical research organization operated in conjunction with a hospital described in section 170/b/(1//A/Will Enter the									
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   An organization that normality 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.)   A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)   An organization that normality receives: (1) more than 331/4% of its support from contributions, membership fees, and gross receipts from activities related to its sexempt functions—subject to certain exceptions, and (2) no more than 331/4% 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.)   An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   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 organization section 509(a)(1). See section 509(a)(3). Check this box that describes the type of supporting organization and complete lines 11e through 11h.   a	5	☐ An organizati	organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
An organization that normally receives: (1) more than 331/s% 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 331/s% of its support from gross investment income and unrelated business taxable income (less section 501 at xx) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10		☐ A federal, state ✓ An organization described in state  ✓ An organization	state, or local government or governmental unit described in section 170(b)(1)(A)(v).  zation that normally receives a substantial part of its support from a governmental unit or from the centeral public.								
An organization that normally receives: (1) more than 331/s% of its aupport from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/s% of its support from gross investment income and unrelated business taxable income (jess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)  10	8	A community	trust described	in section 170(b)(1)(A	<b>\)(vi).</b> (Co	mplete Pa	art				
10	9	An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses.									
Data 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 organization described in section 609(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.    a	10	An organization	on organized and	d operated exclusively	to test f	or public :	safety. S	ee sectio	on 509(a)	(4).	
a	11	1 Li 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)(1).									
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1).  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (ii) Name of supported organization (see Instructions)  (iv) Is the organization in col. (ii) land in your face of interpretation in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization i		а 🗌 Туре і	<b>b</b> 🗌 Тура	:U c ☐ Type U	II–Functio	onally inte	orated				
9 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or IR described on lines 1-9 above or IR described on lines 1-9 above or IR described in the cut, ii) is the organization in col. (iii) of your support?  (A)  (B) EIN (III) Type of organization (described in IR described in IR described above or IR described above or IR described described described above or IR described described above or IR described described described described described described described described described described described described described described described described described described described described described described described in the cut described described described described described described described described in the cut described described in the cut described described described described in the cut described described described described in the cut described in the cut described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described described des	•	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 500(e)(1).									
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iv) Provide the following information about the supported organization(s).  (iv) Did you notify the organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iii) organization in col. (iiii) organization in col. (iii) organization i	f	if the organiz organization, o	the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting								
(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization(s).  (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) of your outry the organization in col. (i) of your support?  (vi) Is the organization in col. (i) of your support?  (vii) Amount of monetary overning document?  (viii) Amount of monetary support?  (viii) Amount of monetary overning document?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support?  (viii) Amount of monetary support.  (viii) Amount of monetary support.  (viii) Amount of monetary support.  (viii) Amount of monetary support.  (viii) Amount of monetary support.  (viii) Amount of monetary support.  (viii) Amount of monetary support.  (viiii) Amount of monetary support.  (viiii) Amount of monetary suppo	9	Since August following pers	17, 2006, has tons?							•	
(iii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization(s).  (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (A) (A) (B) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (C)		(i) A person (iii) below,	who directly or the governing b	indirectly controls, eit ody of the supported	her alone organizat	or toget	her with	persons	describe		<del></del>
Provide the following information about the supported organization (ii) Fin (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes		(ii) A family m (iii) A 35% cor	ember of a pers	on described in (i) abo a person described in	ove? n (i) or (ii)	above? .					11g(i)
(described on lines 1-9 above or IRC section (see instructions))  (A)  (B)  (C)  (D)  (D)	<u>h</u>	Provide the fo	llowing Informat	ion about the support	ed organ	ization(s).					1 (Study 1
(A) (B) (C) (D)	(1)		(B) EIN	(described on lines 1–9 above or IRC section	In col. (i) listed in your the organization in governing document?		nization in of your	organization in col. (i) organized in the			
(B) (C) (D) (D)					Yes	No	Yes	No	Yes	No	1
(C) (D) .	(A)										
(D)	<b>(B</b> )		""						"-		
	(C)								<u> </u>		···· <u>·</u>
(E)	(D)										
	(E)	, .									
	Total					1. E. V. A. (4.)					

Par	Support Schedule for Oscanlar	otiono Donos	ile e al les Comme	4704.36			Page 2	
1 41	Support Schedule for Organiza (Complete only if you checked the	stions Descri	ioea in Secti	ons 1/0(b)(1	}(A)(iv) and 1	70(b)(1)(A)(vi	)	
	Part III. If the organization fails to	no poz on sne Lauslify unde	rtho toete lie	rantioning	e organizatio	n railed to qua	alify under	
Sect	ion A. Public Support	o quanty unite	i trie tests lis	red below, p	iease compie	ete Part III.)	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2000	G-1 0040	(-\ 0014	( 0 00 40	<u> </u>		
1		(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
•	membership fees received. (Do not							
	include any "unusual grants.")							
2		3,345,977	3,557,669	3,299,832	3,504,327	3,017,395	16,725,200	
~	Tax revenues levled for the organization's benefit and either pald							
	to or expended on its behalf	!				i		
3	The value of services or facilities							
•	furnished by a governmental unit to the					ĺ		
	organization without charge	<u> </u>						
4	Total. Add ilnes 1 through 3							
•	·	3,345,977	3,557,689	3,299,832	3,504,327	3,017,395	16,725,200	
5	The portion of total contributions by							
	each person (other than a governmental unit or publiciv							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.	8 - C <u>h</u>						
	on B. Total Support	SPRETICE CLAUSETHER STEEL	April 260 (2000) 1000 (1000) [1	<u>କର ବ୍ୟକ୍ତିକିତେ ପିଲୋନ କାର୍ୟ</u>	Grand Maria		16,725,200	
	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(-1) 0040	( ) 0 A ( )	<del></del>	
7	Amounts from line 4	3,345,977			(d) 2012	(e) 2013	(f) Total	
8	Gross income from interest, dividends,		3,557,669	3,299,832	3,504,327	3,017,395	16,725,200	
_	payments received on securities loans,							
	rents, royalties and income from similar					]		
	sources	17,359	17,847	21,426	34,210	00		
9	Net income from unrelated business	,	17,047	21,420	34,210	32,570	123,412	
	activities, whether or not the business	ŀ	}			1		
	is regularly carried on	ŀ					f= = h	
10	Other income. Do not include gain or					(13)	(13)	
	loss from the sale of capital assets					1		
	(Explain in Part IV.)	48,088	38,575	38,937	53,082	86,800	205 400	
11	Total support. Add lines 7 through 10					86,800	265,482	
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	17,114,081	
13	First five years. If the Form 990 is for the	e organization'	s first, second	, third, fourth,	or fifth tax ve	er as a section	501/c\(3\)	
	organization, check this box and stop her	е					• □	
	on C. Computation of Public Support	t Percentage						
14	Public support percentage for 2013 (line 6	, column (f) div	ided by line 11	, column (f))		14	97.7 %	
15	Public support percentage from 2012 Schedule A. Part II. line 14							
16a	33 //3% support test—2013. If the organiz	ation did not c	heck the box o	n line 13, and	line 14 is 3316	% or more, ch	ack this	
_	box and stop nere. The organization quali	ifies as a public	ily supported o	rganization			<b>►</b> 177	
b	331/3% support test-2012, if the organi	ization did not	check a box	on line 13 or	16a, and line	15 is 33¹∞% o	r more,	
	check this box and stop here. The organiz						. 🕨 🔲	
17a	10%-facts-end-circumstances test—20	13. If the organ	ization did not	check a box	on line 13, 16e	, or 16b, and lin	ne 14 is	
	TOW OF more, and if the organization mee	its the "facts-al	nd-circumstan	ces" tast chec	ek this hay and	leton basa Ev	minin in	
	Part IV how the organization meets the "fa	ects-and-circun	nstances" test	. The organiza	tion qualifies a	s a publicly sup	oported	
	organization						. 🕨 🖂	
ъ	10%-facts-and-circumstances test - 20	12. If the organ	ization did not	check a box	on line 13, 16s	i, 16b, or 17a, a	and line	
	15 is 10% or more, and if the organization	on meets the	"facts-and-circ	umstances" t	est, check thi	s box and <b>sto</b> j	here.	
	Explain in Part IV how the organization me	ets the "facts-	and-circumste	nces" test. Th	e organization	qualifies as a p	oublicly	
18	supported organization	ا د داده ماه ماه		10-40-47			. 🕨 🗆	
	Private foundation. If the organization did instructions	прогодеска в	ox on line 13, "	ioa, 165, 17a,	or 17b, check	this box and se	90	

Pari	III Support Schedule for Organiz	Support Schedule for Organizations Described in Section 509(a)(2)								
	(Complete only If you checked t	to qualify und	der Part II.							
	if the organization tails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)				
_	ion A. Public Support	· · · · · · · · · · · · · · · · · · ·	,							
Cale	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	received. (Do not include any "unusual grants.")	}		]						
2	Gross receipts from admissions, merchandise	<del></del>								
	sold or services performed or facilities	1			1		ĺ			
	furnished in any activity that is related to the organization's tax-exempt purpose	•				İ				
3	Gross receipts from activities that are not an		-							
	unrelated trade or business under section 513		İ				İ			
4	Tax revenues levied for the		· ·	"						
	organization's benefit and either paid	1	}	]						
	to or expended on its behalf						l			
5	The value of services or facilities									
	furnished by a governmental unit to the organization without charge	İ					l			
6 7a	Total. Add lines 1 through 5				·					
	received from disqualified persons .									
ь	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		i							
¢	Add lines 7a and 7b				·					
8	Public support (Subtract line 7c from									
Cast	ine 6.) ion B. Total Support	and of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon								
	idar year (or fiscal year beginning in)	(-) 0000	# > 00+0	7.7.						
9	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
10a	Gross income from interest, dividends,									
	payments received on securities loans, rents,			İ						
	royalties and income from similar sources .									
ь	Unrelated business taxable income (less					<del></del>				
	section 511 taxes) from businesses				j	j				
	acquired after June 30, 1975		į							
	Add lines 10a and 10b									
11	Net Income from unrelated business					"				
	activities not included in line 10b, whether			İ						
12	or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets				1					
	(Explain in Part IV.)			Ì	1					
13	Total support. (Add lines 9, 10c, 11,									
	and 12.)				ŀ					
14	First five years. If the Form 990 is for th	e organization	's first, second	, third, fourth.	or fifth tax ve	ar as a section	1.501(c)(3)			
	organization, check this box and stop her	·e,								
	on C. Computation of Public Suppor	t Percentag	9							
16	Public support percentage for 2013 (line 8	i, column (f) di	vided by line 1:	3, column (f))		15	%			
16 Secti	Public support percentage from 2012 Sch on D. Computation of Investment Inc	edule A, Part	!l, line 15 .	<u> </u>	<del></del>	16	%			
17	Investment income percentage for 2013 (	ome Perce	mage	. K 40 L	- AD	1				
18	Investment income percentage from 2012	ine ruu, colum Schedula A. f	uu (I) alvidea b) Part lit lina 17	riine 13, colum	ırı (7))	17	<u>%</u>			
19a	331/3% support tests - 2013. If the organi	zation did not	check the box	on line 14. an	d line 15 is me	re then 331~94	% and line			
	17 is not more than 331/8%, check this box a	and stop here.	The organization	n qualifies as a	publiciv suppo	rted organization	o, and mie			
b	331a% support tests—2012. If the organization	ation did not ci	neck a box on I	ine 14 or line 19	9a, and line 16	is more than 33	31a%, and			
	line 18 is not more than 331/3%, check this b	ox and stop h	ere. The organiz	zation qualifies :	as a publicly su	pported organi	zation 🕨 🗍			
20	Private foundation. If the organization did	i not check a l	oox on line 14.	19a, or 19b, cl	heck this hox a	and see instruc	tions 🕨 🗖			

	orm 990 or 990-f2) 2013	g <b>e</b> 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; ar Part III, line 12. Also complete this part for any additional information. (See instructions).	id
Part II, Sect	on B, Line 10 • Other income includes various fees from providing Non Profit Training seminars to local non profits, information	'n
and referral	services on behalf of neighboring United Ways, designation fee income, and administration of the local Emergency, Food and	,
Shelter pro	ram in Escambia County, as well as subsidized rent from a local agency co-located in the United Way building.	
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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revonuo Service

Name of the organization

# **Schedule of Contributors**

OMB No. 1545-0047

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

	f the organization		Employer identification number
	Way of Escambia Count		59-0651076
Organi	zation type (check on	e):	
Filers (	of:	Section:	
Form 9	90 or 990-EZ		
		4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
		☐ 527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundate	sion
		501(c)(3) taxable private foundation	
	Inly a section $501(c)(7)$	covered by the <b>General Rule or a Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
Genera	l Rule		
	For an organization f property) from any o	lling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 ne contributor. Complete Parts I and II.	00 or more (in money or
Special	Rules		
Ø	under sections 509(a	3) organization filing Form 990 or 990-EZ that met the 33½ % support ((1) and 170(b)(1)(A)(vI) and received from any one contributor, during t 300 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (li) For i II.	the year, a contribution of
	during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charses, or the prevention of cruelty to children or animals. Complete Parts	itable, scientific, literary
	not total to more that year for an exclusive applies to this organi	7), (8), or (10) organization filing Form 990 or 990-EZ that received from ributions for use exclusively for religious, charitable, etc., purposes, but \$1,000. If this box is checked, enter here the total contributions that y religious, charitable, etc., purpose. Do not complete any of the parts zation because it received nonexclusively religious, charitable, etc., co	It these contributions did were received during the unless the General Rule utributions of \$5,000 or
990-EZ,	or 990-PF), but it mu:	is not covered by the General Rule and/or the Special Rules does not at answer "No" on Part IV, line 2, of its Form 990; or check the box on certify that it does not meet the filing requirements of Schedule B (For	line H of its Form 990-F7 or on its

Employer identification number

Part i	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ascend Performance Meterials  3000 Old Chemstrand Road  Cantonment, FL 32533	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	United Way Worldwide  701 N. Fairfax Street  Alexandria, VA. 22314	\$225,468	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Gulf Power Company One Energy Place Pensacola, FL, 32520	\$ <u>221,134</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Publix Corporation PO Box 407 Lakeland, FL.33802	\$186,933	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5	Escambia County Government  221 N. Palafox Place  Pensacola, FL. 32502	\$163,386	Parson
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Navy Federal Credit Union  8071 Security Place  Pensacola, FL 32508	\$94,905	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B	(Form 990.	990-EZ. c	x 990-PF1	(2013)

ana 9

	organization		Employer Identification number
United Wa	ay of Escambla County		<u>59-065</u> 1076
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	Armstrong World Industries PO Box 1991 Pensacola, FL. 32589	\$\$	Person Payroll V Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Regions Bank  70 N. Baylen Street  Pensacola, FL. 32502	\$ 62,90	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroli  Noncash  (Complete Part if for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) Date received from FMV (or estimate) Description of noncash property given Part I (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b)
Description of noncash property given from (d) Date received Part I (a) No. (c) FMV (or estimate) (b) (d) Date received from Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see Instructions)

Part III	For organizations completing Part III contributions of \$1,000 or less for t	<b>e year.</b> Complete colun II, enter the total of <i>excl</i> the year. (Enter this info	nns <b>(a)</b> through ( <i>usively</i> religious, rmation once. Se	charitable etc
Za\ bla	Use duplicate coples of Part III if ad	lditional space is neede	d.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	***************************************			
-		(e) Transfer	of aift	
	Transferee's name, address, a		_	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		***************************************		
}		(e) Transfer	of gift	
	Transferee's name, address, a		•	ship of transferor to transferee
	**************************************			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			***************************************	***************************************
}		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		######################################	***************************************	
ļ  -		(e) Transfer	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relations	ship of transferor to transferee
'				

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11s, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	of the organization	Employer identification number
	Way of Escambia County	59-0651076
۲a	Organizations Maintaining Donor Advised Funds or Off	ner Similar Funds or Accounts.
	Complete if the organization answered "Yes" to Form 990,	
1	Total number at end of year (a) Donor advised it.	unds (b) Funds and other accounts
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised
	funds are the organization's property, subject to the organization's exclu-	usive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in	Writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or do	inor advisor, or for any other purposes
Dav	conferring impermissible private benefit?	Yes 🔲 No
1-511	Conservation Easements.	<b>5</b>
1	Complete if the organization answered "Yes" to Form 990,	Part IV, line 7.
•	Purpose(s) of conservation easements held by the organization (check a Preservation of land for public use (e.g., recreation or education)	all that apply),
	Protection of natural habitat	
	Preservation of open space	Freeervation of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
8	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
ç	Number of conservation easements on a certified historic structure inclu	ided in (a) 2c
ď	Number of conservation easements included in (c) acquired after 8/historic structure listed in the National Register	1 !
3		2d
-	Number of conservation easements modified, transferred, released, extitax year ►	nguished, or terminated by the organization during the
4	Number of states where property subject to conservation easement is lo	ocated •
5	Does the organization have a written policy regarding the periodic	monitoring inspection handling of
	violations, and enforcement of the conservation easements it holds?	Yes T No.
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing or	onservation easements during the year
8	<b>-</b>	
	Does each conservation easement reported on line 2(d) above satisfy the (i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easemer	Yes No
•	balance sheet, and include, if applicable, the text of the footnote to the c	its in its revenue and expense statement, and
	organization's accounting for conservation easements.	Secured of the control of the contro
Pari		Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990,	Part IV. line 8.
1a	The area are a second and a positive of the property of the property and positive and a positive of the property of the property and positive of the property	of to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public service, provide, in Part XIII, the text of the footnote to its financial	ic exhibition, education, or research in furtherance of
ь		
	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for publications.	to report in its revenue statement and balance sheet
	public service, provide the following amounts relating to these items:	oximpleon, education, or research in furtherance of
	public service, provide the following amounts relating to these items:  (I) Revenues included in Form 990, Part VIII, line 1  (II) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	<b></b> \$
	(ii) Assets included in Form 990, Part X	
2	The state of the s	A AND OUNG GOODS IN HISTORY CALL DICYIOS IN
	following amounts required to be reported under SFAS 116 (ASC 958) re	lating to these items:
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

	de O (Form 990) 2013					Page
3	III Organizations Maintaining	Collections of	art, Historical	Treasures, or O	ther Similar As:	sets (continued)
Ū	Using the organization's acquisition, collection items (check all that apply):	accession, and oti	ner records, che	ck any of the folio	wing that are a sl	gnificant use of it
a	☐ Public exhibition		d 🗌 Loar	or exchange prog	grams	
þ	Scholarly research		• 📋 Othe	r	~	
С 4	Preservation for future generations	3				
**	Provide a description of the organizat XIII.	don's collections a	nd explain how i	they further the or	ganization's exem	pt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintai	donations of art, ned as part of th	historical treasure e organization's c	es, or other similar	r □ Yes □ No
Par	Escrow and Custodial Arra	ingements.				
	Complete if the organization 990, Part X, line 21.					
18	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other	r Intermediary f	or contributions o	r other assets no	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following t	able:		☐ Yes ☑ No
			•		An	nount
C	Beginning balance			10		
d	Additions during the year	<i></i> ,		10	1	
9	Distributions during the year			16	•	
f	Ending balance .			🛅	r	
2a	Did the organization include an amour	it on Form 990, Pa	rt X, line 21? .			Yes 🗌 No
D .	if "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanatio	n has been provid	ed in Part XIII .	. <u>.</u> . 🔽
Par			. <b>_</b>			
	Complete if the organization				<u> </u>	
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(a) Four years back
b	Contributions	290,775	263,125	279,995	238,961	218,828
c	Net investment earnings, gains, and	<u></u>		<u></u> .		
•	losses	** ***				
đ	Grants or scholarships	19,632	29,864	(14,81 <u>5)</u>	43,048	22,113
	Other expenditures for facilities and	-		<u> </u>		
•	programs	1				
f	Administrative expenses	(0.440)				
9	End of year balance	(2,412)	(2,214)		(2,014)	<u>(1,980)</u>
2 <sup>°</sup>	Provide the estimated percentage of the	307,995	290,775	263,126	279,995	238,961
a	Board designated or quasi-endowmen	o conontycatello	s balance (line 19 %	, column (a)) neig	as:	
Ь		00%	<b>7</b> 0			
c	Temporarily restricted endowment ▶	0%				
	The percentages in lines 2a, 2b, and 2	c should equal 100	06			
За	Are there endowment funds not in the organization by:	possession of the	organization the	at are held and ad	ministered for the	
	(i) unrelated organizations					Yes No
	(ii) related organizations					3a(i) /
ь	If "Yes" to 3a(ii), are the related organiz	ations listed as red	uired on Sched	ile R?		3a(II) /
4	Describe in Part XIII the intended uses	of the organization	s endowment fu	inds.		35
Part	VIII I and Buildings and Saula					
	Complete if the organization	answered "Yes"	to Form 990, P	art IV, line 11a. S	See Form 990. P	art X. line 10.
	Description of property	(n) Cost or ethe	y having the March of	adhan basis (-)		

#### (investment) at or other basi (other) (d) Book value depreciation 1a Land . . . . . . . . . 92,350 92,350 b Buildings . . , , . . . 1,089,186 (558,326) 530,861 Leasehold improvements d Equipment . . . . . . . . . . . 336,933 (287,078) 49,855 e Other . . . . . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 673,066

Part VII	Investments—Other Securities. Complete if the organization answ	ered "Yes" to For	m 990. Part IV lin	e 11h See Ford	Page 6
	(a) Description of security or category (including name of security)		(b) Sock value	(c) M	ethod of valuation: ad-of-year market value
(1) Financia	l derivatives			<del>                                     </del>	
	held equity interests				
(3) Other					
(A)				"	
(B)					
(C)	***************************************				
(D)	**************************************				
(E) (F)	78L488 548L				·
(G)					
(H)				_	
	b) must equal Form 990, Part X, col. (B) line 12.)			Wilder State Committee of the Committee	District the second of the second second the Library
Part VIII	Investments—Program Related.				
	Complete if the organization answ	ered "Yes" to For	n 000 Part IV Be	e 11a Saa Earr	2000 Bank V 15 40
	(a) Description of investment	3100 100 10101	(b) Book value		ethod of valuation:
			(b) Dobk salide		eusod of valuation: d-of-year market value
(1)					
(2)		"		·	
(3)				· · · · · · · · · · · · · · · · · · ·	
(4)		_		-	
(5)					
(6)					
<u>(7)</u>					
(8)					
(9) Turk (0-1					<u> </u>
Totel. (Column (	b) must equal Form 990, Part X, col. (8) fine 13.) 🕨			eastern a significant	
Part IX	Other Assets.				
	Complete if the organization answer	ered "Yes" to Forn Rescription	n 990, Part IV, lin	e 11d. See Form	
(1)	(a) L	эвахирия	. <u>.                                   </u>		(b) Book value
(2)			···		<del>  </del>
(3)			<del></del>		<u> </u>
(4)					<u> </u>
(5)	-			<u> </u>	<del></del>
(6)			""	<u> </u>	
_(7)			-		<u> </u>
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities.		•		
	Complete if the organization answer	ered "Yes" to Forn	n 990, Part IV, line	≥ 11e or 11f. Sea	e Form 990, Part X,
1.	line 25.				
(1) Federal in	(a) Description of fiability	(b) Book value			
(2)	COTTLE LEAKES	18881			3/4
(3)					
(4)					
(5)					
(6)		<del></del>			
(7)					
(8)					
(9)					
	) must equal Form 990, Part X, col. (B) line 25.)				
2. Liability for	uncertain tax positions, in Part XIII, provide	the text of the footno	te to the organization	ı's financial statem	ents that reports the
organization's	liability for uncertain tax positions under Fli	N 48 (ASC 740). Chec	k here if the text of t	he footnote has bee	en provided in Part XIII
		_			<u> </u>

Schedu	e D (Form 990) 2013				p 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue p	er Retu	rn.
	Complete If the organization answered "Yes" to Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			. 1	2,927,280
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:	,			
a	Not unrealized gains on investments	<u>2a</u>	71,4	129	
b	Donated services and use of facilities	2b	68,0	113	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2¢	26,	38	
•	Add lines 2e through 2d			. <u>2e</u>	165,780
3	Subtract line 2e from line 1	: •		. 3	2,761,500
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		36	
6	Other (Describe in Part XIII.)	4b	394,:	96	
	Add lines 4a and 4b	:_:		. 4c	401,332
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	<u> </u>	. 5	3,162,832
Part	XII Reconciliation of Expenses per Audited Financial Staten			per Re	turn.
	Complete if the organization answered "Yes" to Form 990, I		·	<del></del> ,	
1	Total expenses and losses per audited financial statements			, [	2,681,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		I	2009/07/ 2009/06/	1
a	Donated services and use of facilities	2a	68,0	)13	
Þ	Prior year adjustments , ,	<u>25</u>		— F	
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	26,3	38	
e	Add lines 2a through 2d , , , , ,			. 2е	94,351
3	Subtract line 2e from line 1	; •		. 3	2,586,735
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		36	1
b	Other (Describe in Part XIII.)	45	<u> </u>		
c	Add lines 4a and 4b			. 4c	401,332
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		- 5	2,988,087
Part		3 3 Tes			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; P	art IV, lines 1b and	2b; Part	V, line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Part IV	- The organization maintains custody of fees remitted by members of UWADA	(Unit	ed Way Agency Dire	ctors Ass	ociation) as
annua!	dues to cover the costs of maintaining the Association, including costs relate	d to p	rofessional develop	ment of t	he membership, as
well as	costs of meetings. In addition, the organization maintains custody of funds f	or sev	eral local programs	that are h	eld in partnership
with of	her local civic groups to meet common goals.				
			************************		
Part XI	, 2D Expenses of annual Passport to Unite, \$26,338 are netted against Fundrai	sing E	vent revenues on th	e tax retu	<u>ırn.                                      </u>
Part XI	. 4B, Designations to outside agencies are netted against campaign revenue o	n the !	inancial statements	(\$381,05	1), as are investment
expens	se fees (\$13,345), totaling (\$394,396).				
D ***	I AB Commence of a constant of the constant of				
Part X	l, 2D Expenses of annual Passport to Unite, \$26,338 are netted against Fundra	ising l	ent revenues on t	ne tax ret	urn.
Dect 30	I AD Designation to the second			44	
ran XI	l, 4B, Designations to outside agencies are netted against campaign revenue (	on the	financial statement:	s (\$381,05	1), as are investment

expense fees (\$13,345), totaling (\$394,396).

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
		77 77 78 78 74 74 74 74 77 77 77 77 77 77 77 77 77
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# SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6s.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2a Dld the organization have a written or oral agreement with any individual (including officers, directors, trustees

OMB No. 1545-0047

Name of the organization Employer identification number United Way of Escambla County 59-0651076 Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part, Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations e Solicitation of non-government grants ☑ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g Special fundraising events In-person solicitations d

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 

Yes No
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundralser)	(II) Activity	(iii) Did fundrelser have custody or control of contributions?		(iii) Did fundralaer have custody or control of contributions?		(iii) Did fundralaer have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vf) Amount paid to (or retained by) organization
			Yes	No			11181				
1											
2			-			,	-				
3											
4						#17#.I					
_						<u> </u>					
5											
6	" <del>-</del> -					141141					
7											
8				<u>-</u> .		<u>,                                      </u>					
9						***					
_						<u>.                                      </u>					
ta						•					
3	List all states in which the organistration or licensing.	inization is regis	stered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt fr				
oric											
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
						~~~~~~					

P	art II l	Fundraising Events. Corthan \$15,000 of fundraising	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
_		gross receipts greater tha	(e) Event #1 Passport to Unite (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	27,375			27,375
_	2	Less: Contributions Gross income (line 1 minus ilne 2)	27,375			
	4	Cash prizes	27,370			27,375
	5	Noncash prizes	1,351			1,351
SUSSES	6	Rent/facility costs	1,383			1,383
Direct Expenses	7	Food and beverages	11,647	<u></u>		11,647
Direc	8	Entertainment				
	9	Other direct expenses .	11,957	11 - 11 11 11		11,957
22	10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		
		than \$15,000 on Form 9	90-EZ, line 6a.	ed -yes" to Form 99 	U, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))
28	1	Gross revenue				
rses	2	Cash prizes		,		
EXPE	3	Noncash prizes				
Olrect Expenses	4	Rent/facility costs	<u> </u>			
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%. ☐ No	☐ Yes %	☐ Yes %	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumo (d)		
	8	Net gaming income summary	. Subtract line 7 from fit	ne 1. column (d)		
	En	ter the state(s) in which the ord	ganization operates gan	ning activities:		· · 🔲 Yes 🗆 No
	a ist bif"					

	Page 3
11 12	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity  formed to estimate charitable gamine?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility
ь	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization  amount of gaming revenue retained by the third party   ff "Yes," enter name and address of the third party:
	Name ►
	Address >
16	Gaming manager information:
	Name >
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  — Yes — No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 890, Part IV, line 21 or 22.

▶ Attach to Form 990,

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/forms90.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer Identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ° □ Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation **Designation/Allocation Designation/Allocation Designation/Allocation** (h) Purpose of grant or essistance Designation/Allocation Designation/Allocation ☑ Yes 59-0651076 Designations Does the organization maintain records to substantlate the amount of the grants or assistance, the grants for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . . . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash \$148,723.33 \$90,609.10 \$119,836,81 \$76,100.38 \$68,589.68 \$66,186.59 \$64,798,12 \$58,119,74 \$57,482.44 \$35,886,67 \$51,178.61 grame (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 58-0660607 59-1940528 59-1373939 59-3683222 59-0624465 59-2181031 59-2996893 59-0737912 59-3213644 59-6142612 59-2198911 S EN PaceBlvd Ste210, Pensacola, FL32505 (7) BigBrosBigSisters of NWFL,1148 (4) Early Learning Coalition, 3300 N CreightonRd Ste1, PensacolaFL 32504 (9) Catholic Charities NWFL, 1000 W 1 (a) Name and address of organization (11) Lucheran Svcs of MWFL, 4610 W (1) Salvation Army, PO Box 18569, (3) Council on Aging of W. FL., PO (2) ARC Gateway, 3932 N 10th Ave (10) United Way of Santa Rosa Cty, Farragona St., Pensacola, Ft. 32501 Gonzalez St., Pensacola, FL 32501 (8) Capstone Adaptive Learning, (6) Manna Food Bank, 116 E 2912 N. E St. Pensacola, FL 32501 Fairfield Dr. Pensacola, Ft. 32506 Inited Way of Escambia County Box 17066, Pensacola, FL 32522 Garden St, Pensacola, FL 32502 (5) YMCA of NW FL, 415B M PO Box 284, Mikon, FL 32572 Persacola, FL 32503 Pensacola, FL 32523 Part II Part |

Schedule I (Form 990) (2013)

Cat. No. 600659P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

501(c)3

59-2075120

[12] Favorhouse of NW FL, 2001 W

Biount St. Pensacola, FL 32501

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 890.

\$34,573,29

Designation/Allocation

Designation/Allocation

12

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public Inspection 2013

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ջ □ Designation/Allocation Designation/Allocation **Designation/Allocation Designation/Allocation** Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation (h) Purpose of grant or assistance Designation/Allocation Designation/Allocation Employer identification number 2 √ Yes 59-0651076 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Finformation about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisa), other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 534,378.28 531,164.10 \$32,155.57 \$27,148.73 \$26,179.27 \$24,663.83 \$21,898.05 \$19,540.37 \$18,681.15 \$17,038.74 \$16,568.58 \$15,605.71 Į, (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 501 (c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 59-3520130 59-0637808 20-5966578 59-0192430 59-1390241 20-4815891 59-2414492 59-3051944 26-4336638 59-3597194 63-0821997 59-2865996 ¥ (€ Chemstrand Rd, Pensacola, Fl. 32514 (5) Chain Reaction, 1301 E Gadsden 1 (a) Name and address of organization (2) Gulf Coast Kids House, 3401 N (4) B.R.A.C.E., 1301 W Government (10) New Beginnings Group Inc. 820 (6) Pace Ctr for Girls, 1201 College (1) Amer. Red Cross NWFL, 222 N (7) Childrens Home Soc of FL, PO 257B E Lee St, Pensacola, FL 32513 [12] United Ministries of Pensacola, Blvd NW, Ft Walton Bch, FL 32547 (3) Boys&Girls Club, 923 Denton Muldoon Rd, Pensacola, FL 32526 Gerhardt Dr., Pensacola, FL 32503 Baylen St., Pensacola, Fl. 32502 Inited Way of Escambia County Box 19136, Pensacola, FL 32523 Industrial Blvd, Milton, Ft. 32583 (11) Bay Area Food Bank, 5709 12th Ave, Pensacola, FL 32503 (9) Health & Hope Clinic, \$999 (8) AMKIds Pensacola, 3685 Blvd, Pensacola, Fl. 32504 or government St. Pensacola, Fl. 32501 St. Pensacola, Fl. 32501 Department of the Treasury Internal Revenue Service Name of the organization Part II Part

Schedule I (Form 990) (2013)

Cat, No. 50055P

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

United Way of Escambia County

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

★ Attach to Form 990.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

59-0651076

▶ information about Scheckee I (Form 990) and its instructions is at www.irs.gov/form990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **£** □ **Designation/Allocation** Designation/Allocation **Designation/Allocation** Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation **Designation/Allocation Designation/Allocation** Designation/Allocation (h) Purpose of grant or assistance **Designation/Allocation** 12 √
Yes Designations Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . 4 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance (book FAW, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash \$14,598.35 \$12,697.25 \$10,304.31 \$9,783.44 \$9,750.44 \$8,565.46 \$8,476,75 \$7,965.45 \$7,476.85 \$6,858.77 \$6,119.98 graunt Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? General Information on Grants and Assistance if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 51-0197090 11-3643957 59-0192265 59-3454711 20-1199276 59-0737872 59-2715995 69-1817996 59-0972293 26-4125098 59-2208300 59-3297510 三 (2) Baptist Health Care Foltn, 1000 W f 12 Tupelo Ave, Ft. Walton Bch 32548 [11] independence for the Blind, 3107 (8) United Way of Okaloosa/Walton (9) Soc of St Vincent De Paul, 2200 [10] Coverant Hospics, 5041 N. 12th 1 (a) Name and address of organization Moreno Ste409, Pensacola FL 32501 Lakeview Ave, Pensacola, FL 32501 W. De Soto St, Pensacola, FL 32505 (7) NW FL Legal Svcs, 701 S J St. (3) Milk & Honey Outreach, 31 E. Hibiscus Rd, Pensacola, Fl. 32504 (5) Lakeview Center Inc., 1221 W (6) Esc. Cty Public Schools Fdm, (12) Legal Sycs of North FL, 118 S 30 Texar Dr. Pensacola, FL 32503 N Davis Hwy, Pensacola, FL 32503 (f) Autism Pensacola, PO Box Baylen St. Pensacola, FL 32502 Wright St, Pensacola, FL 32501 Seastars Aquatics, 5425 30213, Pensacola, FL. 32503 Awe, Pensacola, FL 32504 or government Pensacola, FL 32501 Part | Ŧ

Schedule I (Form 990) (2013)

Cet. No. 50055P

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

<b>6</b> 40 €	Open to Public	nspection

OMB No. 1545-0047

Describe in Part N the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ŝ Employer identification number ✓ Yes 59-0651076 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . . . . . . . ► Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Jnited Way of Escambia County Name of the organization Part II Part

Par	t IV, line 21, for an	y reciplent that	received more th	ian \$5,000. Part	Il can be duplica	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sace is needed.	ddítional space is needed.
1 (a) Name and a or go	(a) Name and address of organization     or government	NI3 ( <b>Q</b> )	(c) JRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Boy Scouts 9440 Univ. Plany, 1	(1) Boy Scouts GuifCoast Council 9440 Univ Pkwy, Pensacola, FL 32514	59-0624405	501(c)3	\$5,956.71				Designations
(2) Learn to Rea FairfieldDrSte315	(2) Learn to Read of NW FL, 1721 W. FairfieldDrSte315 PensacolaFL 32501	59-2974077	501(c)3	\$5.794.35				Designation (Allocator
(3) Panhandle Y Cedar Springs Rd	(3) Panhandle Youth Asst Pgm 4150 Cedar Springs Rd, Molino, FL 32577	<u>.</u>	501(c)3	\$5.382.53				Designation (Allocation
(4)								
£								
(9)								
ω							}	
(8)								
(6)								
(10)								
(11)								
(12)				<u>-</u>				
2 Enter total 3 Enter total	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gove ganizations listed	emment organizati in the line 1 table	ons listed in the lin	le 1 table			£ .

Schedule ( (Form 990) (2013)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 996.

Page 2

Schedule I (Form 980) (2013) (f) Description of non-cash assistance Schedule (Form 980) (2013)
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 16,253 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 33 1 Flood relief assistance, Escamble County residents (a) Type of grant or assistance Part IV Ø • 4 G φ

# **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internet Revenue Service

➤ Complete if the organizations snewered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   Canada   C		Way of Escambia County					59-06510	76
Check If applicable   Number of contributions or   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported on   Remainst reported	-811	Types of Property						
1 Art — Works of at			Check if	Number of contributions or	Noncash contra amounts repo	rted on		of determining
3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 7 2 \$7,536 FMV, publicly traded 10 Securities — Publicly traded 7 2 \$7,536 FMV, publicly traded 10 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 Securities — Publicly traded 9 S	1	Art-Works of art					-	
Books and publications Cothing and nousehold goods Care and other vehicles Boats and planes Intellectual property Securities—Publicity traded Securities—Closely held stock Securities—Closely held stock Securities—Closely held stock Securities—Closely held stock Securities—Closely held stock Securities—Partnership, LLC, or frust interests Corrust interests Corrust interests Contribution—Historia fructures  Qualified conservation contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution—Other Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribut	2	Art - Historical treasures				_		
5 Clothing and household goods 6 Cars and other vehicles	3	Art—Fractional interests						
goods								
6 Cars and other vehicles	5					.,		
8 Intellectual property 9 Securities—Publicly traded 10 Securities—Closely held stock 11 Securities—Partnership, LLC, 12 Securities—Miscellaneous 13 Qualified conservation 14 Qualified conservation 15 Contribution—Historic 16 structures 17 Real estate—Reidential 18 Real estate—Commercial 19 Food Inventory 10 Provided by denor 11 Falal estate—Other 11 Scientific specimens 12 Scientific specimens 13 Qualified conservation 14 Qualified conservation 15 Real estate—Other 16 Real estate—Other 17 Real estate—Other 18 Collectibles 19 Food Inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (Comp Equipment) 26 Other ▶ (Comp Equipment) 27 Other ▶ (Food 28 Other ▶ (Food 29 Viter ▶ (Office Supplies 29 Viter ▶ (Form \$2283 received by the organization during the tax year for contributions for which the organization completed Form \$283, Part IV, Donee Acknowledgement 29 Number of Forms \$283 received by the organization during the tax year for contributions for which the organization completed Form \$283, Part IV, Donee Acknowledgement 29 Suring the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposee for the entire holding period? 30 During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposee for the entire holding period? 31 / Vess No 32 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 / Vess No	6	•		Clade 15 v p. 11 <u>10 5</u> 45 (s. 11 fb. 14 p. 15 <u>1</u> 8				
8 Intellectual property 9 Securities—Publicly traded .	-							
9 Securities — Publicity traded  7 2 \$7,538 FMW, publicity traded  10 Securities — Closely held stock .  11 Securities — Partnership, LLC,     or trust Interests .  12 Securities — Miscellaneous .  13 Qualified conservation     contribution — Historic     structures .  14 Qualified conservation     contribution— Cloher .  15 Real estate — Residential .  16 Real estate — Commercial .  17 Real estate — Commercial .  18 Collectibles .  19 Food Inventory .  20 Drugs and medical supplies .  21 Taxidermy .  21 Historical artifacts .  22 Scientific specimens .  23 Archeological artifacts .  25 Other ➤ (Comp Equipment ) ✓ 5 \$20,783 Provided by donor  26 Other ➤ (Comp Equipment ) ✓ 14 \$11,053 Provided by donor  27 Other ➤ (Office Supplies ) ✓ 9 \$1,022 Provided by donor  28 Other ➤ (Office Supplies ) ✓ 9 \$1,022 Provided by donor  29 Number of Forms \$283 received by the organization during the tax year for contributions for which the organization completed form \$283, Part IV, Dones Acknowledgment .  29 \$50,663 Ves No  4 If *Yes," describe the arrangement in Part II.  30 Does the organization have a giff acceptance policy that requires the review of any non-standard contributions? .  30 If the organization have a giff acceptance policy that requires the review of any non-standard contributions? .  31 / Yes observed by any property for which column (a) is checked,	_	•						
Securities—Closely held stock.  11 Securities—Partnership, LLC, or rust Interests			7			AT 500		
11 Socurities—Partnership, LLC, or trust interests  12 Securities—Miscellaneous  13 Qualified conservation contribution—Pistoric structures  14 Qualified conservation contribution—Cther  15 Real estate—Residential  16 Real estate—Commercial  17 Real estate—Cother  19 Food inventory  20 Drugs and medical supplies  21 Taxidermy  22 Historical artifacts  23 Scientific specimens  24 Archeological artifacts  25 Other ➤ (Comp Equipmant ) √ 5 \$20,783 Provided by donor  26 Other ➤ (Food) / 14 \$11,053 Provided by donor  27 Other ➤ (Office Supplies ) ✓ 9 \$1,022 Provided by donor  28 Other ➤ (Food) / 14 \$10,559 Provided by donor  29 Number of Forms \$283 received by the organization during the tax year for contributions for which the organization completed Form \$283, Part IV, Donee Acknowledgement				<u> </u>		<u> \$7,</u> 536	FMIV, PUBLIC	y traded
or trust interests  Securities — Miscellaneous .  Gualfied conservation contribution — Historic structures .  4 Qualified conservation contribution — Other .  6 Real estate — Residential .  8 Real estate — Commercial .  8 Real estate — Commercial .  9 Food inventory .  9 Drugs and medical supplies .  1 Taxidermy .  20 Drugs and medical supplies .  21 Taxidermy .  22 Historical artifacts .  23 Scientific specimens .  24 Archeological artifacts .  25 Other N ( Comp Equipment )		Securities Partnership, LLC,					_	
13 Qualified conservation contribution—Historic structures.  14 Qualified conservation contribution—Other  15 Real estate—Residential  16 Real estate—Commercial  17 Real estate—Other  18 Collectibles  19 Food Inventory  20 Drugs and medical supplies  21 Taxidermy  22 Historical artifacts  23 Scientific specimens  24 Archeological artifacts  25 Other ▶ (Comp Equipment  26 Other ▶ (Food  27 Other ▶ (Food  28 Other ▶ (Food  29 Number of Forms \$283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29 Number of Forms \$283 received by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  29 If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 If Yes," describe in Part II.  32 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  31 If Yes," describe in Part II.								
contribution—Historic structures	12	Securities - Miscellaneous					<del>                                     </del>	
structures.    Qualified conservation   Contribution—Other	13	Qualified conservation						
14 Qualified conservation contribution—Other  15 Real estate—Residential  16 Real estate—Commercial  17 Real estate—Commercial  18 Collectibles  19 Food Inventory  19 Drugs and medical supplies  20 Drugs and medical supplies  21 Taxidermy  22 Historical artifacts  23 Scientific specimens  24 Archeological artifacts  25 Other ► ( Corny Equipment )								
contribution—Other  Real estate—Residential .  Real estate—Commercial .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Commercial .  Real estate—Commercial .  Real estate—Commercial .  Real estate—Other .  Real estate—Commercial .  Real estate—Commercial .  Real estate—Commercial .  Real estate—Other .  Real estate—Commercial .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Commercial .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  Real estate—Other .  R		structures						
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26 Other (Food ) / 9 \$1,022 Provided by donor  27 Other (Office Supplies ) / 9 \$1,022 Provided by donor  28 Other (Furniture, Other ) / 14 \$10,569 Provided by donor  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 \$50,963  Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  If "Yes," describe in Part II.  If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,		***************************************	✓.	5		\$20,783	Provided by	donor
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	orm sau) (2013)	3
Part II	Supplemental Information, Provide the information required by Part I, lines 30h, 32h, and 32, and whether	_
	the organization is reporting in Part I, column (b), the number of contributions, the number of items required	,
	or a combination of both. Also complete this part for any additional information.	
Part I, Type	s of Property - column B, the count is based on the number of donors, not on items received.	
	the state of the state of the state of donars, not on pens received.	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

20**13** Open to Public

Inspection

Name of the organization Employer identification number United Way of Escambia County 69-0651076 Part III, 4D - Other program expenses, United Way provides additional support to local agencies in the form of infrastructure support. Included in this additional support is the local Emergency, Food, and Shelter program administered by United Way. This program disburses about \$130,000 annually of federal funds to local agencies in support of individuals needing assistance. United Way also provides training seminars through its Non Profit Training series to local non profits, which cover non profit governance, budgeting, planning, marketing, and outreach, as well as fundraising. United Way also manages a Loaned Executive program that provides local volunteers with knowledge of local non-profits and how non-profits operate in general, with the goal of giving local executives the skills necessary to serve on the Boards of local agencies. United Way has also taken on additional volunteer roles, with the management of local Retired Senior Volunteer Program (RSVP) in Escambla County as well as providing additional support to local agencies through general volunteer recruitment and placement. Part VI, Section B, 11B - A draft of the complete form 990 is sent to all Board members prior to submission. All Board members are asked to review the document and direct any questions to the organization's Chief Financial Officer. Part VI, Section B, 12C - All Board members are required to disclose annually any potential conflicts of interest in a written disclosure document. The primary potential for conflict of interest exists in the decisions to award grant funds to recipient agencies, of which, some Board members may also serve. Any Board member with a potential conflict in these situations is asked to disclose their role on the recipient agency, and the Board has the authority to recuse such Board members from participating in the decisions regarding grants to these agencies. Part VI, Section B, 15C - The CEO's salary is reviewed and approved by the Board of Directors annually. The salary is compared to similar non-profits locally for reasonableness. The CFO's salary is approved by teh CEO and executive committee as part of the annual budgeting process. In addition, the Board includes a human resources committee that reviews staff salary levels for all positions. Part VI, Section C, 19 - The organization posts its most recently completed audited financial statements and Form 990 on its website for public review. In addition, the 990 is available on Guidestar.org and the organization is listed as a BBB accredited charity under the Better Business Bureau's Wise Giving Alliance. Governing documents are also available upon request.

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization		Page 2
United Way of Escambia County	·	Employer identification number
		59-0651076
777777777777777777777777777777777777777		
Part XI, Line 9 - Other changes to net assets		***************************************
Donated services expensed per GAAP on financials, not or	n Form 990 (\$68,013)	
Investment expenses netted against revenue on financials	, not on Form 990 (\$ 6,928)	
Total other changes in net assets		7
	(\$74,941)	
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Department of the Treasury Internal Perentia Service Nama of the organization United Way of Escambia County

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ See separate instructions.

Attach to Form 960.
 See separate instructions.
 Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer klentification number

59-0651076

(a) Section 5) 2(b) (13) controlled artitly? Ovect controlling entity \$625,573 UW Escambla Cty Schedule R (Form 990) 2013 No Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. ξes (f) Direct controlling entity (e) End-of-year assets (e) Public charity status (if section 501(c)(3)) \$27,698 (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) Cat. No. 60135Y Florida (a) Legal domicile (state or foreign country) (b) Primary activity Fundraising (b) Primany activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) United Way of Escambia County Foundation, LL.C. (a) Name, address, and EW of releted organization 1301 W. Government Street, Pensacola, FL. 32502 Part II জ Ø छ € 2 9 Ę  $\overline{\mathbf{Z}}$ <u>છ</u> ₹ 9

Section 512/bit 13) (k) Percentage ownership No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or frust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes General or managing partner? Yes Ro (ix) Percentage ownership (f) Code V—UBI smount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (b) Dispropertionate altocations? Yes No (f) Share of total income (g) Share of end-of- [C year assets (e) Type of entity (Ccorp, Scorp, or trust) Share of total income (d) Direct controlling exitly Predominant income (restated, unrestred, excluded from tax under sections 512-514) [q] Legal demictie (state or foreign country) (d) (d) (Direct controlling entity (b) Primary activity (c)
Legal
domicila
(state or
foreign Primary activity (a) Name, aridress, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV 3 0 Ξ Ø Ŧ 图 变 틱 티 2 Ø 9 9 ε

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedde B (Form 990) 2013
Part V Transactiv

Schedule R (Form 990) 2013	Schedule R			
		_		(9)
				[5]
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amount involved	Method of determining amount involved	Amount Involved	Transaction type (a-s)	Name of releted organization
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13				
1				r Other transfer of cash or property to related organization(s)
10 L				q. Reimbursement paid by related organization(s) for expenses
				Defends on a railed to make a second
1 01				Sharing of paid employees with related organization(s
<b>=</b> +				<ul> <li>reflormance of services of membership of fundatising solicitations by related organization(s)</li> <li>Results of facilities, equipment, melting lists, or other assets with related organization(s)</li> </ul>
=				
¥			•	k Lease of facilities, equipment, or other assets from related organization(s)
1j				j Lease of facilities, equipment, or other assets to related organization(s)
11				i Exchange of assets with related organization(s)
4				h Purchase of assets from related organization(s)
				g Sale of assets to related organization(s).
=		,	•	f Dividends from related organization(s)
16				e Loans or loan guarantees by related organization(s)
14				d Loans or loan guarantees to or for related organization(s)
10				c Gift, grant, or capital contribution from related organization(s)
9				b Gift, grant, or capital contribution to related organization(s)
-	; Al—la		ଦ ।।।ଠାର ।ବାର୍ଷାଟ୍ରପ ପାପୁର	a Receipt of (ii) interest (ii) annuitles (iii) royalties or (iv) rent from a controlled entity
Yes No	973	troll of potential such training	sovo hetelen enom vo	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related conscitations listed in Botte II 199
1 1 1				Marker Durmalante fann i it neme geneifen fan fan Drain. It bit an in fante andere andere.

Part VI

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (d) (g) (g) hame, address, and BN of entity Primary activity Legal domicile Predominant Are all partners Share of Shar	(b) Primary activity	(c) Legal domicile (state or foreion	(d) Predominant Income frelated	(e) Are at partners section	S State of total boome	(g) Share of	(N) Disproportionate	(i) Code V—UBI		(N) Percentage
			urrelated, excluded from tax under sections 5(2-514)	501(c)(3) organizations		spesse		of Schedule K-1 (Form 1065)		
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Page tions).											***************************************		
Strade Rem sequis  Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).													
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DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

AUG P 8 2005

UNITED WAY OF ESCAMBIA COUNTY INC 1301 W GOVERNMENT ST PENSACOLA, FL 32501 Employer Identification Number: 59-0651076 17053144033045 Contact Person: KAREN CHAO ID# 31003 Contact Telephone Number: (877) 629-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(l)(A)(vi) Form 990 Required: Effective Date of Exemption: August 14, 1974 Contribution Deductibility:

From Surgery Control of the Section

September 1998 - September

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could belp resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 947 (DO/CG)

# UNITED WAY OF ESCAMBIA COUNTY INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely.

Lois G. Lerner

Director, Exempt Organizations Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Escambia-Pensacola Human Relations Commis

Agency Address:

2257 N. Baylen Street

Pensacola, Florida 32501

Program Name:

Equal Employment/Fair Housing

Program Contact:

Rebecca Hale

Contact Email:

reccahale@gmail.com

Contact Phone:

(850) 437-0510

25-Word Description of Program:

Provide Escambia/Pensacola citizens with local assistance to review and resolve employment and fair housing discrimination complaints.

Amount Requested:

84,265.00

Amount Received Last Year, if applicable:

84,265.00

+



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Funds were used for day to day operations of the office. Those included accounting and auditing services, marketing, staff training and personnel services which provide educational workshops, conduct consultations and when necessary process complaints and seek resolutions on behalf of the Escambia/Pensacola citizens.

Briefly discuss how the funding you are currently requesting will be used.

Funds will be used for the day to day operations of the office. Those include accounting and auditing services, marketing, staff training and personnel services which provide educational workshops, conduct consultations and when necessary process complaints and seek resolutions on behalf of the Escambia/Pensacola citizens.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Services which may include agency service hours may have to be reduced.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

N/A

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

Equal Employment
Fair Housing
Community Relations (Community/Police)

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Documented increase or decrease in the number of Equal Employment and Fair Housing complaints filed due to providing educational workshops and dissemination of information that help Escambia/Pensacola citizens understand their rights either as an employer/employee or as a landlord/tenant,

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Increase or decrease in the number of complaints being filed due to the educational workshops and community outreach initiatives that promoted citizens understanding their rights.



# **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

# <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	0.00	0.00	0.00
Programmatic Income	0.00	0.00	0.00
County Funding	84,265.00	84,265.00	84,265.00
City Funding	79,000.00	79,000.00	79,000.00
State Funding	0.00	0.00	0.00
Federal Funding	0.00	0.00	0.00
Memberships	0.00	0.00	0.00
Investment Income	0.00	0.00	0.00
Other Income	18,000.00	18,500.00	18,500.00
Total Income	181,265.00	181,765.00	181,765.00



<u>Expenses</u>

	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing	0.00	0.00		0.00
Salaries and Wages	143,792.47	131,794.3	<b>38</b>	131,794.38
Employee Benefits	0.00	0.00		0.00
Professional Services	14,600.00	16,100.00		16,100.00
Contractual Services	0.00	0.00		0.00
Travel Expenses	2,140.00	4,358.56		4,358.56
Rentals and Leases	4,068.00	8,018.42		8,018.42
Communication	3,900.00	4,695.36		4,695.36
Postage and Freight	654.75	658.50		658.50
Repair and Maintenance	1,245.00	1,280.00		1,280.00
Printing and Binding	500.00	500.00		500.00
Marketing and Promotion	1,100.00	3,150.00	,	3,150.00
Fuel	640.00	650.00		650.00



# Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	4,278.28	4,278.28	4,278.28
Capitalizable Assets	0.00	0.00	0.00
Total Expenses	176,918.50	175,483.50	175,483.50
Net income	0.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

N/A

## TABLE OF CONTENTS PAGE 5 OF 9

1.	Gen	eral Fund	<b>Amount Requested</b>	Tab
	Ava	ilable Funding: \$1,425,082		
	a.	ACTS (Another Chance Transitional Services)	\$ 20,000	
	b.	BARC (Bay Area Resource Council)	\$ 5,000	
	c.	BRACE	\$ 250,000	
	d.	Council on Aging	\$ 50,000	
	e.	Escambia Community Clinics	\$ 525,000	
	f.	Early Learning Coalition of Escambia County	\$ 300,000	
	g.	211 (First Call for Help)/United Way	\$ 35,000	
	h.	Foundations for the Future		No Request Submitted
	i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
	j.	Human Relations Commission	\$ 84,265	
	k.	Lakeview Center	\$ 46,498	
	1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
	m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	1
	n.	Florida Green Finance Authority (PACE)		No Request Submitted
	o.	Panhandle Equine Rescue, Inc.	\$ 20,000	
	p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	
	q.	Pensacola Caring Hearts	\$ 13,500	
	r.	Pensacola Humane Society	\$ 25,000	
	s.	Pensacola Promise/Chain Reaction	\$ 19,000	10
	t.	United Way	\$ 95,750	1
	u.	Utility Assistance Program	\$ 50,000	BCC Program
	v.	Veteran's Services		No Request Submitted
	w.	WFL Regional Planning Council	\$ 20,342	1
	х.	Wildlife Sanctuary	\$ 30,951	
<b>Total Go</b>	eneral l	Fund \$2,089,056		



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Lakeview Center, Inc.

Agency Address:

1221 West Lakeview Avenue

Pensacola, FL 32501

Program Name:

**Emergency Services/Screening** 

Program Contact:

Sean Abbott

Contact Email:

sean.abbott@bhcpns.org

Contact Phone:

(850) 469-3477

25-Word Description of Program:

Provides crisis intervention, screening, and assessments to clients who present with mental health and/or substance abuse problems.

Amount Requested:

46,498.00

Amount Received Last Year, if applicable:

29,486.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

The miscellaneous appropriation awarded to Lakeview Center, Inc. by the Escambia County Board of County Commissioner partially funded the services of a Screening Specialist, who is a member of the Assessment and Intervention Services Program. This program is available to provide emergency evaluations/screening 7 days a week, 24 hours/day. The Screening Specialist provides a mental health assessment to clients in crisis to determine the severity of the problem presented, the level of crisis intervention required, and to link clients immediately to the least restrictive treatment source. Clinical services provided are supported by a full time psychiatrist who provides psychiatric evaluations, medication and other medical interventions.

Briefly discuss how the funding you are currently requesting will be used.

The miscellaneous appropriation awarded to Lakeview Center, Inc. by the Escambia County Board of County Commissioner will be used to fully fund the services of a Screening Specialist, who is a member of the Assessment and Intervention Services Program. This program is available to provide emergency evaluations/screening 7 days a week, 24 hours/day. The Screening Specialist provides a mental health assessment to clients in crisis to determine the severity of the problem presented, the level of crisis intervention required, and to link clients immediately to the least restrictive treatment source. Clinical services provided are supported by a full time psychiatrist who provides psychiatric evaluations, medication and other medical interventions.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Program costs not covered by funding will be absorbed and subsidized by various programs throughout the organization.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Lakeview's state funding requires a match of appx \$3 mill (33.34% of state funding). The requested county funding of \$46,498 would meet appx 1.5% of the required match.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

- Divert clients to less-restrictive levels of care when clinically appropriate.
- Reduce placement wait-times of clients needing admission for crisis stabilization.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- We measure the number/percentage of voluntary clients who present to Emergency Services who are diverted to less-restrictive levels of care.
- We track and measure placement wait-times on clients needing admission for crisis stabilization.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- Monthly percentage of voluntary clients diverted to less-restrictive levels of care in the prior fiscal year was 40%.
- Average placement wait-time in the prior fiscal year was 6 hours.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources		0.00	0.00
Programmatic Income		0.00	0.00
County Funding		101,528.00	119,405.00
City Funding		20,000.00	20,000.00
State Funding		722,334.00	709,853.00
Federal Funding			
Memberships			
Investment Income		<u>:</u>	
Other Income			
Total Income		843,862.00	849,258.00



### **Expenses**

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	10.00		10.00
Salaries and Wages	483,436.	00	493,524.00
Employee Benefits	110,041.	00	116,130.00
Professional Services	181.00		302.00
Contractual Services			
Travel Expenses	4,008.00	1	2,802.00
Rentals and Leases			
Communication	2,242.00	)	2,294.00
Postage and Freight			
Repair and Maintenance	17,242.0	00	17,256.00
Printing and Binding	1,771.00	)	4,004.00
Marketing and Promotion			

Fuei



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies		1,969.00	2,376.00
Capitalizable Assets			
Total Expenses (including Other Current Op	Exps attached)	858,189.00	861,800.00
Net Income		-14,327.00	-12,542.00

Please explain any capitalizable asset contained in your request.

#### Lakeview Center, Inc Emergency Services/Screening Other Current Operating Expenses

Other Current Operating Exp	Bu	Current dget Year 10/1/14- 9/30/15	Bu <sub>1</sub>	roposed dget Year 10/1/15- 9/30/16
Insurance	\$	8,777	\$	9,095
Utilities		9,850		10,533
Equipment		901		900
Janitorial Services		7,778		7,863
Depreciation Expense		10,504		10,508
Taxes, Licenses, Permits		36		60
Indirect/Support Costs		148,415		128,515
Administrative Costs		51,038		55,638
Total Other Current Op Exp	\$	237,299	\$	223,112

#### Internal Revenue Service

Date: April 26, 2006

LAKEVIEW CENTER INC 1221 W LAKEVIEW AVE PENSACOLA FL 32501-1857 215 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45 !01

Person to Contact
Mrs. Coghill 31-47426
Customer Service Specialist
Toll Free Telephore Number:
877-829-5500

Federal Identification Number: 59-0737872

#### Dear Sir or Madam:

This is in response to your request of April 26, 2006, regarding your organization's taxexempt status.

In January 1962 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records Indicate that your organization is also classified as a hospital under sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number showr in the heading of this letter.

Sincerely,

Jana K. Skuper

Janna K. Skufca, Director, TE/G E Customer Account Services

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning 10/01 , 2013, and ending 09/30, 20 14

_			C Name of organization					О	Employer I	dontifi	cation num	ber	
<b>5</b> C	neck if a	pplicable:	LAKEVIEW CENTER, INC.						59-073	3787	2		
$\Box$	Addre		Doing Business As					1					
	7 .	chunge	Number and street (or P.O. box if mail is	not delivered to street address)	Room	1/suit	¢	E.	Telephone	numbe	yr		
_	Initial	return	1221 W. LAKEVIEW AVEN	UE				(8	50) 4	69-3	3620		
	Term	unated	City or town, state or province, country,	and ZIP or foreign postal code				<del>  ``</del>	, ,		, , ,		
	Amer	vded	PENSACOLA, FL 32501-1	- ·				اجا	Gross recei	nte S	237	703	,276.
		Cation	F Name and address of principal officer:	GARY BEMBRY				—	is this a gr	<u> </u>		Yes	X No
_	المحجوات	ing		UE PENSACOLA, FL 32501	_183	36		1	aubordinate	<b>15</b> ?	. ⊢	Yes	A No
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_	1		describe the organization's mission of								. <u>s</u>		<b>-</b>
Activitles & Governance			LLENGES. THE ORGANIZATION							<u>rh</u>			<b>-</b>
E	_		JBSTANCE ABUSE) SERVICES										<b>-</b>
ž.			this box 🕨 🔙 If the organization d							ts.			
ğ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)						3			15.
90 90	4	Numb	er of independent voting members of t	he governing body (Part VI, line 1b)						4			13.
ij	5	Total r	number of individuals employed in cale	endar year 2013 (Part V, line 2a) 🚬 👢						5		3,	478.
흕	6	Total r	number of volunteers (estimate if neces	sary)						6			26.
⋖,	7a	Total u	inrelated business revenue from Part V	III, column (C), line 12						7a			
	ь	Net ur	related business taxable income from	Form 990-T, line 34						7b			Ö
									or Year		Curr	ent Ye	ar
	8	Contri	butions and grants (Part VIII, line 1h)					61,	307,5	25.	57,	067,	704.
흝	9	Progra	ım service revenue (Pert VIII, line 2g)			•	] 1		246,3		158,		
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	• • •	• •	•		014,3	_			038.
œ	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		• •	•		815,9	_			714.
	12	Total r	evenue - add lines 8 through 11 (must	equal Part VIII column (A) line 12)		٠.	-	84.	384,1	_	217,		
			and similar amounts paid (Part IX, colu						972,0				578.
	14	Renefi	ts paid to or for members (Part IX, colu	mn (A) line (1)	• • •	• •	•	10,	<u> </u>	0	17,	111/	<del>5/0.</del>
	15	Salaria	es, other compensation, employee beni	efte (Port IV column (A) lines 5 40)		• •	•	92	757,7		0.0	200	~~~
Expenses	160	Drofoe	rional fundraising food (Port IV actions	(A) F=- 44-)		• •		74,	131,1	0.0	30,	399,	079.
- E	h	Takalé	sional fundraising fees (Part IX, column							- 0			
ŭ	47	Other	undraising expenses (Part IX, column (I	D), line 25) <b>&gt;</b>			-				^^		
	17	Ciner -	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)	• • •				211,1	_			184.
	18	Totale	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)			·   — -		940,9		201,		
F 83	19	Keven	ue less expenses. Subtract line 18 from	iline 12, , , , , , , , , , , , , , , , , ,		<u></u>			443,2	$\overline{}$			435.
sets or alances	~~								of Current			of Year	
Bala	20		ssets (Part X, line 16)	· · · · · · · · · · · · · · · · · · ·			·  1		116,3		157,		
Net Ass Fund Ba	21	Total l	abilities (Part X, Ilne 26)						955,4				986.
			sets or fund balances. Subtract line 21	from line 20.			. 1	.09,	160,9	03.	127,	000,	490.
Pa	_		nature Block										
true	er per . corre	naities of ect, and o	f perjury, I declare that I have examined the complete. Declaration of preparer (other than	s return, Including accompanying schedu officer) is based on all information of whi	ules and ich pred	d stat parer	tementa, <i>a</i> has anv ki	and to	the best o	of my I	knowledge	and be	lief, it is
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Her		,	signature of officer						Date				
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			Type or print name and title										
Paid		Print/1	ype preparer's name	Preparer's signature	Da	ite			Check	J "	РΠΝ		
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		Firm's	address 1201 WALNUT, SUITE 1700 K	ANSAS CITY, MO 64106-2246				Phor	ne no.	816	221-63	00	
Мау	the If	RS disc	uss this return with the preparer show	above? (see instructions)			7 . Fap. 7 7 .	. , .			, X Ye		No
For	Paper	work I	Reduction Act Notice, see the separat	e instructions.									(2013)

orm 990 (2013)	Pa
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any fine in this Part III	г
Briefly describe the organization's mission:	<u> </u>
TO HELP PEOPLE OVERCOME LIFE'S CHALLENGES - THE ORGANIZATION PROVIDES	•
BEHAVIORAL HEALTH AND PROTECTIVE SERVICES AS WELL AS VOCATIONAL	
SERVICES AND EMPLOYMENT FOR PEOPLE WITH DISABILITIES.	
Old the appointing undertake any significant program and the design the second lists were and the de-	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	es X
Did the organization cease conducting, or make significant changes in how it conducts, any program	(
services?	es X
Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	measured ns to oth
(Code:) (Expenses \$	<i>a</i> )
VOCATIONAL SERVICES: IN 2014, THIS DIVISION EMPLOYED APPROXIMATELY	<del>1</del> /
2,033 FTES THROUGHOUT 13 STATES AND THE DISTRICT OF COLUMBIA. THE	
GULF COAST ENTERPRISES PART OF THIS DIVISION PROVIDES EMPLOYMENT	
TO PEOPLE WITH DISABILITIES SUCH AS MENTAL ILLNESS, PHYSICAL	
IMPAIRMENTS AND DEVELOPMENTAL DISORDERS. THE PRIMARY SERVICE LINES	
ARE FOOD AND CUSTODIAL SERVICES. THE SOUTHEASTERN VOCATIONAL	
SERVICES PART OF THE DIVISION PROVIDES VOCATIONAL ASSESSMENTS AND	
REHABILITATION AND OCCUPATIONAL THERAPIES.	
BEHAVIORAL HEALTH SERVICES: IN 2014, THIS DIVISION SERVED 24,096 PEOPLE. THIS DIVISION OF LAKEVIEW SPECIALIZED IN HELPING PEOPLE WITH MENTAL ILLNESSES, SUBSTANCE ABUSE DISORDERS AND DEVELOPMENTAL DISABILITIES OVERCOME THEIR CHALLENGES. IN 2014, THIS DIVISION HAD APPROXIMATELY 72,000 PATIENT DAYS, 109,000 PARTIAL DAYS IN DAY	
TREATMENT, AND 176,000 OF OUTPATIENT SERVICE HOURS.	
(Code:) (Expenses \$38,421,532, Including grants of \$14,441,578) (Revenue \$	0)
CHILD PROTECTIVE SERVICES: IN 2014, THIS DIVISION SERVED 8,212	
CHILDREN. THIS DIVISION, ALSO REFERRED TO AS FAMILIES FIRST	
NETWORK (FFN) IS RESPONSIBLE FOR THE SAFETY, STABILITY, AND	
WELL-BEING OF ABUSED, NEGLECTED, AND ABANDONED CHILDREN IN OUR	
DISTRICT, THROUGH A CONTRACT WITH FLORIDA DEPT, OF CHILDREN AND	
FAMILIES, FFN WORKS WITH A NETWORK OF AGENCIES AND COMMUNITY	
GROUPS TO PROVIDE FOSTER CARE AND ADOPTION SERVICES FOR CHILDREN	
WHO CANNOT SAFELY REMAIN IN THEIR HOMES.	
AND CHARGE CHIEFE VERNIE IN INDIK COMES.	,
	** -
Other program services (Describe in Schedule O.)	
Other program services (Describe in Schedule O.) (Expenses \$ 3,676,032, including grants of \$ 0 ) (Revenue \$ 6,442,106. )	

	90 (2013)		- 1	Page 3
Part	Checklist of Required Schedules		:	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		IJ	
2	complete Schedule A	1 2	X	
2 3	Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to		_^	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	li	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	_6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u></u> x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	]	.	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0	.,	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X energy and	. 2007
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		<b>300</b>	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	NASCHE:	141.450.4	200 Y.
•	complete Schedule D, Part VI	11a	х	
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
¢	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		ļ	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E,	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X.
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business investment and program applies autistics autistics business investment and program applies autistics autistics the United States as aggregate		:	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			i
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			ĺ
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated		i	
	employees? If "Yes," complete Schedule J	23	Х	<u> </u>
24 a	Dld the organization have a tax-exempt bond issue with an outstanding principal amount of more than	١. ا		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	- 1	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	_
	Schedule L, Part IV.	28b	х	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-	$\overline{}$	
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III,			
	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
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Form 990 (2013)
Part V S

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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V	· · <u>, . · ·</u>	Yes	No.
1 a	Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	83 254	7,7,75.5	346
		the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0 ( )	100	
		the organization comply with backup withholding rules for reportable payments to vendors a		NS.	Carrier.
	report	table gaming (gambling) winnings to prize winners?	1c	X	
ζa		the number of employees reported on Form W-3, Transmittal of Wage and Tax	The second of th		
		ments, filed for the calendar year ending with or within the year covered by this return 🔒 🔼 a 📗 🔠 3, 4			vit.M.
ь		least one is reported on line 2a, did the organization file all required federal employment tax return		X	
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		200	
		ne organization have unrelated business gross income of \$1,000 or more during the year?		-	Х
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> by time during the calendar year, did the organization have an interest in, or a signature or other author			·· <del>-</del> · · ·
		a financial account in a foreign country (such as a bank account, securities account, or other financ			
		unt)?			х
b	If "Yes	s," enter the name of the foreign country: ►	AS: 4/0	920.09K	2.25
		nstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		200	
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	[	X
		my taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			Х
		s" to line 5a or 5b, did the organization file Form 8886-T?			
		the organization have annual gross receipts that are normally greater than \$100,000, and did to			
	organ	nization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		Х
		s," did the organization include with every sollcitation an express statement that such contributions			
		were not tax deductible?	6b		
		nizations that may receive deductible contributions under section 170(c).	97599 A		
		he organization receive a payment in excess of \$75 made partly as a contribution and partly for good			elliy.
	and so	ervices provided to the payor?	<u>7a</u>	$\longrightarrow$	Х
		s," did the organization notify the donor of the value of the goods or services provided?		$\vdash$	
		he organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
		red to file Form 8282?	7c	17 mg 80	<u> </u>
		s," indicate the number of Forms 8282 filed during the year	<u></u>	Addina.	
	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contrac- ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	? <b>7e</b> 7f		X
	If the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	77		
		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
		soring organizations maintaining donor advised funds and section 509(a)(3) supporting		stept county	<b>4</b>
		nizations. Did the supporting organization, or a donor advised fund maintained by a sponsorie		Websites.	wydźy;
		ization, have excess business holdings at any time during the year?	8		м, рачы,
		soring organizations maintaining donor advised funds.	A. V. 1/1801 1. V. 1/1901	220 (22)	Sin yan
		ne organization make any taxable distributions under section 4966?			
,	Did th	ne organization make a distribution to a donor, donor advisor, or related person?	9ь		
		on 501(c)(7) organizations, Enter:	197 A. Sena	Sicon	
		ion fees and capital contributions included on Part VIII, line 12	100	38.50	
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	200 Program 2007 2007	100	
		on 501(c)(12) organizations. Enter:	and the second	Jan Carlo Tarket a de	inen gene
		s income from members or shareholders	A Section of the second		
		income from other sources (Do not net amounts due or paid to other sources	Company Comment	3.33	
	agains	st amounts due or received from them.)		(September 20)	CAMBO 74
		on 4947(s)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1801 de 180 e	Silvery C
		s," enter the amount of tax-exempt interest received or accrued during the year			Single
		organization licensed to issue qualified health plans in more than one state?	13a	7168 (NA)	Allegay .
		See the instructions for additional information the organization must report on Schedule O.	15 422a		i 1900an
		the amount of reserves the organization is required to maintain by the states in which	100 g 100 g		
		ganization is licensed to issue qualified health plans	2660	2 (Z)	
		the amount of reserves on hand		24	Carlotte A
a	Did th	e organization receive any payments for Indoor tanning services during the tax year?	. 14a		X
b		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
SA 0 1.00			Fоrт	990	(2013

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
ect	tion A. Governing Body and Management			
			Yes	Τ
1a	Enter the number of voting members of the governing body at the end of the tax year			T
	If there are material differences in voting rights among members of the governing body, or if the governing			ł
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		l
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 13	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ť
•	- · · · · · · · · · · · · · · · · · · ·	3		;
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		ť
6	Did the organization have members or stockholders?	6	Х	+
7 <b>a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	<u>7a</u>	X	ļ
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b	Х	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			١
	the year by the following:			
8	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	Τ
e	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Т
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		ŀ
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ə.)	_
			Yes	Τ
)a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Ť
		406		
<b>.</b> _	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	t
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		+
ь			.,	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	╀
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	Ļ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this was done	12c	Х	L
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	Г
5	Did the process for determining compensation of the following persons include a review and approval by			T
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а	The organization's CEO, Executive Director, or top management official	15a	Х	l
b	Other officers or key employees of the organization	15b	х	t
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, 55		t
6a	· · · · · · · · · · · · · · · · · · ·			
. a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16-		١
_	with a taxable entity during the year?	16a		ť
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	}		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	الممد		
p.~+	ion C. Disclosure	16b		Д.
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	:)(3):	5 (
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	у.
	financial statements available to the public during the tax year.	-	•	
0	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (A) (B) Position (D) (E) (F) Name and Title Average (do not check more than one Reportable Reportable **Estimated** hours per box, unless person is both an compensation compensation from amount of WOOK (list an officer and a director/trustee) from other related hours for the compensation organizations employee Highest compensated Individual trustee Key employee organization (W-2/1099-MISC) from the related organization (W-2/1099-MISC) organizatione and related below dotted organizations line) l brusilee (1)MOLLYE BAROWS 1.00 MEMBER 0 Х (2)CHARLES BEALL, JR. 1.00 MEMBER/SECRETARY 0 Х Х (3)MICHAEL BODENHAUSEN QΦ MEMBER 0 Х (4)VINCE CURRIE 1.00 MEMBER/TREASURER 0 Х х (5)DAVID BEAR 1.00 MEMBER 0 Х (6) FRED DONOVAN, JR. 1.00 MEMBER 0 Х (7) REV. DR. HUGH HAMILTON, 00 MEMBER/VICE CHAIR Ö Х х (8)KEVIN HOFFMAN, PH.D 00 MEMBER 0 Х \_(9)LIAS\_IHNS 00 MEMBER 0 Х (10)DALE JORDAN 1.00 MEMBER 0 Х (11)DAVID MAYO, JR. 00 MEMBER 0 Х (12) RUTH MCKINON 1.00 MEMBER 0 Х (13)STEPHANIE M. POWELL 00 MEMBER 0 Х (14)DAVID STAFFORD QΟ MEMBER

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Part VII Section A. Officers, Directors, Ti (A)	(B)	1			C)			(D)	(E)		(F)
Name and title	Average	1		-	-, sitlon			Reportable	Reportable	le Ì	Estimated
	hours per					e than d		compensation	compensation		amount of
	week (list any hours for					is both or/trust		from	related		other
	related						7	the	organizatio		compensation from the
	organizations	흑호	≌	Officer	8	콯쁳	ğ	organization (W-2/1099-MISC)	(W-2/1099-M	1180)	organization
	below dotted	캶	8	۳	Key employee	38 C	4	(**-2/1000-10100/			and related
	line)	~ <b>2</b>	<u>≅</u>		18	, a					organizations
		Individual bustee or director	Institutional trustee		*	) j	i				
	'	_	#		-	Highest compensated employee					
15) JARL T. "JT" YOUNG	1.00					<del>-</del>					
MEMBER/CHAIRMAN	-1	х		×							
L6) GARY L. BEMBRY	37.00			<u> </u>				†			
PRESIDENT/CEO	13.00			x							
7) RICHARD J. GILMARTIN		_	_	÷				+			
<b></b>	49.00			١.,							
VICE PRESIDENT	1.00			×				1			
8) DENNIS GOODSPEED	50.00										
VICE PRESIDENT	0			Х							
9) MARY A. HILL	49.00				_			1			
VICE PRESIDENT/COO	1.00			Х		ļ		1			
0) SANDRA WHITAKER	49.00				$\Box$			Ì			
VICE PRESIDENT	1.00	]		х							
1) BURTON E. WILLIAMS III	50.00		$\Box$					†			
VICE PRESIDENT/COO LAE, INC	0	i		х							
2) ANN HARTER	<del> </del>	<u> </u>		^	-			+			
	49.00			l							
VICE PRESIDENT	1.00			Х			<u> </u>	1			
3) DOMINIC "SHAWN" SALAMIDA	49.00										
VICE PRESIDENT	1.00			Х							
4) GUIDO LUDERGNANI	40.00							İ			
PSYCHIATRIST	0				ļ	Х					
25) VENKATA SOMPALLI	40.00							1			
PSYCHIATRIST					ŀ	Х					
1b Sub-total						- "	-	†			
c Total from continuation sheets to Part VII,	Castlan A		• • •	• •	• •			<u> </u>			
d Total (add lines 1b and 1c)	Section A .		• •	٠.	• •			<u>}</u>			
Total number of individuals (including but not	Simited to t	hosal	ieta	 d al	<u></u>	- · ·	ro	caived more than 9	\$100.000:af		
reportable compensation from the organization	on 🕨	37		ua		<i>-)</i> *****	, 10	CONCUMENTALLY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
								,			Yes No
3 Did the organization list any former offi	cer, directo	r. or	tyre	ıste:	A 1	kev e	m	loves or highest	Companent	<u>-</u> [	034 5W 50
employee on line 1a? If "Yes," complete Sched	dule J for suc	h ind	ividi	ual	۰, ۱	<del>.</del>	μ	or ingliest	combangar	<del>-</del>	3 X
·										1	
4 For any individual listed on line 1a, is the organization and related organizations g.	sum of <b>rep</b>	ОБЛО: - • Ф	ie c	om coo	pen r	58001 	າ aເ	na otner compens	ation from t	ne	
individual	eater than	φ15	U,U	uu?	II	765	, 1	complete scheduk	a a tor su	cn	- 4.4
E Did nov noven listed to the de accessor		• • •				• • •	• •				
5 Did any person listed on line 1a receive of	r accrue com	npen	satio	on f	ron	any	uni	related organizatio	n or individu	ıal	
for services rendered to the organization? If "	es, compie	e SCF	edu	IO J	tor	sucn	per	son	<u> </u>	, ,	5 X
				_							
		ndepe	nde	ent o	cont lanc	racto Par ve	rs t ar e	hat received more anding with or with	than \$100,0	)00 of ization's	s tax
	npensated in compensation	on for	ΙΝ <del>Θ</del>	Ç	14114	ar ye			in the organ	Zationi	
Complete this table for your five highest cor compensation from the organization. Report year.  (A)	compensation	on for	tu <del>ė</del>	Ç	-	di ye	Ţ.	(B)			(C)
Complete this table for your five highest corcompensation from the organization. Report year.  (A)  Name and business acceptable.	compensation	on for		Ç		ar ye	-  -	(B) Description of ser	vices		
Complete this table for your five highest corcompensation from the organization. Report year.      (A)     Name and business ach ENTERPRISE SERVICES, LLC DALL	compensations Idress AS, TX 7	on for 5284					I	(B) Description of ser	vices BRVCS		(C)
Complete this table for your five highest corcompensation from the organization. Report year.      (A)     Name and business ach ENTERPRISE SERVICES, LLC DALL FCE BENEFIT ADMINISTRATORS INC B	compensation idress AS, TX 7 URLINGAM	5284 E, C	A S				I	(B) Description of ser T SOLUTIONS SENEFIT ADMIN	vices SRVCS SRVCS		(C)
Complete this table for your five highest cor compensation from the organization. Report year.      (A)     Name and business ac     HP ENTERPRISE SERVICES, LLC DALL     FCE BENEFIT ADMINISTRATORS INC B BRIDGEWAY CENTER FORT WALTON BEA	dress AS, TX 7 URLINGAM	5284 E, C	A S				I B M	(B) Description of ser T SOLUTIONS SENEFIT ADMIN.	vices SRVCS SRVCS SRVCS		(C)
1 Complete this table for your five highest cor compensation from the organization. Report year.  (A)  Name and business act of the ENTERPRISE SERVICES, LLC DALL FCE BENEFIT ADMINISTRATORS INC BENIOGEWAY CENTER FORT WALTON BEASRA INTERNATIONAL, INC. FAIRFAX,	dress AS, TX 7 URLINGAM CH, FL 6 VA 2203	5284 E, C	A S				I B M	(B) Description of ser T SOLUTIONS SENEFIT ADMIN	vices SRVCS SRVCS SRVCS		(C)
compensation from the organization. Report year.  (A)  Name and business ac  HP ENTERPRISE SERVICES, LLC DALL  FCE BENEFIT ADMINISTRATORS INC B  BRIDGEWAY CENTER FORT WALTON BEA	dress AS, TX 7 URLINGAM CH, FL 6 VA 2203	5284 E, C	A S			ar yo	I B M	(B) Description of ser T SOLUTIONS SENEFIT ADMIN.	vices  BRVCS  SRVCS  SRVCS  BRVCS		(C)

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Form 990 (2013)

Part V	Section A. Officers, Directors, Tr	<u>us</u> tees, Ke	y En	nple	уе	es,	and I	Hig	hest Compensat	ed Employees (	continued)
,	(A) Name and title	(B) Average hours per week (list any hours for	Average Position Reportable compensation box, unless person is both an officer and a director/frustee)		Average hours per (do not of week (list any box, unle		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		related organizations below dotted line)	Individual trustee . or director	Institutional trustee	Officer	Кау атрюуве	Highest compensated employee	Former .	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	RON ALMOND	40.00							-	· ·	·
	YCHIATRIST NIE CHERIAN	40.00					Х		-		
	IEF OF MEDICAL SERVICES	0					Х				
	NTHIA JAVELLANA	40.00			•						
FS	YCHIATRIST	. 0					Х		1		
		ļ	ļ								
	***************************************	<u>                                     </u>							·	•	
	·	ļ									
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		<b></b>							,		
****		<u> </u>						_			
		<del> </del>									
<b></b>	· · · · · · · · · · · · · · · · · · ·	Ī									
d Tota	-total  If from continuation sheets to Part VII, S  If (add lines 1b and 1c)  Inumber of individuals (including but not ortable compensation from the organization)	limited to t		liste				b re	caived more than	\$100,000 of	
Did emp	the organization list any former office bloyee on line 1a? If "Yes," complete Sched any individual listed on line 1a, is the anization and related organizations gr	er, directoule J for suc	<i>h indi</i> ortab	<i>ividu</i> le c	<i>ial</i> :om	, , pen	sation	 Tar	d other compens	ation from the	Yes 3
indi	vidual	· · · · · ·	φι <u>υ</u>		• • •			• •	· · · · · · · · · · · ·	·····	4 X
Did	any person listed on line 1a receive or services rendered to the organization? If "Y	accrue cor	mpens	satio	on f	from	anv	uni	related organization	n or individual	5
ection	B. Independent Contractors	es, complet	<del>C 3011</del>	000	<i>16 3</i>	101	Sucri	per	son		
Com com year	polete this table for your five highest compensation from the organization. Report of	pensated in compensation	ndepe on for	nde the	ent d cal	cont	racto ar ye:	rs ti ar e	hat received more inding with or with	than \$100,000 d In the organizatio	of n's tax
	(A) Name and business add	trece							(B)	ninon	(C)
	Hama and bosiness sor	11 C99						+	Description of se	rvices C	Compensation
								F			
								+			
Tota	il number of independent contractors (in the street of the	ncluding bu	it not	lim	itec	to to	thos	e li	sted above) who	received	
055 1.00	0	- <u>-</u>								and the saliety free	Form 990 (2
	7262HN K922		V	13-	-7.	15					PAGE

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII , (B) (C) (D) Related or Unrelated Total revenue Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1b C Fundraising events . . . . . . . . . . . . . . . 1d Government grants (contributions) . . 56,931,790. All other contributions, gifts, grants, and similar amounts not included above ... 135,914 99,996. Noncash contributions included in lines 1a-1f. \$ \_ Total. Add lines 1a-1f . . . . 57.067.704 Program Service Revenue **Business Code** e transfer de la companya de la companya de la companya de la companya de la companya de la companya de la comp La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co nal Salawa La Book V VOCATIONAL REVENUE 624310 2a 125,172,473 125,172,473 PATIENT REVENUE 624100 ъ 16,869,213 16,869,213 GOVT FEES/CONTRACTS 900099 15,824,890 15,824,890. MANAGEMENT FEES 561000 593,121 593,121 CONSULTING FEES 541610 50,123 50,123 All other program service revenue . . . . . Total. Add lines 2a-2f . . . . . . . 158,509,820 Investment income (including dividends, interest, and 1,179,004. Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 96,280 B. Gross rents . . . . . . . Less: rental expenses . . . Rental income or (loss) . . 96,280 ¢ đ Net rental income or (loss) 96,280. California (California) (i) Securities (ii) Other 7а Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . . . . Gain or (loss) . . . . . . 5,500. Net gain or (loss) 312,034. Other Revenue 8a Gross income from fundralsing events (not including \$ \_ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . þ c Net income or (loss) from fundraising events . Gross income from gaming activities. Less: direct expenses . . . . . . . . . . b Net income or (loss) from gaming activities. Gross sales of Inventory, less 10a returns and allowances . . . . . . . . . Less: cost of goods sold . . . . . . . . . . . . . . . . Net income or (loss) from sales of inventory, Miscellaneous Revenue Business Code STAFFING/SUPPORT SERVICES 11a 561300 312,825 312,825 CLINICAL RECORD REVENUE 541900 44,226. 721210 35,351 35,351. 900099 144.032 All other revenue . . 48,932 95,100 Total. Add lines 11s-11d . . . . 536,434 Total revenue. See instructions 1,715,827.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check If Schedule O contains a response	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,610,070.	1,610,070.		
2	Grants and other assistance to individuals in the United States, See Part IV, line 22	12,831,508.	12,831,508.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o		,	
4	Benefits paid to or for members	O			
5	Compensation of current officers, directors, trustees, and key employees	1,330,931.	1,264,384.	66,547.	•
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	80,237.	80,237.		
7	Other salaries and wages	72,835,385.	69,193,616.	3,641,769.	<u> </u>
8	Pension plan accruals and contributions (Include section	, , 1	,,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
٠	401(k) and 403(b) employer contributions),	1,743,993.	1,656,793.	87,200.	,
	,	17,162,175.	16,304,066.	858,109.	
9	Other employee benefits	5,246,358.	4,984,040.	262,318.	
10	Payroll taxes	0,240,330.	4, 304, 040.	202,310.	
11.		400,000.		400 000	
	Management , , , ,	183,345.	174,178.	400,000.	
	Accounting	120,752.		120,752.	
	Accounting	120,132.		120,752.	
	Lobbying	<u> </u>			
	Professional fundraising services. See Part IV, line 17.				
		<del></del>			
	Other. (If line 11g amount exceeds 10% of line 25, column	70,526,947.	70,055,435.	471,512.	
42	(A) amount, list line 11g expenses on Schedule O.) ATCH .1.	244,327.	232,111.	12,216.	
13	Advertising and promotion	2,246,347.	2,134,030.	112,317.	
	Office expenses	690,268.	655,755.	34,513.	
14	Information technology	030,200.	0,5,7,7,55.	34,313.	
15	Royalties	4,731,374	4,494,805.	226 560	
16	Occupancy , , ,	1,347,020.		236,569.	
17	Travel	1,347,020.	1,279,669.	67,351.	
10	Payments of travel or entertainment expenses	٨		-	
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	321,541.	305,464.	16,077.	
19 20		321,341.	202,404.	10,0//.	
21	Payments to affiliates	. 9			
22	Depreciation, depletion, and amortization	2,251,912.	2,139,316.	112,596.	
23	Insurance	1,264,935.	1,201,688.	63,247.	
24	Other expenses. Itemize expenses not covered		-, 202, 0001	VO, 24/.	
	above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
8	FOOD SERVICES	1,883,970.	1,789,772.	94,199.	
	SMALL EQUIPMENT	371,760.	353,172.	18,588.	
	TAXES, LICENSES, & PERMITS	232,062.	220,459.	11,603.	
	MEDICAL SUPPLIES	198,014.	198,014.	,	
	All other expenses	1,194,610	1,134,879.	59,730.	
	Total functional expenses. Add lines 1 through 24e	201,049,841.	194,293,461.	6,756,380.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here				
JSA	following SOP 98-2 (ASC 958-720)		-		Form <b>990</b> (2013

JSA 3E1052 1.000 Form 990 (2013)

art	Х	Balance Sheet			Page <b>1</b>
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	44,926,761.	1	53,692,934
	2	Savings and temporary cash investments	289,875.	2	289,875
	3	Pledges and grants receivable, net		3	"
1	4	Accounts receivable, net	22,157,720.	4	29,769,143
	5	Loans and other receivables from current and former officers, directors,		<u> </u>	""
1		trustees, key employees, and highest compensated employees.		·	
		Complete Part II of Schodule I	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L	0	-	
Ets	7	Notes and loans receivable, net	90,618.		104,092
Assets	8	Inventories for sale or use	201,175.		154,408
-	9	Prepaid expenses and deferred charges	1,108,907.	9	769,289
11	Оa	Land, buildings, and equipment: cost or	2,200,507.		703,203
		other basis. Complete Part VI of Schedule D 10a 43, 669, 806.			
	b	Less: accumulated depreciation	20,884,585.	400	19,976,366
1.		Investments - publicly traded securities	42,230,099.		49,499,599
1:		Investments - other securities. See Part IV, line 11	75,000.		
1		Investments - program rolated. See Part IV, line 11		13	75,000
1	_	Investments - program-related. See Part IV, line 11	<u>_</u>	14	-
1	-	Intangible assets	0 161 614	į	0 040 550
	o c	Other assets. See Part IV, fine 11	2,151,614.		2,842,770
10		Total assets. Add lines 1 through 15 (must equal line 34)	134,116,354.	16	157,173,476
1		Accounts payable and accrued expenses	22,983,965.	17	26,284,495
11	8	Grants payable		18	
19	à	Deferred revenue	1,904,464.		3,888,491
20	G.	Tax-exempt bond liabilities	0	20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
22		Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
-″∥		disqualified persons. Complete Part II of Schedule L		22	
2:	3	Secured mortgages and notes payable to unrelated third parties		23	
24	4	Unsecured notes and loans payable to unrelated third parties	O	24	
2	5	Other liabilities (including federal income tax, payables to related third	'		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	67,022.	25	1
20	6	Total Babilities, Add lines 17 through 25	24,955,451.	26	30,172,986
g		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	107,537,849.	27	125,348,171.
중   21	8	Temporarily restricted net assets	1,561,160.	28	1,590,425
21	9	Permanently restricted net assets	61,894.	29	61,894
21 21 21 21 21 21 21 21 21 21 21 21 21 2		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.	- 111		·
3 30	0	Capital stock or trust principal, or current funds		30	
3	1	Paid-in or capital surplus, or land, building, or equipment fund	'	31	
Net Assets	2	Retained earnings, endowment, accumulated income, or other funds	"	32	
3:	3	Total net assets or fund balances	109,160,903.	33	127,000,490.
34	4	Total liabilities and net assets/fund balances	134,116,354.	34	157,173,476.
	·	The second secon	, <del></del>	V-4	Form <b>990</b> (201

Form 99	90 (2013)				P;	<sub>90</sub> 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	217,7	01,	276.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2	201,0	49,	841.
3	Revenue less expenses. Subtract line 2 from line 1	3		$16, \epsilon$	51,	435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	.09,1	60,	903.
5	Net unrealized gains (losses) on investments	5_		1,0	68,	370.
6	Donated services and use of facilities ,	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	19,	782.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	ì	27,0	00,4	<u> 190.</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		· · ·		
				_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			İ		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
2-	Schedule O.					ļ
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			ĺ
	reviewed on a separate basis, consolidated basis, or both:			1		
	Separate basis Consolidated basis Both consolidated and separate basis			1		
Ь	Were the organization's financial statements audited by an independent accountant?			2b	_X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a			
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs				4.4	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate of the audit			_2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set				37	
	the Single Audit Act and OMB Circular A-133?			3a	Х	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	IIIS.		3b	Λ	

Form **990** (2013)

#### SCHEDULE A

(Form 990 or 990-EZ)

#### **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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number LAKEVIEW CENTER, INC 59-0737872 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 11, check only one box.) 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.) 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). Х 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3 % 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) EIN (iii) Type of organization (IV) is the organization in col. (i) listed in (v) Did you notify (vi) Is the (vil) Amount of monetary organization (described on lines 1-9 The organization organization in support above or IRC section in col. (i) of your col. (i) organized (see instructions)) in the U.S.? support? Yes Νo Yes Yes (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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		-
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	٠.
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	•

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,629 <u>,</u> 804.	62,443,537.	62,894,282.	61,307,525.	57,067,704.	305,342,852.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	61,629,904.	62,443,537.	62,894,282	61,307,525.	57,067,704.	305,342,852.
5	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).						
_6	Public support. Subtract line 5 from line 4.			CRASS TO SEE THE SEE	South Contract Contra		305,342,852.
	tion B. Total Support					-,,	29273127332.
Cale	ndar year (or fiscal year beginning in) 🕒 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	61,629,804.	62,443,537.	62,894,282.	61,307,325.	57,067,704.	305,342,852.
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,177,783.	1,212,930.	1,726,181.	2,212,045.	1,275,284.	7,604,223.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	962,835.	976,348.	2,043,026.	1,521,870	536,434.	6,040,513.
11	Total support. Add lines 7 through 10	<ul> <li>Variable of the supplier of the s</li></ul>				Sagist September 2	318,987,588.
12	Gross receipts from related activities, etc. (s	see instructions) .			, . [	12	544,323,373.
13	First five years. If the Form 990 is for	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	aras a section	501(c)(3)
Sec	organization, check this box and stop here tion C. Computation of Public Sup	nort Porcente	* * * * * * * * * * *	<del> </del>	<u> </u>	<del> </del>	<u>▶{</u>
14					<del></del>		
15	Public support percentage for 2013 (fin Public support percentage from 2012)	ne o, column (f) Sebedule A. De	alvidea by line	11, column (f))		14	95.72%
16a	331/3% support test - 2013. If the or	schedule A, Fa roanization did	oot abook the			15	95.37%
	this box and stop here. The organization	n ausliflee se s	oublick suppor	tod organization	ano ine 14 is	331/3 % or mor	e, check
b	331/3% support test - 2012. If the o	rganization did	not check a be	ox on line 13 o	'	15 in 224a 94	
	check this box and stop here. The orga	nization qualifie	es as a publiciv	supported organ	vization	1.0 18 001/3 70 (	or more,
17a	10%-facts-and-circumstances test - 2	013. If the ora	anization did no	ot check a box	on line 13 16a	or 16h and li	<del></del>
	10% or more, and if the organization	meets the "fac	ts-and-circumst	ances" test, che	ck this box an	d stop here. E	xplain in
	Part IV how the organization meets to	he "facts-and-ci	ircumstances" te	est. The organiz	ation qualifies	as a publicly su	pported
 b	organization	012. If the org	anization did no the "facts-and	ot check a box l-circumstances"	on line 13, 16a test, check th	a, 16b, or 17a, iis box and sto	p here.
	Supported organization	ar mees me "I	acts-and-circum	istances" test, i	ne organizatioi	n quannes as a	publicly
18	supported organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	this box and see	
						chedule A (Form 98	

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				1		
2	Gross receipts from admissions, merchandise	- "-			1		
	sold or services performed, or facilities			ļ			ļ
	furnished in any activity that is related to the		İ				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				· · · · · · · · · · · · · · · · · · ·		
•	unrelated trade or business under section 513						
4	Tax revenues levied for the			<del></del>			
-	organization's benefit and either paid						
	to or expended on its behalf						İ
5	The value of services or facilities	<del></del>					<u> </u>
3					İ		
	furnished by a governmental unit to the						·
	organization without charge		+				
6	Total. Add lines 1 through 5	<u> </u>			<del></del>		
7 2	Amounts included on lines 1, 2, and 3			1			
h	received from disqualified persons Amounts Included on lines 2 and 3		1				
_	received from other than disqualified		1				
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b	<u> </u>			,. <u>.</u>		
8	Public support (Subtract line 7c from		ŀ				
_	line 6.)				<u></u>		
	tion B. Total Support	1		T	<u>"</u>		<b>,</b>
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6,	<u> </u>					
10 a	Gross income from interest, dividends,			•			
	payments received on securities loans, rents, royalties and income from similar	ł					
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses			•			
	acquired after June 30, 1975		İ				
¢	Add lines 10a and 10b						
11	Net income from unrelated business					"	
	activities not included in line 10b,			· '			
	whether or not the business is regularly						'
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				· · ·		
	and 12.)	]		1			
14	First five years. If the Form 990 is for	the organization	n's first second	third fourth or	fifth tay year a	e e eastlon 501.	/c\/3\
• •	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Scho	edule A. Part III. lir	ne 15			16	
	tion D. Computation of Investme					10	70
17	Investment income percentage for 2013 (II			13 column (f))		17	%
18	Investment income percentage from 2012					18	
	331/3% support tests - 2013. If the or						
, , ,	17 is not more than 331/3%, check the	-					. $\square$
ь.	331/3% support tests - 2012. If the orga	. ,	•	,	, ,		
u							
20	line 18 is not more than 331/3%, check		•				
JSA	Private foundation. If the organization	ard not check	a DOX OII IIIIO	, 198, OF 190			990 or 990-EZ) 2013
3E 122	1 1.000 7262HN K922		V 13-7.15		•		PAGE 1
	LOSIN NACE		A T7-11T				EWOT TO

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOM	<u>s</u>		:	ATTACHMENT 1	- 110-120.
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MEAL SALES	41,766.	49,581.	e j	40,483.	35,351.	167,181.
CLINICAL RECORD REVENUE	41,514.	51,514.		. 52,901.	44,226,	190,155.
FOOD STAMP INCOME	42,095.	23,917.				66,012.
MANAGEMENT FEES	597,708.	607,608.	626,912.	616,337.		2,448,565.
CONSULTING FEES	163,660.	72,211.	131,754.	154,201.		521,826.
WEATHER RELATED EVENTS			427,595.			427,595.
EMR STIMULUS REVENUE			382,500.			382,500.
STAFFING/SUPPORT SERVICES	*		223,004.	525,487.	312,825.	1,061,316.
ALL OTHER REVENUE	76,092.	171,517.	251,261.	132,461.	144,032.	775,363.
TOTALS	962,835	976, 348	<u>2,043,026.</u>	1,521,870	536, 434	6,040,5 <u>13</u>

### SCHEDULE C

### **Political Campaign and Lobbying Activities**

20 **13** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only,

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
	e of organization	-		Employer ident	fication number
LAF	KEVIEW CENTER, INC.			59-07	
Pa	rt I-A Complete if the	organization is exempt unde	r section 501(c) or	is a section 527 orga	nization.
1		e organization's direct and indirect			
2					
3	Volunteer hours	<i></i>		<u> </u>	
	Camplata Kith				
	Complete if the	organization is exempt under	section 501(c)(3).	<del> </del>	
1 2	Enter the amount of any ex	cise tax incurred by the organization	on under section 495	55 ► \$	1381711
3	If the organization incurred	cise tax incurred by organization i a section 4955 tax, did it file Forn	managers under sect	ion 4955	N
4a	Was a correction made?	· · · · · · · · · · · · · · · · · · ·	1 4720 for this year?	· · · · · · · · · · · · · · · ·	
	If "Yes," describe in Part IV.			• • • • • • • • • • • • • •	, Yes No
		organization is exempt unde	r section 501(c), ex	xcent section 501/c)/3	
1		expended by the filing organization			7.
·	activities			►\$	
2	Enter the amount of the fill	ing organization's funds contribute	ed to other organizat	ions for section	
	527 exempt function activity	ties		,, >\$	
3	Total exempt function exp	enditures. Add lines 1 and 2. E	nter here and on Fo	orm 1120-POL.	
	line 17b			<b>&gt; \$</b>	
4	. Did the filing organization fi	le Form 1120-POL for this year?			. Yes No
5	Enter the names, addresses	s and employer identification num	ber (EIN) of all section	on 527 political organiza	ations to which the filing
	the amount of political con	nts. For each organization listed, entributions received that were pro	nter the amount paid	d from the filing organiz	ation's funds. Also enter
	as a separate segregated fu	ind or a political action committee	(PAC). If additional sc	anvered to a separate po pace is needed, provide i	nitical organization, such oformation in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-,	(5) / 1551 555	(6) 2.114	filling organization's	contributions received and
			,	funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)				-	
'''			-		
(2)				·	
	·	<del></del>			1
(3)	"-"			-	
(4)					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(5)			_		
	110				
(6)		<b></b>	4		
		1	1		1

Schedule C (Form 990 or 990-EZ) 2013

Over \$17,000,000

1,456,096.

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Nο

Sch	edule C (Form 990 or 990-EZ) 2013 LAKEV	(EW CENTER, INC.	_ 59 <b>-</b> 0	737872 Page:
Pá	ort II-A Complete if the organization 501(h)).	ion is exempt under section 501(c)(3) and	l filed Form 5768 (ele	ction under
A		n belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		roup member's
В	Check ► if the filing organization	a checked box A and "limited control" provisi	ions apply.	
		bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 6	a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying),		
ŧ	Total lobbying expenditures to influen	ce a legislative body (direct lobbying) , , .		111,827.
(	<ul> <li>Total lobbying expenditures (add lines</li> </ul>	3 1a and 1b)		111,827.
			201,049,841.	730,609,527.
•		add lines 1c and 1d)	201,049,841.	730,721,354.
1		the amount from the following table in both	•	
	columns.	·	1,000,000.	5,824,378.
	If the amount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		

X Yes reporting section 4911 tax for this year? . 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the instructions for lines 2a through 2f on page 4.)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.

Grassroots nontaxable amount (enter 25% of line 1f) . .

Subtract line 1g from line 1a. If zero or less, enter -0-

Subtract line 1f from line 1c. If zero or less, enter -0- . . . . . .

\$1,000,000.

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) Total beginning in) 2a Lobbying nontaxable amount 1,000,000. 1,000,000. 1,000,000. 1,000,000. 4,000,000. Lobbying ceiling amount (150% of line 2a, column (e)) 6,000,000. c Total lobbying expenditures 216,698. 213,915. 117,438. 111,827. 659,878. d Grassroots nontaxable amount 250,000. 250,000. 250,000. 250,000. 1,000,000. Grassroots ceiling amount (150% of line 2d, column (e)) 1,500,000. Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013

250,000.

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Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 57	68	
For	each "Yes," response to lines 1a through 1/ below, provide in Part IV a detailed	(	a)		(b)	
	cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
ь				ı		
c d	Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?	<u> </u>				
e	Publications, or published or broadcast statements?					
ť	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ı	Other activities?					•
J	Total. Add lines 1c through 1l				***	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
28	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectio	n	
					Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?				2	_
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<del></del>	<u></u>	<u> </u>	3	
245	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5) OR (I	, or s b) Pa	ectio rt III-/	n A, line 3,	is
1				1		•
2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)			1		
_	political expenses for which the section 527(f) tax was paid).	,,,,,	"			
а				2a_		
ь	Current year	• • • •	۱۰۰۰	2b		
c	Total	• • • •	• • • •	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	98 98		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	ofth	ė, .			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible if	obbyin	ıg			
	and political expenditure next year?		l	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	· · · ·		5		
	t IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	group	list); P	art II	A, fine 2; a	nd
Рап	II-B, line 1. Also, complete this part for any additional information.					
		<b>-</b> -				
	·					
,						

Schedule C (Form 990 or 990-EZ) 2013

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Page 4

Schedule C (Form 990 or 990-EZ) 2013

Supplemental Information (continued)

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: SHARE OF EXCESS LOBBYING EXPENDITURES:

Page 4

#### Part IV Supplemental Information (continued) ATTACHMENT 1 SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS ORGANIZATION NAME: ANDREWS RESEARCH & EDUCATION INSTITUTE ADDRESS: 1040 GULF BREEZE PARKWAY GULF BREEZE, FL 32561 EIN: 26-3263612 GRASSROOTS LOBBYING AMOUNT: DIRECT LOBBYING AMOUNT: TOTAL LOBBYING EXPENDITURES: OTHER EXEMPT PURPOSE EXPENDITURES: 2,138,117. TOTAL EXEMPT PURPOSE EXPENDITURES: 2,138,117. LOBBYING NONTAXABLE AMOUNT: 256,906. GRASSROOTS NONTAXABLE AMOUNT: 64,227. TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: SHARE OF EXCESS LOBBYING EXPENDITURES: ORGANIZATION NAME: BAPTIST HEALTH CARE CORPORATION ADDRESS: P.O. BOX 17500 PENSACOLA, FL 32522-7500 EIN: 59-2425151 ORGANIZATION IS AN ELECTING ORGANIZATION. GRASSROOTS LOBBYING AMOUNT: DIRECT LOBBYING AMOUNT: 44,973. TOTAL LOBBYING EXPENDITURES: 44,973. OTHER EXEMPT PURPOSE EXPENDITURES: 48,282,189. TOTAL EXEMPT PURPOSE EXPENDITURES: 48,327,162. LOBBYING NONTAXABLE AMOUNT: 1,000,000. GRASSROOTS NONTAXABLE AMOUNT: 250,000. TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

#### Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

1,775,206.

1,775,206.

238,760.

59,690.

55,879.

55,879.

435,052,493.

435,108,372.

1,000,000.

250,000.

#### SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:

BAPTIST HEALTH CARE FOUNDATION

ADDRESS:

P.O. BOX 17500

PENSACOLA, FL 32522-7500

EIN:

59-0192265

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES: TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME:

BAPTIST HOSPITAL, INC.

ADDRESS:

P.O. BOX 17500

PENSACOLA, FL 32522-7500

EID:

59-0657322

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL CURVET PUREAGE ------

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

Page 4

43,778.

43,778.

8,756.

2,189.

7,283.

7,283.

24,060,630.

24,067,913.

1,000,000.

250,000.

#### Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

#### SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:

CMHC HERNANDEZ HOUSE, INC.

ADDRESS:

1221 W. LAKEVIEW AVENUE

PENSACOLA, FL 32501-1836

EIN:

59-2041794

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES: LOBBYING NONTAXABLE AMOUNT:

CONTRACTOR NOVELLANDE AROUNT.

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME:

ESCAMBIA COUNTY ALABAMA COMMUNITY HOSPIT

ADDRESS:

P.O. BOX 17500

PENSACOLA, FL 32522-7500

EIN:

63-1143638

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

DIRECT LOBBITMO AMOUNT.

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

Schedule C (Form 990 or 990-EZ) 2013

#### Supplemental Information (continued) Part IV

#### ATTACHMENT 1 (CONT'D)

#### SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:

JAY HOSPITAL, INC.

ADDRESS:

P.O. BOX 17500

PENSACOLA, FL 32522-7500

EIN:

59-2425149

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

3,692.

TOTAL LOBBYING EXPENDITURES: OTHER EXEMPT PURPOSE EXPENDITURES:

3,692. 15,035,927.

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

15,039,619. 901,981.

GRASSROOTS NONTAXABLE AMOUNT:

225,495.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME:

LAKEVIEW PLACE, INC.

ADDRESS:

1221 W. LAKEVIEW AVENUE

PENSACOLA, FL 32501-1836

EIN:

59-2804577

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES:

80,277.

LOBBYING NONTAXABLE AMOUNT:

80,277. 16,055.

GRASSROOTS NONTAXABLE AMOUNT:

4,014.

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

723,665.

723,665.

133,550.

2,367,404.

2,367,404.

268.370.

67,093.

33,388.

#### Part IV Supplemental Information (continued)

## ATTACHMENT 1 (CONT'D)

#### SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:

LAKEVIEW VILLA, INC.

ADDRESS:

1221 W. LAKEVIEW AVENUE

PENSACOLA, FL 32501-1836

EIN:

59-2842486

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME:

THE BAPTIST MANOR, INC.

ADDRESS:

P.O. BOX 17500

PENSACOLA, FL 32522-7500

EIN:

59-2455515

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

Page 4

#### Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

201,049,841.

201,049,841.

1,000,000.

250,000.

#### SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:

LAKEVIEW CENTER, INC.

ADDRESS:

1221 W. LAKEVIEW AVENUE

PENSACOLA, FL 32501-1836

EIN:

59-0737872

GRASSROOTS LOBBYING AMOUNT:

DIRECT LOBBYING AMOUNT:

TOTAL LOBBYING EXPENDITURES:

OTHER EXEMPT PURPOSE EXPENDITURES:

TOTAL EXEMPT PURPOSE EXPENDITURES:

LOBBYING NONTAXABLE AMOUNT:

GRASSROOTS NONTAXABLE AMOUNT:

TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:

TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:

SHARE OF EXCESS LOBBYING EXPENDITURES:

#### SCHEDULE D (Form 990)

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

LAF	KEVIEW CENTER, INC.	59-0737872
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	ounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	• .
4	Aggregate value at end of year,	***
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	nor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any ot	
	conferring impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form	990. Part IV line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	oog, rate it, mile t,
		n historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation
	easement on the last day of the tax year.	Heid at the End of the Tax Year
_	<u> </u>	
a b	Total paragon contricted by consequents	-
	Total acreage restricted by conservation easements	
c d	Number of conservation easements on a certified historic structure included in (a)	<u>c</u>
u	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	d by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle distributions and instance and instan	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem	ents during the year
-	Annual of automorphisms of the formation of the first of	1
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
_	<b>P</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?	,,,,,,,, L
9	in Part XIII, describe how the organization reports conservation easements in its revenue and ex	pense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
D	organization's accounting for conservation easements.  It III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	111 A4-
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	imilar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, educat public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the control of the cont	enue statement and balance sheet ion, or research in furtherance of
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
	works of art, historical treasures, or other similar assets held for public exhibition, educat public service, provide the following amounts relating to these items:	ion, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	· · · · · · ► \$

Page.	-

Sched	dule D (Form 990) 2013						Page 2
Par	t III Organizations Maintainir	ng Collections of	Art, Historica	Treasures,	or Other Sin	<u>ıilar Asse</u>	ts (continued)
3	Using the organization's acquisition		other records, ch	eck any of th	ne following that	t are a sig	nificant use of its
	collection items (check all that appl	y);					
8	Public exhibition			in or exchang			
b	Scholarly research Preservation for future generation	rationa	• <u> </u>	.e			
, C	Provide a description of the organ		s and evolain ho	w they furthe	r the organization	on'e avamn	t nurnose in Part
•	XIII:	nzation a conection	s and explain no	w they rentile	i the organization	7112 QXQ1116	r parpose in rail
5	During the year, did the organization	n solicit or receive	donations of art. I	istorical treas	ures, or other sir	nilar	
_	assets to be sold to raise funds rath						Yes No
Par	t IV Escrow and Custodial Ar or reported an amount or			anization an	swered "Yes" to	o Form 99	0, Part IV, line 9,
10	Is the organization an agent, truste	e custodien or othe	r intermediany for	contributions	or other secate	not	
14	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following	table:			143 [ 140
						Amount	
C	Beginning balance			10			
d	Additions during the year			1c	1		
	Distributions during the year						
f	Ending balance			11			
2a	Did the organization include an am		,				Yes No
	If "Yes," explain the arrangement in						,
Par	t V Endowment Funds. Com						(e) Four years back
1a	Beginning of year balance	(a) Current year 1,705,269.	(b) Prior year 1,683,09	(c) Two ye		52,960.	2,134,950.
	Contributions	29,265.				25,586.	211,036.
	Net investment earnings, gains,	23,200.	10,01	-		20,000.	211,030.
	and losses	5,791.	6,66	o.	9,089.	-161.	6,974.
d	Grants or scholarships						
0	Other expenditures for facilities						
	and programs			62	5,707. 1	78,670.	
f	Administrative expenses						
9	End of year balance	1,740,325.				99,715.	2,352,960.
2	Provide the estimated percentage		,	1g, column (a)	) held as:		
a	Board designated or quasi-endown	•	%				
b	Permanent endowment						
C	Temporarily restricted endowment The percentages in lines 2a, 2b, ar		000/				
3.9	Are there endowment funds not in	·•		at are held a	nd administered t	for the	
54	organization by:	alo possession or i	no organización c	iat aro riolo a		O. HIG	Yes No
	(I) unrelated organizations						3a(i) X
	(II) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related org						3b X
4	Describe in Part XIII the intended u		tion's endowment	funds.			
Par	t VI Land, Buildings, and Equi Complete if the organiza	tion answered "Ye					
	Description of property		stment)	ost or other basis (other)	(c) Accumulated depreciation	,	d) Book value :
1a	Land			,408,444.			2,408,444.
ь	Buildings		23	,649,556.	11,269,05		12,380,505.
c	Leasehold improvements			556,951.	317,60	_	239,343.
d	Equipment		16	763,402.	12,106,78	L -	4,656,621.
Tete	Other		m 000 Post V	291,453.	0(a) )		291,453. 19,976,366.
ı ota	I. Add lines 1a through 1e. (Column	(u) must equal Fon	п аву, ган А, сов	ann (6), mi <del>d</del> 1	<u> </u>	Schee	dule D (Form 990) 2013

Part VII	investments - Other Securities. Complete if the organization answered	"Yes" to Form 990	Part IV line 11h See Form 9	900 Part V (inc. 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation:
(1) Financia	al derivatives		,	
(2) Closely	held equity interests		•	
(C)				
\	<u>-</u> -			0.1.10
<u>(E)</u>	<del></del>			
(F)				
(G) (H)				
_	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" to Form 990.	, Part IV, line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of vo Cost or end-of-year	aluation: market value
_(1)				
(2)				
(3)				
(4)				
(5)			· ·	
(7)	· -			
(8)				<u> </u>
(9)		•		
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	"Vee" to Feed 000	Port IV line 44d Can Farm C	000 D++V E 45
	Complete if the organization answered	Tes to Form 990. Description	, Part IV, line 11d. See Form 9	
(1)	(d)	Description		(b) Book value
(2)				
(3)				
(4)	1111	<u> </u>	· "-	
(5)				
(6)	114			-
(7)			140	
(8)				
(9)				
	imn (b) must equal Form 990, Part X, col. (B) iii	ne 15.)		<u> </u>
Part X	Other Liabilities.  Complete if the organization answered line 25.	"Yes" to Form 990,	, Part IV, line 11e or 11f. See I	Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	al income taxes	·	e	Company Company (Company Compa
(2)				A MARTIN CONTROL OF THE PROPERTY OF THE CONTROL OF
_(3)				
(4)				the first constitution of the property of the property of the state of the property of the state
(5)	·			Albert Control of Cont
<u>(6)</u> (7)				
(8)			with the second	organis of Children of Arabita State of
(9)			<ol> <li>Militar Control C</li></ol>	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>		
	r uncertain tax positions. In Part XIII, provide the t		e organization's financial statements the	
organization'	s liability for uncertain tax positions under FIN 48			provided in Part XIII
JSA 3E1270 1.000 726	2HN K922	V 13-7.15	•	Schedule D (Form 990) 2013 PAGE 3

301271 1.000

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

RESTRICTED FUNDS TO BE USED FOR BEHAVIORAL MEDICAL SERVICES.

ENDOWMENT FUNDS ARE ALSO HELD BY BAPTIST HEALTH CARE FOUNDATION FOR THE BENEFIT OF LAKEVIEW CENTER, INC. THE ENDOWMENT FUNDS ARE TO PROVIDE RESOURCES TO SUPPORT CHILDREN'S SERVICES AT LAKEVIEW CENTER, INC.

SCHEDULE D, PART X, LINE 2

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CODIFICATION (ASC) TOPIC 740, INCOME TAXES, PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS.

ASC TOPIC 740 PROVIDES GUIDANCE FOR RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2014 AND 2013.

# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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	Open to Public
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	IIIspecalori
Employer Ident	Employer Identification number

LAKEVIEW CENTER, INC. Department of the Treasury Infemal Revenue Service Mame of the organization

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . . . . . . . . .

X Yes

59-0737872

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

f (a) Name and address of organization or government	NB (9)	(c) RC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisa), other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BROOKWOOD FLORIDA							
801 1TH AVE ST PEFERSBURG, FL 33705	59-0624387	501 (C) (3)	8,730.				RESIDENTIAL GROUP
(2) COVENANT KIDS MANDA, INC.							
830 BELHAVEN DR ORLANDO, FL 32628	59-3664515	501 (C) (3)	50,330.				RESIDENTIAL GROUP
(3) HOME OF DREAMS							
201 LEE MIGLER ED CRAMPORDVILLE, FL 32327	27-2377247	501 (C) (3)	193,417.				RESIDENTIAL GROUP
(4) HOUSE OF HOPE GIRLS HOME							
1540 IRISHWOOD COURT MIDDLEBURG, FL 32368	68-0649500	501 (C) (3)	46,345.				RESIDENTIAL GROUP
BNIHSMIS JO TENOR (C)							
9243 PROSPERITY LAKE DR	03-0595110	501 (C) (3)	5,180.				RESIDENTIAL GROUP
GI INSPIRE GROUP							
2221 S MONNOE UNIT 2 TALLAMASSEE, FL 32301	13-4364718	501 (C) (3)	173,798.				RESIDENTIAL GROUP
(7) 1UTHERAN SERVICES FLORIDA, INC.							
36272 W NATERS AVE TAMPA, FL 33614	59-2158911	501 (C) (3)	184,910.				SUBPROVIDER CONTRACT
(8) PANAMA YOUTH SERVICES							
402 E 63RD ST JACKSONVILLE, FL 32208	26-4744441	50140) (34	13,866.				RESIDENTIAL GROUP
(9) rouchstone village							
6780 PATANIA WAY JACKSONVILLE, FL 32216	59-2176287	501 (C) (3)	1,125.				RESIDENTIAL GROUP
(10) UNITED METHODIST CHILDREN'S HOME							
3140 SELDA CT MONTGOMERY, AL 36106	63-0302145	501 (CH (3)	83,593.				SUBPROVIDER CONTRACT
(11) BLESSINGS FOUSE / CIC			,				
1000 LUKE'S WAY FT WALTON BEACH, FL 32547	65-1196220	501 (C) (3)	71,741,				SUBPROVIDER CONTRACT
(12) BOYSTONN FIFTY-TEREE							
3555 COMMONNEASTH BLVD	47-0376606	501 (C) (3)	31,620.				RESIDENTIAL GROUP
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations liste	ed in the line 1 table			<b>A</b>	
3 Enter total number of other organizations listed in the line 1 table	d in the line 1	table				•	
For Paperwork Reduction Act Notice, see the Instructions		or Form 990.				Schedu	Schedule I (Form 990) (2013)

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## SCHEDULE | (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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2013 Open to Public Inspection

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 59-0737872

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EAKEVIEW CENTER, INC.

Department of the Treasury Internal Revenue Service Name of the organization

- ž X Yes the selection criteria used to award the grants or assistance? Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(a) Amount of non- cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOXESTIONN FIRST TWO							•
3555 COMMONNELIN BLVD	47-0376606	501(0)(3)	53,910.				RESIDENTIAL GROUP
(2) BOYSTOWN FORTY-THREE							
3555 COMMONWEALTH BLVD	47-0376626	501 (C) (3)	36,120.				RESIDENTIAL GROUP
(3) FLORIDA UNITED METRODST							
SI CHILORENS WAY ENTERPRISE, PL 32725	59-0638479	501(C) (3)	9,140.				RESIDENTIAL GROGE
(4) HOPE HOUSE / LUTHERAN							
36212 W WETERS AVE TEMPA, FL 33614	59-2198911	501 (C) (3)	77,410.				SUBPROVIDER CONTRACT
(5) SUE SUE'S COTTAGE / CI							
1000 LUKE'S WAY IT WALTON BEACH, FL 32547	65-1196220	501(C) (3)	94,152,				SUBPROVIDER CONTRACT
(6) SUSANNA WESTEY ER/CI							
968 SUKE'S MAY PT WALTON BEACH, FL 32547	65-1196220	501 (C) (3)	181,498.				SUBPROVIDER CONTRACT
(7) SWIELEY HOUSE / FLORICA	.,						
100 CHEMSTRAND ROAD CANTONMENT, FL 32533	59-6572326	591 (C) (3)	138,648.				SCHPROVIDER CONTRACT
(8) UNCH CRESTVIEW GROUP							
3140 ZEEDA CT MONTGCMERY, AL 36106	63-0302145	501 (C) (3)	50,838.				SUBPROVIDER CONTRACT
(9) MORLD GOOD NEWS, INC.							
4570 SAINT JOHNS AVE.	59-1283134	501 (3)	5,180.		ï		RESIDENTIAL GROUP
(10) CHS. TREN PARENTING							,
PO BOX 5616 JACKSOWVILLE, FL 32247	59-0192430	50140) (3)	8,050.				RESIDENTIAL GROUP
(11) NEW HEAVEN DOMINION							
12620 BEACH BLVD, 3-102	33-1144072	501 (C) (3)	€, 310.				RESIDENTIAL GROUP
(12) JOXSTONN SIXTY-THO							
3555 COMMONWEALTH BLVD	47-0376606	501 (C) (3)	18,690.				RESIDENTIAL GROUP
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations liste	ed in the line 1 tabk			<b>A</b>	
<ol> <li>Enter total number of other organizations listed in the li</li> </ol>	d in the line 1	ine 1 table	***********			•	
For Paperwork Reduction Act Notice, see the Instruction	structions for	s for Form 990.				Schedu	Schedule I (Form 990) (2013)

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# SCHEDULE | (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 2013

Open to Public

Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer Identification number

59-0737872

	and Assistance
INC.	nformation on Grants and
VIEW CENTER,	General Infor
LAKEV.	Part I

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) PC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraise), other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MCS GROUP HOME							
1227 9TH AVZ. BRADENTON, FL 34205	59-1771210	5014C) (34	7,190.				RESIDENTIAL GROUP
-							
110 PARK BVT HASTINGS, FL 32145	59-3741370	501 (0)	23, 030.				RESIDENTIAL GROUP
(3) FLORIDA SHERIFFS BOYS 1913 CPC16 WEBB PLACE BOYS BANCH, PL 32064	23-7303117	503 (C) (3)	8.310.				RESIDENATAL GROWD
(5)							
(9)		,					
(7)							
(6)							
(6)							
(10)	1						
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	overnment or	ganizations liste	organizations listed in the fine 1 table			<b>A</b>	27.
3 Enter total number of other organizations listed in the line 1 table	ed in the line 1	table				•	
For Paperwork Reduction Act Notice, see the Instructions		or Form 990.				Schedi	Schedule 1 (Form 990) (2013)

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3E1283 1.000 7262HN K922 Page 2

LAKEVIEW CENTER, INC.

Schedule I (Form 990) (2013)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisel, office)	(f) Description of non-cash assistance
1 IE SUBSIDIES	186.	1,034,125.			
2 FOSTER CARE SUBSIDIES	359.	3,183,150.			
3 ADOPTION SUBSIDIES	1,397.	6,514,233.			
4					
w			4		
-					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	ion required in	Part I, line 2, Part III, o	column (b), and any other additional

PART I, LINE 2.

THE ORGANIZATION HAS GUIDELINES IN PLACE THAT ARE

TO BE USED IN REVIEWING THE ELIGIBILITY OF GRANTEES.

ALL GRANTS REQUIRE WRITTEN DOCUMENTATION AND APPROPRIATE

LEVELS OF APPROVAL.

#### SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete If the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service Name of the organization

LAKEVIEW CENTER, INC.

Part I Questions Regarding Compensation

Employer identification number

59-0737872

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b 2	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in tine			
		2		
3	1a?			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
8	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
			i	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
Ь	Any related organization?	5b		X_
	If "Yes" to line 5a or 5b, describe in Part III,			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		<u> </u>
D	Any related organization?	6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.	1	1	
7	For persons listed in Form 990, Part VII, Section A, fine 1a, did the organization provide any non-fixed	_	1	١,,
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> x</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
9	in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	_		
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Page 2

Schedule J (Form 990) 2013

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part IF

For each individual whose compensation must be reported in Schedule J, report compensation from the organization in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		IRI Breakdoun	(B) Breakfoun of W.2 and/or 1099-USC compansation	Compensation				
(A) Name and Tale		(i) Base compensation	(ii) Bonus & incentive compensation	(Hi) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)(D)	(F) Compensation reported as defaired in prior Form 990
GARY L. BEMBRY PRESIDENT/CEO	3							
RICHARD J. GILMARTIN	€				,			
	€							
DENNIS GOODSPEED	€							
3 VICE PRESIDENT	•							
MARY A. HILL	€							
4 VICE PRESIDENT/COO	9							
SANDRA WHITAKER	8	<b>-</b>						
5 VICE PRESIDENT	2							
GUIDO LUDERGNANI	()							
6 PSYCHIATRIST	€	•						
VENKATA SOMPALLI	€							
7 PSYCHIATRIST	€	•						
MYRON ALMOND	2							
8 PSYCHIATRIST	€							
ANNIE CHERIAN	€							
g CHIEF OF MEDICAL SERVICES	€	•						
CYNTHIA JAVELLANA	8							
10 PSYCHIATRIST	€							
ANN HARTER	€							
11 VICE PRESIDENT	€							
	€							
12	€							
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Page 3

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B

GARY L. BEMBRY

FORM 990, PART VII & SCHEDULE J, PART II

COMPENSATION FOR GARY BEMBRY IS PAID BY BAPTIST HEALTH CARE CORPORATION,

A RELATED TAX EXEMPT ENTITY, FOR THE SERVICES PROVIDED TO LAKEVIEW

CENTER, INC., AS CHIEF EXECUTIVE OFFICER.

SCHEDULE L
(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service	► Atta ► Information about	ich to Form 9:	90 or F	orm 9	90-EZ. ► Se 0-EZ) and its ins	e sepa	rate instructions, is is at www.irs.gov/fo	нт990.	ı	Op	pen To specti	Public	2
Name of the organization					•			mployer	identif	<b>lcation</b>	numbe	<b>3</b> F	
LAKEVIEW CENTER,									-073	37872	<u>}</u>		
Part I Excess Bea Complete if	nefit Transaction the organization a	ns (section 5 nswered "Ye	01(c)( s" on	3) an Form	d section 50 990, Part IV	1(c)(4 ', line :	) organizations onl 25a or 25b, or Forr	y). n 990-l	EZ, Pa	art V, li	ine 40	љ. Љ.	
1 (a) Name of disqu	alified person	(b) Relatio			en disqualified nization	person	(c) Desc	cription	of tran	saction	1	_	Correction
(1)		•••										$\neg$	
(2)													T
_(3)		<u></u>			-								
(4)							<u> </u>		_				
(5)		1			<u> </u>		ļ <u>.</u>						
(6) 2 Enter the amount	t of tax incurred by	1											
Part II Loans to a	58	line 2, above	, reim sons.	burse	ed by the orga	nizatio	п			· \$			
organization	reported an amo	unt on Form	990,	Part 2	K, line 5, 6, or	22.	1	70, F 201	. IV, HI	10 20,	<b>ΟΙ ΙΙ ΙΙ</b>	I <del>U</del>	
(a) Name of interested pe	PFSON (b) Relationship with organization	(c) Purpose of loan	(d) Los from organis	the	(e) Origin principal an		(f) Balance due	(g) In	default?	(h) Apı by bo: comm	and or	(i) Wr agreen	
/4)		<b>-</b>	То	From				Yes	No	Yes	No	Yes	No
(1) (2)							-		-	$\vdash$	$\longrightarrow$	$\longrightarrow$	
(3)			-								$\longrightarrow$		
(4)			-	_			<u></u> .	+	ļ	<del>                                     </del>			
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(7)	-									₩	<del> </del>		
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(9)		:						<del>                                     </del>		<del>                                     </del>	$\dashv$	-	
(10)								+	-		-+		
Total						<b>►</b> \$				<u>'</u>			
Part III Grants or	Assistance Bendation a	efiting Inter	ested	Per:	sons.		<del></del>	•					
(a) Name of interested pe	rson (b) Relationshi person and	p between interes the organization	sted (c)	) Amou	nt of assistance	(0	I) Type of assistance	, ]	(•) F	urpose	of as	sistanc	ė
(1)					"''	-		$\rightarrow$					
(2)								1					
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(5)	<u> </u>		$\Box \Box$										
(6)		•											
_(7)													
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

(9)

			IV, line 28a, 28b,	or 28c.		
(a) Name of interested person	•	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organ	iering of ization's nues?
·					Yes	No
E PART V						
		·				
	· ·					
				···		
				· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization (a) Name of interested person	Complete if the organization answers (a) Name of interested person	Complete if the organization answered "Yes" on Form 990, Part  (a) Name of interested person  (b) Relationship between interested person and the organization	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b,  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction (d) Description of transaction (e) service transaction (form)

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

- (A) MARVIC GOODSPEED
- (B) SPOUSE OF DENNIS GOODSPEED, OFFICER
- (D) MARVIC GOODSPEED, WIFE OF DENNIS GOODSPEED, RECEIVES COMPENSATION FOR SERVICES PERFORMED AS THE DIRECTOR OF NURSING PRACTICE AT LAKEVIEW CENTER, INC.
- (E) NO

(10)

- (A) JARL T. YOUNG
- (B) OFFICER OF GULF POWER
- (D) JARL T. YOUNG IS A BOARD MEMBER OF LAKEVIEW CENTER, INC. AND IS AN OFFICER OF GULF POWER, FROM WHICH LAKEVIEW CENTER RECEIVES ITS UTILITIES.
- (E) NO

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

LAKEVIEW CENTER, INC.

Inspection Employer identification number

59-0737872

Раг	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			
1	Art - Works of art							
2	Art - Historical treasures	•						
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded				<del></del>			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests				<u> </u>			
12	Securities - Miscellaneous			· · ·				
13	Qualified conservation							
	contribution - Historic							
14	structures							
14	contribution - Other							
4.5	Real estate - Residential				<del></del> -			
15 16	Real estate - Commercial							
17	Real estate - Other			<u> </u>				
18	Collectibles			<u> </u>				
19	Food inventory						····	<del></del>
20	Drugs and medical supplies		1.	99,996.	FAIR MARK	FT 1/	ΔΤ.ΤΙ	
21	Taxidermy		1.	33,330.	THIC MAKE	<u> </u>	ALO.	
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			"-				<del></del>
25	Other ►()							
26	Other ►()							
27	Other ►()				_			
28	Other ►()			1.11				
29	Number of Forms 8283 received	by the orga	nization during the tax ver	ar for contributions for	<del></del>			<u> </u>
	which the organization completed F				29			
							Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line:	s 1-28, that [			
	it must hold for at least three year							i
	used for exempt purposes for the en	ntire holding	period?			30a		Х
b	If "Yes," describe the arrangement in	n Part II.						
31	Does the organization have a						ĺ	l
	contributions?				[	31	Х	
32 a								
	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization did not report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	) is checked,			

Schedule M (Form 990) (2013)

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

V 13-7.15

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

### Supplemental Information to Form 990 or 990-EZ

2013 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Name of the organization

LAKEVIEW CENTER, INC.

Employer identification number

59-0737872

FORM 990, PART I, LINE 1

AND VOCATIONAL SERVICES EMPLOYMENT FOR PEOPLE WITH DISABILITIES. PEOPLE OF ALL AGES ARE INCLUDED IN THE SCOPE OF OUR SERVICES.

FORM 990, PART III, LINE 4D

THIS DIVISION MANAGES SEVERAL CONTRACTS WITH THE STATE OF FLORIDA'S

DEPARTMENT OF CHILDREN AND FAMILIES AND THE AGENCY FOR HEALTHCARE

ADMINISTRATION, THE LARGEST OF WHICH ARE A SUBSTANCE ABUSE AND MENTAL

HEALTH CONTRACT AND A PREPAID MENTAL HEALTH PLAN.

FORM 990, PART VI, SECTION A, LINE 2

JARL T. "JT" YOUNG AND GARY L. BEMBRY HAVE A BUSINESS RELATIONSHIP, MR.
YOUNG IS A BOARD MEMBER OF BAPTIST HEALTH CARE CORPORATION, THE SOLE
MEMBER OF LAKEVIEW CENTER, INC., AND MR. BEMBRY IS AN EMPLOYED OFFICER OF
BAPTIST HEALTH CARE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6

BAPTIST HEALTH CARE CORPORATION, A FLORIDA CORPORATION NOT-FOR-PROFIT, IS

THE SOLE MEMBER OF LAKEVIEW CENTER, INC. BAPTIST HEALTH CARE CORPORATION

HAS THE RIGHT TO ELECT THE BOARD OF DIRECTORS OF LAKEVIEW CENTER, INC.

FORM 990, SECTION A, LINE 7A

BAPTIST HEALTH CARE CORPORATION BEING THE SOLE MEMBER LAKEVIEW CENTER, INC. HAS THE RIGHT TO ELECT THE GOVERNING BODY OF LAKEVIEW CENTER, INC.

FORM 990, PART VI SECTION A, LINE 7B

THE FOLLOWING SHALL REQUIRE APPROVAL BY THE BAPTIST HEALTH CARE CORPORATION, THE SOLE MEMBER, BOARD OF DIRECTORS:

- A. AMENDMENTS TO THE BYLAWS OF THE CORPORATION
- B. ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION
- C. THE INCURRENCE BY THE CORPORATION (AND ITS AFFILIATES IN AGGREGATE) OF
  ANY INDEBTEDNESS IN EXCESS OF \$500,000 BEFORE SUCH INDEBTEDNESS IS
  CONTRACTED AND BEFORE EVIDENCE OF SUCH INDEBTEDNESS IS ISSUED
- D. TRANSFER BY THE CORPORATION (AND ITS AFFILIATES IN AGGREGATE) DURING ANY FISCAL YEAR OF ASSETS EXCEEDING \$100,000 IN NET VALUE
- E. APPOINTMENT OF THE PRESIDENT/CEO OF THE CORPORATION AND THE APPOINTMENT, IF ANY, OF AN INTERIM PRESIDENT/CEO OF THE CORPORATION, EACH OF WHICH SHALL ALSO REQUIRE THE PRIOR APPROVAL OF THE CEO OF BAPTIST HEALTH CARE CORPORATION.
- F. THE SALE, LEASE, OR OTHER TRANSFER OF, OR THE ENTERING INTO OF ANY
  PARTNERSHIP, JOINT VENUTRE OR OTHER ARRANGEMENT INVOLVING 25% OR MORE, IN
  VALUE, OF THE CORPORATION'S ASSETS
- G. THE MERGER OF THE CORPORATION INTO ANOTHER ENTITY, OR OF ANOTHER ENTITY INTO THE CORPORATION, OR THE CONSOLIDATION OF THE CORPORATION AND ANY OTHER ENTITY
- H. THE LIQUIDATION OR DISSOLUTION OF THE CORPORATION
- I. THE SALE OR TRANSFER BY BAPTIST HEALTH CARE CORPORATION OF ITS

  MEMBERSHIP INTEREST IN, OR ANY OF ITS RIGHTS AS A MEMBER OF THE

  CORPORATION
- J. ANY AMENDMENT TO THE CORPORATION'S ARTICLES OF INCORPORATION
- K. ANY AMENDMENT TO THE TERMS OF THE AFFILIATION AGREEMENT BETWEEN THE

CORPORATION AND ITS SOLE MEMBER

FORM 990, PART VI, SECTION B, LINE 11

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S MANAGEMENT PERSONNEL HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED ELECTRONICALLY TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990 WITH THE IRS. ALL BOARD MEMBERS ARE INFORMED THAT A PAPER COPY OF THE FORM 990 IS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C

BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE COMPLETED AND SIGNED. THE CORRESPONDENCE INCLUDES A CONFLICTS OF INTEREST QUESTIONNAIRE. OFFICERS AND KEY STAFF ALSO RECEIVE AN ATTESTATION FORM THAT MUST BE SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15

THE COMPENSATION COMMITTEE OF THE ORGANIZATION'S BOARD UTILIZES

INDEPENDENT COMPENSATION STUDIES THAT REFLECT THE CURRENT MARKET VALUE OF

SPECIFIC KEY MANAGMENT POSITIONS AS BENCHMARK DATA. ALL COMPENSATION OF

KEY INDIVIDUALS MUST BE APPROVED BY THE COMPENSATION COMMITTEE.

Employer identification number 59-0737872

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE ANNUAL FINANCIAL STATEMENTS ON FILE IN THE ACCOUNTING AND ADMINISTRATION DEPARTMENTS. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5

CHANGE IN INTEREST IN BHCF'S NET ASSETS \$119,782

ATTACHMENT 1

#### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
MENTAL/CHILD HEALTH SERVICES	13,561,211.	13,561,211.		
CUSTODIAL SUBCONTRACTOR FEES	758,168.	758,168.		
FOOD SVCS SUBCONTRACTOR FEES	5,731,589.	5,731,589.		•
IT SVCS SUBCONTRACTOR FEES	43,613,356.	43,613,356.		
PHARMACEUTICAL SERVICES	3,030,829.	3,030,829.		
MEDICAL SERVICES	3,360,282.	3,360,282.		
PROFESSIONAL/ADMIN SERVICES	471,512.		471,512.	
TOTALS	70,526,947.	70,055,435.	471,512.	

59-0737872

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury

LAKEVIEW CENTER, INC.

Part

Complete If the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33

tructions.	
parate ins	
See se	

OMB No. 1545-0047 Open to Public 2013 Employer identification number Inspection

59-0737872

(f) Direct confrolling enlity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Fotal income (c)
Legal domicite (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded enity PartII 뒥 3 € ତ୍ର 9 න්

טווס כון וווסום משנים ומער	one or more related tax exemption garries adming the tax year.	ie tak year.						
(a) Name, address, and ElN of related organization	ekaled organization	(b) Primary activity	(c) Legal domicie (state or foreign country)	(d) Exempl Cade section	(e) Public charity stalus (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) confrolled entity?	2(b)(13)  led  ?
							Yes	Š
(1) SAPTIST HEALTH CARE CORPORATION	59-2425151							
1717 N E STREET	PENSACOLA, FL 32501	HEALTHCARE	FL	501 (C) (3)	110	N/A		×
(2) BAPTIST HEALTH CARE FOUNDATION	59-0192265							
1717 N E STREET	PENSACOLA, FL 32501	FUNDRAISING	FL	501 (C) (3)	7	BHC	×	
(3) BAPTIST HOSPITAL, INC.	59-0657322							
1000 WEST MORENO STREET	PENSACOLA, FL 32501	HEALTHCARE	Fī	501 (C) (3)	۳	BHC	×	
(4) CHRC HERNANDEZ HOUSE, INC.	59-2041794							
1221 WEST LAKEVIEW AVE	GACOLA,	LOW COST HOUS	FI	501(C)(3)	φ	ICI	×	
(5) ESCAMBIA COUNTY ALABAMA COMMUNITY HOSPIT	HOSPIT 63-1143638							İ
401 MEDICAL PARK DRIVE	ETMORE, AS 36502	HEALTHCARE	AL	501(C)(3)	÷.	BHC	×	
(6) JAY HOSPITAL, INC.	59-2425149							
14114 ALABAMA STREET	JAY, FL 32565	HEALTHCARE	FL	501 (C) (3)	c	BHC	×	
(7) LAKEVIEN PLACE, INC.	59-2804577							
1221 WEST LAKEVIEW AVE	FENSACOLA, FL 32501	LOW COST HOUS FL		501 (C) (3)	6	rcı	×	

For Paperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule R (Form 990) 2013

59-0737872

SCHEDULE R (Form 990)

Internal Revenue Service Name of the organization Department of the Treasury

LAKEVIEW CENTER, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 356, 36, or 37. Related Organizations and Unrelated Partnerships ➤ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.ks.gov/form990. ▶ See separate instructions.

Employer identification number

59-0737872

(3)	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.  (a) (a) (b) (b) (b) (c) (d) (a) (d) (a) (d) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nswered "Yes" on (b) Primary activity	Form 990, Part IV	, line 33. Total income	End-of-year assets	(f) Direct controlling entity
(e) (e)						
(6) Part	Hentification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	e organization ansv	vered "Yes" on Fo	rm 990, Part IV	line 34 because	it had

(8)	9	9	Ð	(e)	9	(c)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Ехенир	Public ( (if section	Direct controlling entity	Section 512(b)(13) controlled ently?
						Yes No
(1) LAKEVIEW VILLA, INC. 59-2842486						
1221 NEST LAKEVIEW AVE PENSACOLA, FL 32501	LOW COST HOUS FL	FL	501 (C) (3)	đ	ICI	×
INC.						
PEKSACOLA,	HEALTHCARE	FL	501 (C) (3)	6	BHC	×
(3) ANDREWS RESEARCH & EDUCATION INSTITUTE 26-3263612						
ULF BREESE	RESEARCH	FL	501(C)(3)	Φ	BHC	×
(4)						
(9)						
(9)						
						•
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2013

JSA 3E1307 1.000

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Schedule R (Form 990) 2013

Pari III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

[e]	3	12	3	3	4	3	3	r	=	ţ
Name, address, and EIN of	Primary activity	- 18 - 18	Direct controlling	Predominant	Share of total	Share of end-of-	(II) Dispropertor	Code V-UBI		ik) Percentage
related organization		(state or	entity	unrelated excluded from	income	year assets	Prodom?	of Schedule K-1	meraging partner?	ownership
		Sounds:		sections 512-514)		'		front line)		
				,			Yes	No	Yes No	
(1) BAPTIST HEDICAL FARK SURGERY C										
9400 UNIVERSITY FRMY	AMBULATORY SU	F1.	N/A	NONE .	0	0	×		×	
(2) ENDOSCOPY CENTER OF GULF BREEZ										
. 1116 GULF BREEZE FKMY	AMBULATORY SU	7.	BHI	NONE	ō.	0	×	0	×	
(3) PHYSICIANS LABORATORIES 59-687	,									
14 MEST JOADAN STREET, STE A	LABORATORY SE	FL	N/A	номе	. 0	0	×	0	×	
(4) ANDREWS INSTITUTE ASC. LLC 35-										
1040 GULF BAE228 PKWY	APBULATORY SU	FL	BHI	NONE	0	0	×	0	×	
(5)								""		
(6)										
<u>n</u>										
17 17 17 17 17 17 17 17 17 17 17 17 17 1		]  -	,					֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. PartIV

(a) Name, address, and ElN of related organization	(b) Primary activity	(C) Legal domicle	(d) Direct controlling	(e) Type of entity	(f) Share of fotal	(g) Share of	(h) Percent	Section
	,	(state or foreign country)	entity	(C corp, S corp, or trust)	ійсотв	end-of-year assets		512(b)(13) controlled entity?
								Yes No
(1) BAPTIST HEMITH VENTURES, INC.								
1717 MORTH E ST PENSACOLA, FL 32501	ADMINISTRATIV	FL	BBV	C CORP	0	0		><
(2) FENSACOLA FOR INC. 59-2462399								
1717 NORTH Z ST PENSECOLA, FL 32501	LEASING AGENT	FL	Bav	C CORP	0	0		· ×
(3) MOBILE DIAGNOSTICS, INC.								<u> </u>
1717 NORTH E ST PENSACOLA, PL 32501	MEDICAL SERVI	FL	BH7	C CORP	0	û		×
(4) NEDICAL PROFESSIONAL AGENCY, INC.				,				
1717 NORTH E ST PENSACOLA, FL 32501	MEDICAL SERVI	T.	ВНУ	C CORP	0	Ŷ.		×
(5) THE TOWERS PHANMACY, INC.								
1717 NORTH E ST PENSACOLA, FL 32501	RETAIL SALES	FL	эну	C CORP	0	0		×
(6) LANGHORNE CARDIOLOGY CONSULTANTS, INC. 59-2874324								
1717 NORTH R ST PENSACOLS, FL 32501	MEDICAL SERVI	FL	BHI	C CORP	0	0		×
47 LAKEVIEM ASSOCIATED ENTERPRISES-PRASE I								<u> </u>
1221 W LAKEVIEW AVE FENSACOLA, FL 32501	PRANCHISE ACT	FL	вну	C CORP	0	0		×
JSA 3E1306 1.000						Schedule R (Form 990) 2013	Form 99(	) 2013

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Page 2

Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(k) Percentage ownership									
(i) General or menaging partner?	No								Ν,
	Yes		,						Part
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)							-		on Form 990,
(h) Gumoxforat	ON								es. (
anting parting	Yes								<b>λ.</b> ρ
space of end-of- space of end-of-									zation answere e tax year.
(f) Share of total . income									te if the organiz trust during the
(e) Predominant income (related, unrelated, excluded from tax under tax under									in or Trust Comple as a corporation or
(d) Direct controlling entity									as a Corporationizations treated
(c) Legal domicile (state or foreign	200							•	<b>Taxable</b> ted organ
(b) Primary activity									ed Organizations one or more rela
(a) Name, address, and EIN of related organization									Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.
		5	(2)	(3)	(4)	(5)	<u>(ē)</u>	Œ	Part IV

					•			,
(a) Name, address, and ElN of related organization	(b) Primary activity	(C) Legal domicie	(d) Direct controlling	(e) Type of entity	(r) Share of total	Share of	Percen	Section Section
		(slate or foreign country)	entify	(C corp, S corp, or trust)	іпсотв	end-of-year assets		512(b)(13) controlled entity?
								Yes No
(1) LAKEVIEW ASSOCIATED ENTERPRISES-PHASE II								
	FRANCHISING	FĽ	BHF	C CORP	0	0		×
(2)								_
ı								
								_
								<u></u>
								_
(1)								
							• "	
ASA						Schedule R (Form 990) 2013	Form 990	) 2013

PAGE 57

Schedule R (Form 990) 2013

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Schedule R (Form 990) 2013 Method of determining žeš × ×  $\times$ Ä × × amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 19 Ξ 1, 15 4 9 무 16 ₽ 9 4 ÷ Loans or loan guarantees to or for related organization(s) Loans or Ioan guarantees by related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets from related organization(s) Sharing of paid employees with related organization(s). Purchase of assets from related organization(s). Sale of assets to related organization(s) FIN Š £₩V Reimbursement paid by related organization(s) for expenses 224,699. 866, 522. 132,472 Amount involved During the tax year, did the organization engage in any of the following fransactions with one or more related organizations listed in Parts II-IV? Reimbursement paid to related organization(s) for expenses Other transfer of cash or properly from related organization(s). Transaction type (a-s) 8 εĽ O <u>[43</u> Performance of services or membership or fundralsing solicitations for related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Name of refaled organization Gift, grant, or capital contribution to related organization(s) BAPTIST HEALTH CARE FOUNDATION, INC. BAPTIST HOSPITAL, INC. BAPTIST HOSPITAL, INC. JSA 3E13091.000 Ε æ Δ Έ \_ 0 ۵ 6 2 **1** (2) 4 0 ₹ 0 **(9)** 

STATION IN THE STATE OF THE STA

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or named that was not a related amonization. See instructions reparding evolution for partnership invastrated in a section of the conduction of the conducted and a section of the conducted an

(a) Name, address, and £IN of entary	(b) Primary sctivity	(e) Legal domicile (state or foreign country)	(d) Predominand income (related, unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	Oisprey eloca	(h) Disproyationale atocalions?	(f) Code V-UBI amount in box 20 of Schedule X-1	nued Nuew Busg D	(i) General or managing partner?	(k) Percentage ownership
				¥9£	ş			, es	£	description of	Yes	2	
(1)		-											
(2)													
(2)													
(4)													
} <u>}</u>												<u> </u>	
(9)					i "								
u													
(8)				<u> </u>									
(6)					<u></u>								
(10)	·												
{11}													
(12)				_									
(13)							į						
{14}							į						
(15)													
(16)												_	
JSA 3E1310 1.000										Sch	dule	(Form	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Page 5

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form <b>990-T</b>	E>	empt Organization) (and proxy ta		siness Income ider section 6033(		rn	OMB No. 1545-0687
	For cale	ndar year 2013 or other tax year begin	ning _	-10/01 , 2013, and endi	ng 09/30 2	014.	<u> ୬</u> ଲ <b>1 ୨</b>
Department of the Treasury Internal Revenue Service	. ▶ tn	See * formation about Form 990-T and not enter SSN numbers on this form	sepai its in	rate instructions. Istructions is available at w	ww.irs.gov/form9	90t.	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed				ame changed and see instruction		D Emp	501(ex3) Organizations Only ( Oyer identification number oyees' trust, see Instructions.)
B Exempt under section	1	LAKEVIEW CENTER, IN	^				
X 501(C X 3)	Print	Number, street, and room or suite no.		), box, see instructions.	<del>"</del>	59-0	737872
408(e) 220(e)	ОГ						lated business activity codes
408A 530(a)	1300	1221 W. LAKEVIEW AV	ENUE	E			nstructions,)
529(a)		City or town, state or province, countr					
C Book value of all assets	1	PENSACOLA, FL 32501	-183	3,6	i		
at end of year	F Gro	up exemption number (See Instruct	lons.)	<u></u>			
157,173,476.	G Che	ck organization type 🕨 X 501	(c) co	orporation 501(c	) trust	401(a)	trust Other trust
H Describe the organiz	zation's p	rimary unrelated business activity.	<u> </u>	ATTACHM	ENT 1		
I During the tax year,	was the	corporation a subsidiary in an affil	ated (	group or a parent-subsidiary o	controlled group?		Yes X No
		identifying number of the parent co	porat				
		M. ALLISON HILL		Telephor	e number 🕨 8	50-46	9-3620
		or Business Income		(A) Income	(B) Expen	868	(C) Net
1 a Gross receipts or :	səles <u> </u>	<u>-</u> I					
b Less returns and allows		c Balance					
		ule A, line 7)	2				
		2 from line 1c	3				
. •	,	ttach Form 8949 and Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b		<u></u>		
		rusts	4c		<u> </u>		
· ·		os and S corporations (attach statement)	5 6				
		come (Schedule E)	7		<u> </u>	_	
		its from controlled organizations (Schedule F)	8				
		1(c)(7), (9), or (17) organization (Schedule G)					
		ncome (Schedule I)	10				
		lule J)	11		111.11		-
		tions; attach schedule.)	12				
		ough 12	13	0			
Part II Deduction	ns Not	Taken Elsewhere (See insti	uctio	ons for limitations on d	eductions.) (E	xcept i	for contributions.
		be directly connected with t				•	
14 Compensation of	officers,	directors, and trustees (Schedule K)				. 14	
		<i></i>					
17 Bad debts						. 17	
18 Interest (attach so	:hedule)			• • • • • • • • • • • •		. 18	
19 Taxes and license	8			• • • • • • • • • • • •		. 19	
<ul><li>20 Charitable contrib</li><li>21 Depreciation (atta</li></ul>	outions (t	See instructions for limitation rules.)				. 20	
22 Less depreciation	ich Form	4562), on Schedule A and elsewhere on re	• • •	21		<del></del>	
						22b	
24 Contributions to c	oferradi	compensation plans				. 23	
25 Employee benefit	ococcame				. <i></i>	24	
26 Excess exempt ex	penses (S	Schedule I)				25	
27 Excess readership	costs (S	chedule J)			<b></b>	20	
28 Other deductions	(attach s	chedule)	· · ·			28	
29 Total deductions.	Add line	s 14 through 28				29	
		le income before net operating					
		on (limited to the amount on line 30					
32 Unrelated busines	ss taxable	income before specific deduction	, Şub	tract line 31 from line 30		. 32	
		ally \$1,000, but see line 33 instruc					
		ble Income. Subtract line 33 fr	om li	ne 32. If line 33 is grea	ter than line 32	2.	
anter the ameller (	of zoro or	line 30				1	Λ.

Par		Tax Computation					
35	Organ	zations Taxable as Corpoi	rations. Se <u>e i</u> nstructio	ns for tax comput	tation. Controlled gr	roup	
	_	rs (sections 1561 and 1563) che			_		
		our share of the \$50,000, \$25,			kets (in that order):	1 1	
	(1) \$	(2) \$		(3) \$			
		rganization's share of: (1) Additiona			\$		
	(2) Add	itional 3% tax (not more than \$100	,000)		\$	<b>─</b> ─}	
c	Income	tax on the amount on line 34				. ▶ 35c	
36	Trusts	Taxable at Trust Rates.		for tax computa	tion. Income tax		
	the ame	ount on line 34 from: Tax rate	e schedule or So	chedule D (Form 104)	1)	▶ 36	
37	Proxy t	ax. See instructions					
38	Alterna	tive minimum tax				38	
39	Total. A	dd lines 37 and 38 to line 35c or 3	36, whichever applies	<u> </u>		39	
Pari	t IV	Tax and Payments					
40 a	Foreign	tax credit (corporations attach Fo	rm 1118; trusts attach For	m 1116) 4	0a		
b	Other c	redits (see instructions)			0Ь		
c	Genera	l business credit. Attach Form 380	0 (see instructions)	4	0c		
d	Credit f	or prior year minimum tax (attach	Form 8801 or 8827),	40	0d		
•	Total c	redits. Add lines 40a through 40d				400	
41	Subtrac	t line 40e from <u>line 39 </u>				41	11111
42	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8	8897 Form 8866	Other (attach sched	ule) . 42	
43	Total ta	x. Add lines 41 and 42				43	0
44 a	Paymer	nts: A 2012 overpayment credited	to 2013	<u>4</u> .	4a		
ь	2013 e	stimated tax payments , ,		<u>4</u> 4	4b		
c	Tax dep	osited with Form 8868,		<u>4</u> ,	4c		
đ	Foreign	organizations: Tax paid or withhel	d at source (see Instruction	ns) <u>4</u> 4	4d		
		withholding (see instructions)					
		or small employer health insurance			4f		
9	Other o	redits and payments:	Form 2439				
		orm 4136					
		ayments. Add lines 44a through 44					
		ed tax penalty (see instructions). C					
		e. If line 45 is less than the total of					
48	Overpa	yment. If line 45 is larger than the	total of lines 43 and 46,	enter amount overpaid			
		e amount of line 48 you want: Credited			Refunde	7.0	
Par		Statements Regarding (					
		time during the 2013 calendar yea					
		t (bank, securities, or other) in a fore			to file Form TD F 90-2	22.1, Report of	
		d Financial Accounts. If YES, enter					<del>X</del>
2	n vec .	the tax year, did the organization r	eceive a distribution from	, or was it the granto	er of, or transferor to, a	foreign trust?	X
		see instructions for other forms the ne amount of tax-exempt interest re			• '		
		A - Cost of Goods Sold.					
		ry at beginning of year 1	Eurer illeggod of linveir		d of year	6	
	Purchas	· • • · · ·			d of year ds sold. Subtract		
		labor 3	<u> </u>	_	5. Enter here and	·	
		al section 263A costs	""				
		schedule) 4a	"	8 Do the rules	of section 263A	(with resn	ect to Yes No
			:		duced or acquired		
		dd lines 1 through 4b . 5			tion?		
	Under	penalties of perjury, I declare that I have	examined this return, including	accompanying schedules	and statements, and to the	best of my know	edge and belief, it is true,
Sign	Correc	t, and complete. Declaration of preparer (other	r man taxpayer) is based on all Info	ormation of which preparer i	nas any knowledge.	Mary sky in	S discuss this return
Here				•		with the p	reparer shown below
	Şign	ature of officer	Date	Title		(see instruction	s)? X Yes No
D=1.4		Print/Type preparer's name	Preparer's sig	phature	Date	Check if	PTIN
Paid		MICHAEL J ENGLE				self-employed	P00482834
Prep.		Firm's name 🕨 BKD, LLP		•			14-0160260
	Jy	Firm's address > 1201 WALNU				Phone no.	316 221-6300
		KANSĀS CIT	Y, MO 64106-22	46			Form <b>990-T</b> (2013)

•	LAKEVIEW CENTER, INC. 59-073787.						737872	
Form 990-T (2013)								Page (
Schedule C - Rent Income (see instructions)	(From Real Prop	perty ar	nd Personal Prope	erty	Leased Wi	th Real Prope	rty)	
1. Description of property								
(1)								
(2)			MIT III					
(3)	,							
(4)								
(-)	2. Rent received	or accrue	vd					
(a) From personal property (if the for personal property is more th more than 50%)	percentage of rent an 10% but not	(b) Fr	rom real and personal pro age of rent for personal pro if the rent is based on pro	perty	exceeds			nnected with the Income ) (attach schedule)
(1)	- "							
(2)							•	
(3)					<del> </del>			
(4)								
Total (c) Total income. Add totals of co	olumns 2(a) and 2(b).		<u> </u>			(b) Total deduction	n page 1,	
here and on page 1, Part I, line 6						Part I, line 6, colu	mn (B) 🕨	·
Schedule E - Unrelated De	ebt-Financed Inco	ome (se	e instructions)					
A Barratakan ak dah			2. Gross income from		3. De	ductions directly co debt-finan		
1. Description of deb	ot-financed property		allocable to debt-finance property	ect		line depreciation schedule)		Other deductions attach schedule)
(1)								
(2)								
(3)	1							
(4)								
A. Amount of average     acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted of or allocable t debt-financed prop (attach schedule	oerty				income reportable (column 6 x total of column		n 6 x total of columns
(1)	•			%				
(2)				%				
(3)				%				
(4)				%				
Totals	;			•	Enter here a Part I, line	and on page 1, 7, column (A).	Enter h Part I,	ere and on page 1, line 7, column (B).
Total dividends-received deducti	ions included in colum	nn 8						
Schedule F - Interest, Ann			ents From Contro	lled	Organizati		ctions)	
			empt Controlled Org					
Name of controlled organization	2. Employer Identification numbe	<sub>er</sub> 3	. Net unrelated Income loss) (see instructions)	4. T	otal of specified lyments made	5. Part of column included in the organization's gro	ontrolling	6. Deductions directly connected with income in column 5
(1)	<u> </u>							
(2)	••••							
(1) (2) (3)		<del>-   -</del>		$\vdash$				
				-				1
(4)								1
Nonexempt Controlled Organ	nzations				""		1 -	
7. Taxable Income	8. Net unrelated ind (loss) (see instructi		<ol> <li>Total of specific payments made</li> </ol>		Include	t of column 9 that is ed in the controlling ation's gross income	ÇQI	Deductions directly     nected with income in     column 10
(1)	"" •							
(2)								
(3)								
(4)					1			
					Enter	columns 5 and 10, nere and on page 1, line 8, column (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).

Form 990-T (2013)

Schedule G - Investment II	Come of a Sec	<u> </u>	3. Deductions			5. Total deductions
1. Description of income	2. Amount o	f income	directly connected (attach schedule)		et-asides o schedule)	and set-asides (col. 3 plus col. 4)
(1)			m			
(2)						
(3)						
(4)						
•	Enter here and Part I, line 9, c	on page 1, olumn (A).				Enter here and on page 1 Part I, line 9, column (B).
Totals					1	
Schedule I - Exploited Exe	empt Activity In	come. Other Th	an Advertising Ir	come (see instr	uctions)	
			4. Net income	1		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	(loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross Income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	<u> </u>					
(2)						
(3)	!					
(4)						
3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Enter here and on page 1, Part i, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			<u> </u>	Enter here and on page 1, Part II, line 26.
Totals						· ·
Schedule J - Advertising in						
Part I Income From Per	iodicals Report	ted on a Consoi	idated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	S. Circulation Income	6. Readership coets	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)			1			
(3)		•	1			7
(4)	•				-	┪
			ì		<del> </del> -	
Totals (carry to Part II, line (5))	.]				Ì	İ
Part II Income From Pe 2 through 7 on a I	riodicals Repor ine-by-line basis	rted on a Sepa	rate Basis (For	each periodical	listed in Part	II, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7,	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		•		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(2)	· · · · ·		***			
(3)					<del>                                     </del>	
(4)						-
Totals from Part I	<del>-</del>			<u> </u>	1	_
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers D	irectors and T	ru <b>stees</b> (see instri	uctions)		1
1, Name	<u></u>	1000013, 4110	2. Title	3. Percent o time devoted business	.   4. Compa	nsation attributable to elated business
(1) ATCH 2	<del></del>			53001003	%	•
(2)		+				
(3)	<u> </u>		····		%	
(4)	<del>-</del>		****		<u>%</u>	
	net II. Dec. 4.4				<u>%</u>	
Total. Enter here and on page 1, P	arcii, iine 14, ,			<del> </del>	<u>, 🏲  </u>	Earn 000-T (2012)

#### ATTACHMENT 1

#### ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

#### ATTACHMENT 2

#### SCHO, K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION_
MOLLYE BAROWS 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
CHARLES BEALL, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER/SECRETARY		0
MICHAEL BODENHAUSEN 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER .	0	. 0
VINCE CURRIE 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER/TREASURER	O	O
DAVID BEAR 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
FRED DONOVAN, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
REV. DR. HUGH HAMILTON, III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER/VICE CHAIR		C
KEVIN HOFFMAN, PH.D 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	. 0
LIAS IHNS 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
DALE JORDAN 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
7262HN K922	v 13-7.15		PAGE 66

ATTACHMENT 2 (CONT'D)

#### SCHO. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	<u>TITLE</u>	Business <u>Percent</u>	COMPENSATION
DAVID MAYO, JR. 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	. 0
RUTH MCKINON 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
STEPHANIE M. POWELL 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	. 0
DAVID STAFFORD 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER	0	0
JARL T. "JT" YOUNG 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	MEMBER/CHAIRMAN	0	0
GARY L. BEMBRY 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	PRESIDENT/CEO	0	0
RICHARD J. GILMARTIN 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT		0
DENNIS GOODSPEED 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0
MARY A. HILL 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT/COO		. 0
SANDRA WHITAKER 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	. 0
7262HN K922	v 13-7.15		PAGE 67

ATTACHMENT 2 (CONT'D)

#### SCHD. K. FORM 990-T. COMPENSATION OF OFFICERS. DIRECTORS. & TRUSTEES

NAME AND ADDRESS	TITLE	Business <u>Percent</u>	COMPENSATION
BURTON E. WILLIAMS III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT/COO LAE, INC		O
TOTAL COMPENSATION			0



# Fiscal Year 2015-2016 ESCAMBIA COUNTY AGENCY REQUEST FORM

All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

90Works - Northwest Florida Comprehensive S

Agency Address:

115 Gregory Square Pensacola, FL 32502

Program Name:

Child Protection Team (CPT)

**Program Contact:** 

Kirsten Bucey

Contact Email:

kirsten.bucey@flhealth.gov

Contact Phone:

850-595-5810

#### 25-Word Description of Program:

The Child Protection Team (CPT) is a medically led multidisciplinary team that provides expert diagnosis of abuse or neglect for the four county region to include Escambia, Santa Rosa, Okaloosa and Walton Counties.

Amount Requested:

140,000.00

Amount Received Last Year, if applicable:

70,000.00



#### Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

CPT has been receiving \$70,000 annually to offset the cost of Forensic Medical Examinations in accordance with Florida Statute, Chapter 39.304 (5) which requires the County to bear the cost of examinations for alleged victims of abuse and neglect. The estimated cost is \$250/exam. The \$70,000 was enough funding to cover approx. 280 exams; however, over 600 exams will be performed in Esc Cty for the current FY. Medical diagnosis of abuse has a significant impact on case outcomes and on the ability of investigative entities such as The Department of Children and Families (DCF) and Law Enforcement to keep the children in our community safe and hold perpetrators accountable. The work of The Child Protection Team has played a critical role in increasing the prosecution rate of child victim cases to over 98%.

#### Briefly discuss how the funding you are currently requesting will be used.

As noted above, CPT will perform over 600 Forensic Medical Exams on alleged victims of physical and sexual abuse in Escambia County this 2014/2015 Fiscal Year. This is a 114% increase since CPT initially started receiving County Funding back in 2008.

# If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Insufficient funding will result in CPT's inability to meet the current demand in the community for forensic services. CPT will have to vet out which cases will benefit most from services and decline other referrals that do not meet mandatory referral criteria in accordance with Florida Statute 39.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Not being used as match.

#### Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

#### 1. Identification and Intervention:

The Child Protection Team was established based on the recognition that certain cases of alleged child abuse and neglect required specialized medical resources due to the egregiousness of the allegations. In 1999, the legislature established mandatory criteria for the referral of cases from The Department of Children and Families to the Child Protection Teams for forensic services. Section 39.303, Florida Statutes, outlines the criteria used to determine which cases are considered to be the highest risk that would benefit from CPT services. The goal is for the medical diagnosis of abuse and neglect to aid the investigative entities in taking the action required to intervene and ultimately reduce the number of child deaths associated with child abuse and neglect. Medical diagnosis and evidence based services provide the foundation for successful prosecution rates for child victim crimes. Additionally, objective medical diagnosis is effective in preventing falsely holding innocent people accountable for abuse that they did not commit.

#### 2. Prevention:

Education is the foundation of any prevention effort. Prevention of child abuse and neglect is promoted through consultation with other agencies, training of professionals and educating the public.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three,

For example, "number of families successfully transitioned into permanent housing and stabilized for 6



months utilizing County funding."

1. The Child Protection Team will provide services in a minimum of 85% of the cases that meet criteria for referral by The Department of Children and Families as outlined in Statute 39.303 for the purposes of identification and intervention.

2. In addition to providing services to DCF on cases that meet mandatory referral criteria, CPT will provide forensic services to alleged victims of abuse that are managed by Law Enforcement and do not

involve The Department of Children and Families.

3. The Child Protection Team will provide a minimum of 12 trainings annually through formal community presentations in addition to ongoing consultation within the medical community and expert court testimony for the purposes of prevention.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

1. In the 2013-2014 FY, The Child Protection Team provided services in 82% of the cases that met mandatory referral criteria by The Department of Children and Families.

2. In the 2013-2014 FY, The Child Protection Team provided services in 60 Escambia County cases to

Law Enforcement that did not involve The Department of Children and Families.

3. In the 2013-2014 FY, The Child Protection Team provided 12 trainings in the community about recognizing and reporting child abuse. CPT employees testified in court a total of 59 times in Escambia County Cases.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### Income

<u>income</u>	Most Recently Completed Budget Year	Çurrent Budget Year	Proposed Budget Year
Contributions from Private Sources	1,500.00	0.00	0.00
Programmatic Income	163,272.00	142,921.00	142,921.00
County Funding	171,195.00	166,890.00	236,890.00
City Funding	0.00	0.00	0.00
State Funding	787,073.00	775,280.00	775,280.00
Federal Funding	393,878.00	483,898.00	483,898.00
Memberships	0.00	0.00	0.00
Investment Income	0.00	0.00	0.00
Other Income	0.00	0.00	0.00
Total Income	1,516,918.00	1,568,989.00	1,638,989.00



<u>Expenses</u>		_	Proposed
	Most Recenti Completed Bud	y Current dget Year Budget Yo	
Total Staffing	13,453.00	931,511.00	953,565.00
Salaries and Wages	782,764.00	798,238.00	817,137.00
Employee Benefits	130,689.00	133,273.00	136,428.00
Professional Services	195,373.00	249,299.00	284,545.00
Contractual Services	98,977.00	96,356.00	96,356.00
Travel Expenses	24,660.00	34,334.00	36,334.00
Rentals and Leases	38,498.00	48,555.00	48,555.00
Communication	15,824.00	15,669.00	15,669.00
Postage and Freight	512.00	742.00	742.00
Repair and Maintenance	0.00	1,500.00	1,500.00
Printing and Binding	9,341.00	8,850.00	8,850.00
Marketing and Promotion	0.00	0.00	0.00
Fuel	165,544.00	166,951.00	177,651.00



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	45,245.00	15,222.00	15,222.00
Capitalizable Assets	0.00	0.00	0.00
Total Expenses	1,507,427.00	1,568,989.00	1,638,989.00
Net Income	9,491.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

#### None

Note:

1) We used the Fuel expense line to represent Other Expenses for which there wasn't a line.

2) We have provided our 2012 & 2013 tax returns. Since our fiscal year is June, our 2014 tax return is not available/due until March 2016.

# Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2013, or fiscal year beginning JUL 1 , 2013, and ending JUN 3

, 2013, and ending	JUN	30	.20 14

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	1		
	Information about Form 8879-EO and its instructions is at www.irs.gov	/form8879eo	
Name of exempt organization		Employer	r identification number
NORTHWEST FLO	ORIDA COMPREHENSIVE		
	CHILDREN, INC.	59-2	299573
Name and title of officer			
CATE JORDAN			
EXECUTIVE DIR	RECTOR		
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or 5	um for which you are using this Form 8879-EO and enter the applicable amount, if <b>5a</b> , below, and the amount on that line for the return being filed with this form was blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable.	s blank, then leave pplicable line belo	line <b>1b, 2b, 3b, 4b,</b> or 5b, ow. <b>Do not</b> complete more
1a Form 990 check here		1b	5,493,071.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check	k here 🕨 🔛 b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check h		ne 5) 4b	
5a Form 8868 check here	re 🕨 📖 🔻 <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Bank V. T. Bankana	Ai		
	tion and Signature Authorization of Officer  y, I declare that I am an officer of the above organization and that I have examined		
the date of any votional it.	applicable Louthorize the U.S. Transum and its designated Cinemais! Asset to init	into an alastracia	funda withdrawal (direct
debit) entry to the financial return, and the financial in 1-888-353-4537 no later to processing of the electron payment. I have selected	applicable, I authorize the U.S. Treasury and its designated Financial Agent to initial institution account indicated in the tax preparation software for payment of the institution to debit the entry to this account. To revoke a payment, I must contact than 2 business days prior to the payment (settlement) date. I also authorize the finic payment of taxes to receive confidential information necessary to answer inquit a personal identification number (PIN) as my signature for the organization's election electronic funds withdrawal.	organization's fed the U.S. Treasury nancial institutions iries and resolve is	deral taxes owed on this Financial Agent at s involved in the ssues related to the
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#### EXTENSION GRANTED TILL 02/15/2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990 tax year beginning. JUL 1, 2013 and ending. JUN 30, 2014

A F	or the	2013 calendar year, or tax year beginning J	JL 1, 2013 and	d ending	UN 30, 201	4
	heck if	C Name of organization				tification number
_ a		MONTUMEDI LIONIDA COME				
$\sqsubseteq$	Addre	SERVICES FOR CHILDREN,	INC.			
	Name chang Initial			1_		<u>-22</u> 99573
E	return Termin	Number and street (or P.O. box if mail is not delife 422 NORTH BAYLEN STREET		Room/suite		iber 5-909-6757
	Amend return	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	5,514,573.
	Application	PENSACOLA, FL 32501			H(a) Is this a grou	p return
	pendir	F Name and address of principal officer: CATI	E JORDAN	"	for subordina	
		SAME AS C ABOVE			<b>-</b>	es included? Yes No
<u> </u>	ax-exe		(insert no.) 4947(a)(1	) or 527	4	h a list. (see instructions)
		e: HTTP://WWW.90WORKS.ORG			H(c) Group exemp	
			sociation Other -	j L Year	of formation: 1983	M State of legal domicile; FL
Pi	art I	Summary	· · · · · · · · · · · · · · · · · · ·	T) NECTO	e poetrann	ON
6	1	Briefly describe the organization's mission or most	significant activities: CHII	ID ABOS	SE PREVENTI	LON
Activities & Governance	2	Check this box 🕨 🔲 if the organization discon			the OER of its an	h
Ř		Number of voting members of the governing body			1	al 9
હ		Number of independent voting members of the governing body to			·····	4 9
త		Total number of individuals employed in calendar y				5 65
ië.		Total number of volunteers (estimate if necessary)				6 20
흕	7 a	Total unrelated business revenue from Part VIII, col	lumn (C), line 12			7a 0.
⋖		Net unrelated business taxable income from Form				7b 0+
	١.				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			4,617,782	
뎚					232,398	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			1,370	
<b>—</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			11,852	
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		4,863,402	
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		518,408	691,602.
	14	Benefits paid to or for members (Part IX, column (A	), line 4)			0.
es		Salaries, other compensation, employee benefits (F			3,124,737	
Expenses		Professional fundraising fees (Part IX, column (A), li			(	<u> </u>
×		Total fundraising expenses (Part IX, column (D), Ilne			A CONTRACTOR OF THE PROPERTY O	, ,
щ		Other expenses (Part IX, column (A), lines 11a-11d,			996,880	
		Total expenses. Add lines 13-17 (must equal Part I)			4,640,025	
_ 9	19	Revenue less expenses. Subtract line 18 from line	12		223,37	
ts or	۱			Ве	ginning of Current Ye	ar End of Year
靎	20	Total assets (Part X, line 16)			1,664,989 348,443	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	E 00		1,316,546	
ΠÌ:	art II	Signature Block	line 20		T, 310, 340	7.1 1,430,921.
_		Ities of perjury, I declare that I have examined this return,	including accompanying schedu	les and statem	ents, and to the best of	f my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office			-	1 1117 11110 1110 1110 1110 1110 1110 1
				· ·	1	
Sign	n	Signature of officer			Date	
Her		■ CATE JORDAN, EXECUTIVE	DIRECTOR			<u></u>
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid						ployed P00447936
	рагег	Firm's name LCARR, RIGGS & INC			Firm's EIN	72-1396621
Use	Only	Firm's address 500 GRAND BOULEV				(000) 000 000
		MIRAMAR BEACH, F			Phone no.	(850) 837-3141
B 4	tha II	2¢ discuss this rature with the preparer shows abo	······································			X Yes No

Page 2 Part III | Statement of Program Service Accomplishments [X]Check if Schedule O contains a response or note to any line in this Part III ..... Briefly describe the organization's mission: NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC. D/B/A 90 WORKS (90 WORKS) WAS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA IN 1983. ITS PRIMARY PURPOSE IS TO PROVIDE SERVICES AND EDUCATION FOR ABUSED AND NEGLECTED CHILDREN AND Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 648,487. including grants of \$ 45.) (Revenue \$ ) (Expenses \$ (Code: TO DIAGNOSE CHILD ABUSE VIA FORENSIC, PHYSICAL, AND SEXUAL EXAMINATIONS IN ESCAMBIA, SANTA ROSA, OKALOOSA, AND WALTON COUNTIES. 1,169,845. Including grants of \$ 74,552.) (Revenue \$ 5,653. ) (Expenses \$ (Code TO PROVIDE FAMILY SUPPORT SERVICES IN SANTA ROSA COUNTY WHERE CHILDREN ARE AT RISK OF ABUSE. 2,468,668. including grants of \$ 262,100.) (Revenue \$ 137,680. ) (Expenses \$ TO PROVIDE CHILD ABUSE PREVENTION SERVICES TO PREGNANT WOMEN AND CHILDREN UP TO THE AGE OF FIVE IN ESCAMBIA AND OKALOOSA COUNTIES. Other program services (Describe in Schedule O.) 1,056,308. including grants of \$ 354,905.) (Revenue \$

5,343,308.

Total program service expenses

4e

Form 990 (2013) SERVICES FOR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		x
_	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quesi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
۰	Did the organization report en amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	11e		X
, f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the 'tax year? If "Yes," complete	12a	х	
b	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		<b>,</b>	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	<del> </del>	X
16	Did the organization report on Part fX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	<sub>V</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	$\vdash$	<u>  x                                   </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		Г	
	complete Schedule G, Part III	19_		X
20a	the second state of the se	20a		X
	If "Yes" to line 20a, dld the organization attach a copy of its audited financial statements to this return?	20b		<u>l</u> .

Form	990 (2013) SERVICES FOR CHILDREN, INC. 59-2299	<u> 573</u>	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)	—т		
		<del></del>	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<del></del>		<del></del> -
22	Did the organization report more than \$5,000 of grants or other assistance to Individuals in the United States on Part IX,	22	х	ł
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		X
	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
		248		ж
	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ь	Did the organization invest any proceeds of tax-exampt borious beyond a company procedure of the period of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	$\Box$		
¢	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
zoa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	<u> </u>
· .	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	f		
·	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	[ ]		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			<u> </u>
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 .		
	instructions for applicable filing thresholds, conditions, and exceptions):			x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		$\frac{x}{x}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	<del>                                     </del>	<del>                                     </del>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X	<del> </del>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	100		+
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	<del>"</del>		<del>                                     </del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		┼──
32	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		T	$\top$
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	l	X
34	A STATE OF THE PART IN A STATE OF THE PART IN			T
34	Part V, line 1	34		X
35	Dld the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
-	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	1_	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	Ì	l	1.5
	If "Yes." complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	₩
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-  -	+x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	Į.	) x	
	Note. All Form 990 filers are required to complete Schedule O	38	_	0 (001.0

Form 990 (2013) SERVICES FOR CHILDREN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					ليبيا
		1	1 100		Yes	No
ta	•	<u>1a</u>	108		'	
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	<u>1b</u>	<u> </u>			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	-	ible gaming			
_	(gambling) winnings to prize winners?	 i	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		65			
	filed for the calendar year ending with or within the year covered by this return	2a			·	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	,		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction:	\$) ,	***************************************			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	_		v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	40		<u> </u>
D	If "Yes," enter the name of the foreign country:	<b>A</b>				. :
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	_		 V
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		$\frac{x}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction (IV) Taxable 2000 TO			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
69	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	_				x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions o	r gms			
-	were not tax deductible?		***************************************	6b		
7_	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nacee r	rouided to the navor?	7-	ĺ	x
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	i vices ț	novided to the payor (	7a		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		e allament	7b		
•	to file Form 8282?	40 100	allea	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		±1?	7e	·	X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
Q.	If the organization received a contribution of qualified intellectual property, did the organization file F		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 49667			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		. •		
11	Section 501(c)(12) organizations, Enter:					
A	Gross income from members or shareholders	11a			1.	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			india.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		· · ·		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			·		
8	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				70 1	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b				٠.
	Enter the amount of reserves on hand	13c			<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo Yes 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ...... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 76 persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's malling address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Х 10a Dld the organization have local chapters, branches, or affliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Dld the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Upon request X Another's website ☐ Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CATE JORDAN, EXECUTIVE DIRECTOR - 855-909-6757

422 NORTH BAYLEN STREET, PENSACOLA,

# Form 990 (2013) SERVICES FOR CHILDREN, INC. 59-23 [Part VII] Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

I Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	<u>,, , , , , , , , , , , , , , , , , , ,</u>			(D)	(E)	(F)
Name and Title	Average	l	!	Posi	tion	than -		Reportable	Reportable	Estimated
IANITIA NICO LICIA	hours per	box.	unte:	95 Den	rsan i	is bot	h an	compensation	compensation	amount of
	week	offic	gr an	d a di	recto	x/trua	tee)	from	from related	other
	(list any	喜				İ		the	organizations	compensation
	hours for	кġ	_			≅	ļ	organization	(W-2/1099-MISC)	from the
	related	<b>3</b>	HSD.		.,	ž.		(W-2/1099-MISC)		organization and related
	organizations	롩	P. See		er ok	2 8				organizations
	below	Individual Dustee er dinuctor	Institutional trustal	Обка	жайорі шейау	Highest care jess saled employee	Former			Organización is
	line) 2.00	트_	Ĕ	25	3	프죠	æ			
(1) ANGELA MILLS	4.00	x		x		ļ		0.	0.	0.
PRESIDENT	2.00	≏	$\vdash$			<del>  -</del>	<del>                                     </del>			
(2) DEBBIE ROBERTSON	2.00	X	1	x				l 0.	٥.	٥.
VICE-PRESIDENT	2.00	<del>  ^</del>	Ь.	^	⊢	╁	╁	<u> </u>	-	
(3) TERRY NEUSTAEDTER	2.00	x	ļ	X			1	l o.	· 0.	0.
SECRETARY	2.00	12	⊢	Ĥ	₩	┼╌	$\vdash$	<del> </del>		
(4) JUSTIN GATES	2.00	x		x		1		0.	1 0.	0.
TREASURER (5) MARK CHURCHWELL	2.00	<del>  ^</del>	<del> </del>	22	┢	┿	╁			""
• •	2.00	$\mathbf{x}$			1	-		0.	0.	0.
MEMBER (6) STEVE BAKER	2.00	<del>  ^</del>		$\vdash$	$\vdash$	╁	$\vdash$			
MEMBER	2.00	$ _{\mathbf{x}}$	1	]				0.	l 0.	0.
(7) RP DOYLE	2.00	┿	<del> </del>	一	╁	+	$\vdash$			<u> </u>
MEMBER		$\mathbf{x}$	ļ	١			1	0.	0.	0.
(8) CHRIS RAWSON	2.00	<del> </del>	T	$\vdash$	†	┼	T			
MEMBER		۱x				1	1	0.	0.	0
(9) PAUL SILIVOS	2.00	$\top$			Τ	Τ	Τ	" "		
MEMBER		1x				ļ		0.	0.	0.
(10) CATE JORDAN	40.00		Т	П	Т		П		1	
EXECUTIVE DIRECTOR		1_		X	L	丄	$\perp$	94,846.	0.	0.
(11) JEANETTE POLOSKI	40.00	Г							_	. 0.
CHIEF FINANCIAL OFFICER		$\perp$	$\perp$	X	丄	丄	┸	74,090.	. 0.	
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	<b>—</b>	┨			1	ļ				<u> </u>
			_	_	_					Form <b>990</b> (2013)

Form 990 (2013)

rt VII Section A. Officers, Directors, T (A) Name and title	(B) Average hours per week	(do no	(	C) sition : more erson i	than o	ne an	Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee on director	INSTRUCTORIE UTESTE Officer	Key employet	Hobest compensated employee	femir	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
									<del> </del>
			_					<u> </u>	
				<u> </u>	<u> </u>	_			
				$\perp$					
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					_	<u> </u>			
				<u> </u>		<u> </u>	168,936		0.
b Sub-total c Total from continuation sheets to P	art VII. Section A					<b>*</b>	0		0. 0.
							168,936	<u> </u>	0. 0
2 Total number of individuals (including compensation from the organization	but not limited to 1	hosė	listed	abo	ve) w	ho r	eceived more than \$10	JU,UUU of reportable	Yes No
Did the organization list any former or tine 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is:	ficer, director, or t	t/						,,,,,	3 X
and the second s	・ きょこへ ひひかつ げ ツタ	e • ~n	mnia	10 SC	neat	lie J	tor suçn maividuai		1 ==
and related organizations greater than  Did any person listed on line 1a received  rendered to the organization? If "Yes,	re or accrue comp " complete Sched	ensat ule J	ion fr for su	om a ch pe	ny ur erson	reia	ted organization or inc	IVICIDAL TO SOLVICOS	5 X
Section B. Independent Contractors  1 Complete this table for your five high	est compensated i	ndep	ende:	nt cor	ntrac	tors	that received more that	an \$100,000 of comp	pensation from
the organization. Report compensation	on for the calendar	year	<u>endir</u>	ig wit	th or	w <u>ith</u>	In the organization's ta	x year.	(C)
	A) siness address	_N	ONE	<u>.                                    </u>			Description of	f services	Compensation
							<u> </u>		<u>.</u>
					_				
									<u> </u>
						_			<del></del>
2 Total number of independent contra	store finale office la	+	limita	d to t	those s	a liset	ed above) who receive	d more than	
2 Total number of independent contra \$100,000 of compensation from the	ctors (moluding bu	, , , I,JL		·	, O				Form <b>990</b> (201

Form 990 (2013) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under (B) Unrelated Related or Total revenue business sections 512 - 514 exempt function revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues 10 c Fundraising events ..... 10 d Related organizations 5,104,161e Government grants (contributions) All other contributions, gifts, grants, and 131,298 similar amounts not included above ..... 111,446. g Noncash contributions included in lines 1a-1f; \$ 235,459 Total. Add lines 1a-1f Business Code 267,894 267,894 THIRD-PARTY REIMBURSEM 624100 All other program service revenue 267,894. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,865 1,865. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal (i)\_Real 3,600. 6 a Gross rents ..... <u>o.</u> b Less: rental expenses ........ 3.600. 3,600 c Rental Income or (loss) ...... 3,600 d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 224 assets other than inventory b Less: cost or other basis 21,502 0 and sales expenses 21,502 -21.278 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 ...... b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ,..... b Less: cost of goods sold ...... c Net income or (loss) from sales of inventory Bu<u>siness Code</u> Miscellaneous Revenue 531 5,531 900099 MISC. REVENUE ь All other revenue ..... Total, Add lines 11a-11d 257,612 5,493,071 Form **990** (2013) Total revenue. See instructions.

Form 990 (2013) SERVICES FOR C Part IX Statement of Functional Expenses

ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response	or note to any line in a	is Part IX	(C)	(D)
not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and				<u> </u>
organizations in the United States. See Part IV, line 21				
Grants and other assistance to individuals in	691,602.	691,602.	and the second second	Maria Land
the United States. See Part (V, line 22				
Grants and other assistance to governments,		Ì		Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de
organizations, and individuals outside the				Secretary and the second
United States, See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,	192,024.		192,024.	
trustees, and key employees				
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and			<u>i</u>	
persons described in section 4958(c)(3)(B)	2,730,188.	2,603,888.	126,300	
Other salaries and wages	27.30,1200,1		T	
Pension plan accruals and contributions (include	135,683.	120, <u>552</u> .	<u>15,131.</u>	
section 401(k) and 403(b) employer contributions)	80,115.	71,181.	8,934.	
Other employee benefits	265,185	235,613.	29,572.	
Payroll taxes				
Fees for services (non-employees):			ļ	
a Management				
b Legal	21,000.	19,049	1,951.	
c Accounting	21,0001	15,045		
d Lobbying		eranakan je parangenar i		
Professional fundraising services. See Part IV, line 17				
f Investment management fees				
Other, (If line 11g amount exceeds 10% of line 25,	450 605	416,026	42,599.	
column (A) amount, list line 11g expenses on Sch O.)	458,625.			<u>"</u>
2 Advertising and promotion	33,607.	113 750		
3 Office expenses	129,182.	113,750 62,770		
4 Information technology	<u>69,976.</u>	62,770	7,200	
5 Royalties		0 7 511	36,976.	
_ '	134,187.			
·	225,437.	217,136	0,301.	<u> </u>
20/09/09 Promote Promo		<b>\</b>	]	]
for any federal, state, or local public officials			<del>                                     </del>	
and meetings				
	3,281	3,281	·•	<del>                                     </del>
			3 000	<del> </del>
	35,924	32,036	3,888.	
•	39,017	34,670	4,347.	
23 Insurance 24 Other expenses, Itemize expenses not covered		Control of the Contro	A CONTRACTOR OF THE CONTRACTOR	
above (Liet miscellaneous expenses in line 246, in line	The state of the s	The second secon		
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	The second secon	The property of the second section of the section of the second section of the second section of the section of the second section of the sec	and the same of th	ti mana da Maria da Maria da Arra da Arra da Arra da Arra da Arra da Arra da Arra da Arra da Arra da Arra da A
MTCCRII.ANEOUS	56,354	40,72		<del></del>
ERBATEC & MATNTENANCE	31,013	24,430	6,577	
e UTILITIES	22,239	17,87	4,364	
TOTAL C. PPPC	4,532	3,73		
		508,99		· <u> </u>
e All other expenses	5,359,171	5,343,30	8. 15,863	· <del> </del>
25 Total functional expenses. Add lines 1 through 24e				1
Joint costs. Complete this line only if the organization	<b>'</b> }	<b>\</b>		<b>\</b>
reported in column (B) joint costs from a combined				1
educational campaign and fundraising solicitation.  Check here In following SOP 98-2 (ASC 958-720)		(		Form <b>990</b> (2

rt X	<u> </u>	Salance Sheet		<u>.</u>	(17)
_	(	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		
			407,295	1	162,670.
<del>, -</del>		Cash - non-interest-bearing	261,271.	2	<u>475,345.</u>
1		the second cash investments		3	
1			598,958.	4	716,962.
;			330,750,55	$\vdash$	
1					era me La Maria de la Calendaria
Assets	5	Loans and other receivables from current and to the trustees, key employees, and highest compensated employees. Complete trustees, key employees, and highest compensated employees.		5	
				-	
1				]	
1	6	Loans and other receivables from other disqualities 500(3)(B), and contributing section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing section 501(c)(9) voluntary		l . 1	
-				ا	h
-		employers and sponsoring organizations of sections and section of Sch L	<u> </u>	6	
		employees' beneficiary organizations (see most).  Notes and loans receivable, net		<del>  7</del> -	
	7	Notes and loans receivable, net		8	4,264.
; [	8	Inventories for sale or use Prepaid expenses and deferred charges	3,892	9	
-	9				
ł	10a	Land, buildings, and equipment; cost or other  Land, buildings, and equipment; cost or other  10a  622,388	170		343,8 <u>69</u>
		basis. Complete Part VI of Schedule D 108 622,388	383,170		
- {	b	Less: accumulated depreciation Investments - publicly traded securities		11	
Ì	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
-	12	Investments - other securities. See Part IV, line 11		13	
- {	13	Investments - program-related, See Part 17, 1110			<del>- 10</del> 103
_ \	14	Intangible assets Other assets. See Part IV, line 11	10,403	• <u>15</u>	<del>                                     </del>
	15	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	1,664,989	16	1 2VE 3EE
	16	Accounts payable and accrued expenses	183,64	17	<del>,  </del>
	17	Accounts payable and accided expenses  Grants payable	87,576		<del></del>
	18	Grants payable Deferred revenue		1 20	<del></del>
	19			1 2	
	20			┿	+
	21				
ŝ	22	Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis, such as Loans and other payables to current and former chaosis.			
≅	1				<u> </u>
Liabilities	1	to unrelated third parties	·· <del>- 71</del> 22		24
_	23	lease cavable to unteleted time parties	11,22	<del>~                                     </del>	<del>"</del>
	2	"		1	Ì
	2	Other liabilities (including rederal income tax, payartes, and other liabilities not included on lines 17-24). Complete Part X of parties, and other liabilities not included on lines 17-24).		١,	25
	-		348,44		262,592
	-				-
_	-\2	Organizations that follow SFAS 117 (ASC 968), check here X an Assaultines 33 and 34.	<b>d</b>		
	1	1-4- Name O7 through 29t 8RQ III 99 99 909 90	1 7 200 67	: 1 . l	1,438,196
8 8	Ι.		···   15 0'	25.1	<u>12,725</u>
<u>e</u>				-+	29
Ba	2		The second second second	7 g 7 d l a	
9	'	29 Permanently restricted not follow SFAS 117 (ASC 958), check here	-		
State Accepts or Fund Balances	: 1			· · · · · · · · · · · · · · · · · · ·	30
2	;				31
8	į l	to the section of adulting the			32
4	Ž	make and comings endowment, accumulated income, or other	··· 1 316.5	46.1	1,450,92
3	Į į		···· 1 664 9	89.	34  1,713,51
•	- 1	Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances	<u> </u>		Form <b>990</b> (20

# NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

=огп	990 (2013) SERVICES FOR CHILDREN, INC.	39-229	75/5	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check If Schedule O contains a response or note to any line in this Part XI						
					·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>5,49</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,35				
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,31	6,5	46.		
5	Net unrealized galns (losses) on investments	5		4	75.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B)) 10						
Pa	rt XIII Financial Statements and Reporting		1,45				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$		
		•••		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<del>0</del> .					
2a			2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:				٠		
	Separate basis Consolidated basis Both consolidated and separate basis						
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	'		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.					
•	review, or compilation of its financial statements and selection of an independent accountant?		20	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		·				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		1: 1	. '			
	The second secon						

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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.

2013

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
NORTHWEST FLORIDA COMPREHENSIVE Employee

SERVICES FOR CHILDREN, INC.

Employer identification number

59-2299573

		11000011	TOT TODIC OHA	ity Otatus (Ali organiz	cauons mo	ar combie	te uns par	r.) <del>See</del> ins	tructions.					
he	organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i	).					
2		A school des	scribed in <b>section 1</b> 7	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)	l								
3		A hospital or	a cooperative hosp	Ital service organization	described	in section	170(b)(1)	(A)(iii).						
4		A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the h	ospital	's nan	ne,
		city, and sta												
5		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describ	ed in			
			(b)(1)(A)(iv). (Compl		•	,	•	J						
6				ent or governmental uni	it describe	d in <b>sectic</b>	n 170/h¥	IYAYVI.						
	$\overline{\mathbf{x}}$			eives a substantial part					or from the	general	nubli	c desc	ribad	in
•			(b)(1)(A)(vI). (Comple		or the salet	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90.4		<i>y</i> 110111 a10	general	PGDII	C GGGC	пффф	
8				section 170(b)(1)(A)(vi).	(Complete	Dorf II )								
9	一			eives: (1) more than 33				butions o	nambarahi				!	
•	_										_			
				nctions - subject to certa								_		
				axable income (less sect	uon 511 ta	ix) mom bi	ISIN <del>O</del> SS <del>O</del> S E	acdnisea c	y the orga	Inization	aπer	June 3	iO, 197	75.
10			<b>509(a)(2).</b> (Complet	•	an dan mereba									
••	一	_	_	perated exclusively to te					•					
••				perated exclusively for that atlons described in secti										or
				organization and compl				. 300 sec	caon susq	e)(3), Ch	eck ti	ne box	เกลเ	
		a Type			ype III · Fu	-		_	TVD	e III - No	£	111		
				at the organization is not										•
•				than one or more publicly										
t						_				e(a)(1) or	Secti	on oue	(a)(Z).	
'				tten determination from t	me ima un	atitisa iy	pe i, Type	n, or typi	9 111					
	_		rganization, check t									,,,		
ç	,			organization accepted ar			-		<b>-</b>			!		
				firectly controls, either al									Yes	No
		the gov	eming body of the s	upported organization?		************					-	11g(i)		
		(II) A family	member of a perso	n described in (i) above?	<b>'</b>						Ľ	11g(ii)		
				person described in (i) o			**********				L	11g(iii)	i	<u> </u>
h	1	Provide the t	following information	about the supported or	ganization	(\$).								
(1	) Name	of supported	(ii) EIN	(lit) Type of organization	(iv) is the d	organization	(v) Did you	notify the	(vi) is	the	(vii)	Amount	of mo	natanı
•		anization	\ \.,	(described on lines 1-9		sted in your	organizat		organizátic (I) organiz	on in col. : ed in the	(***),	Supp		псшу
			1	above or IRC section	governing	document?	(i) of your	support?	Ü.S	.?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
										ŀ				
			11111											
				·						<b>l</b> i				
									<u> </u>					
			1											
			Better to the control of the control				ar an array of the							
			I had the same and	areas for a signal and the signal and	Inc. straint.	Barbara (Britana	253 11 13 159		1000		1			

Schedule A (Form 990 or 990-EZ) 2013 SERVICES FOR CHILDREN, INC.

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 fails to qualify under the tests	the box on line 5, isted below, pleas	7, or 8 of Part I or e complete Part III	if the organization .)	n failed to qualify ur	er Part III. IT the	organization
Sec	tion A. Public Support	1					
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20 <u>13</u>	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3237274.	3 <b>4</b> 5369 <b>4</b> .	4031838.	46177 <u>82</u> .	5235459.	20576047.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to	, l			1		
	the organization without charge	3237274.	3453694	4031838	4617782.	5235459.	20576047
4	Total. Add lines 1 through 3	323,2,4	1011.00.00	The second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the second section of the second section is a second section of the second section of the s	Service and the service of the servi		Ţ
5	The portion of total contributions		A STATE OF THE STA		The second secon	Total Manager	
	by each person (other than a			The branch of the second	The Party of Stylenger of the Control of the Contro	The second secon	ļ
	governmental unit or publicly			The state of the s			
	supported organization) included			Angelo and the second and the	Control of the Contro		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)			A really article to well		internation of the	20576047.
<del>-6</del>	Public support, Subtract line 5 from line 4.						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 201 <u>1</u>	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2009 3237274.	(b) 2010 3453694.	4031838.	4617782.	5235459	20576047.
						1	Ļ
8	dividends, payments received on	1					
	securities loans, rents, royalties		)				00 063
	and income from similar sources	5,361.	7,049.	2,794.	1,370.	5,68 <u>9</u>	22,263.
9					1		
Ū	activities, whether or not the		ļ	ļ		,	
	business is regularly carried on						<u> </u>
10	Other income. Do not include gain			i		· ·	
	or loss from the sale of capital				1		42 274
	assets (Explain in Part IV.)	5,873.	3,824 <u>.</u>	15,294.	. 11,852.		42,374. 20640684.
11	— Add lines 7 through 10	and september 1997	Parise Contains		The state of the s	the state of the s	<u> </u>
12	Crean receipts from related activities	, etc. (see instruct	ions)			12	<u> </u>
13			's first eacond thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
		n here					<u></u>
Se	ection C. Computation of Pub	lic Support Pe	ercentage				·
14	Public support percentage for 2013	(line 6, column (f) (	divided by line 11,	column (f))		14	A-0
		A C-L-4.14 A Da	+ II   IAA 7/1			100	
16	to 33 1/3% support test - 2013, if the	organization did n	ot check the box of	on iline 13, and line	e 14 is 33 1/3% or	more, check this	box and ►X
			wasted amoni79110	П			
	h 33 1/3% support test - 2012. If the	organization did r	jot check a box on	line 13 or 16a, ar	nd line 15 is 33 1/3	% or more, check	tinis box
		alifica aa a ay (blick	こうしゅうしゅう くしゅうしょう マンス・マンス・マンス・マンス・マンス・マンス・マンス・マンス・マンス・マンス・	zatkon			,
17		et - 2013. If the or	roanization did not	check a box on li	ine 13, 16a, or 16b	, and line 14 is it	rya or more,
	's the executables meets the "fo	rete and circumsta	inces test check	tuis dox aug arch	) Higher Cybigan in i	CALL IA LIGHT THE AVE	,
		* test The ordeni:	zation dualifies āš :	a Dublicky Suppor	teg organization		
	a seed state and discovered person to	44 - 2012 If the o	raanization did not	: check a box on 1	INE 13, 102, 100, 0	1 174, 4110 1110 10	19 1970 01
	more, and if the organization meets	the "facts-and-circ	cumstances test,	chéck mis pox su	id stop nere. Expla blick auchorted or	mini arrivion	<b>"</b> " ▶□

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

			MPREMENO.		<u> 59-2299</u>	15 <u>73 Page 3</u>
NOR! sedule A (Form 990 or 990-EZ) 2013 SER! art III Support Schedule for Organization	VICES FO	R CHILDRE	ection 509(a)	(2)		
art III Support Schedule for Organic III Support Schedule Support Schedule for Organic III Schedule for Organic III Schedule for Organic II Schedule for Orga	anizations L	Gad Les if the or	ranization failed to	qualify under Par	t II. If the organiza	tion fails to
———	DOX OIL WAY		ja://i=======			
qualify under the tests listed below	v, please compi	ete Fart III				(f) Total
ction A. Public Support		(b) 2010	(c) 2011	(d) 2012	(e) <u>2013</u>	(f) (O(a)
endar year (or tiscal year beginning in)	(a) 2009					
Gifts grants, contributions, and	ļ		•			
membership fees received. (Do not	ŀ	·	·			
include any "unusual grants.")			1	ĺ	1	
Gross receipts from admissions, merchandise sold or services per-	l.			ļ	]	į
formed or facilities turnished "		l.	Ì	1	<b>\</b>	
the light part is related to the				<del> </del>		
organization's tax-exempt purpose  Gross receipts from activities that			Ţ	1	ł	
are not an unrelated trade or bus-		1		ļ	i	
iness under section 513			<del> </del> -			
- Levier levied for the ordan-		Ì	}	1	1	1
ization's benefit and either paid to		1	ļ			<del> </del>
or expended on its behalf		<del> </del>	+		1	1
5. The value of services or facilities		1	1	<b>\</b>	ļ	1
fumished by a governmental unit to		1	\	<u>)</u>	<u> </u>	
the organization without charge		+		<u> </u>		+
6 Total. Add lines 1 through 5		<del>                                     </del>	<del>                                     </del>	l l	l	1
7a Amounts included on lines 1, 2, and 1		1	<u> </u>	<u> </u>	<del></del>	
3 received from disqualified persons		<del>                                     </del>		Ì	Ì	\
b Amounts included on lines 2 and 3 received from other than disqualified persons that		ì	1		1	
avoided the greater of \$5,000 or 1% or the		L		_ <del> </del>	<del></del>	
amount on line 13 for the year			on Ford August 1998	and the second second	and restriction	
c Add lines 7a and 7b		The state of the state of	<u></u>	<u> </u>		
Section B. Total Support			(-) 0011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 201 <u>1</u>			
Δmounts from line 6			-+			
A Income from interest.	į.	1	į	1		ļ
dividends, payments received on	1	ļ	_			_+
and income from similar sources	<u> </u>				\ \	Ì
b Unrelated business taxable income	1	<b>\</b>	- 1	1	l l	
(less section 511 taxes) from businesses	1	1				
acquired after June 30, 1975				\		-+
c Add lines 10a and 10b	, <del> </del> -	_+		l l	ł	1
11 Net income from unrelated business activities not included in line 10b.	1		- {	1	1	}
whather or not the business is					<del>-                                    </del>	
regularly carried on  12 Other income. Do not include gain				}	1	<u> </u>
or loss from the sale of Capital				<del>-  </del>		
assets (Explain in Part IV.)  Total support. (Add tines 9, 10c, 11, and 12  14 First five years. If the Form 990 is	.)			6#h tay year as a s	section 501(c)(3) o	rganization.
13 Chest five years, if the Form 990 is	for the organiza	ition's first, secon	d, third, fourth, or	Inter tox your com		<u></u>
14 First five years. If the Form 990 is check this box and stop here	<u></u>					
Section C. Computation of Pu	blic Suppor	t Percentage	13 column (ft)		15	
Section C. Computation of Pu	3 (line 8, colum	n (f) divided by line	# 10, COMMITTER (1)		16	<u> </u>
18 Public support percentage πom Δ	115 2011900141	Borcen	tage			
Section D. Computation of in	403CIII (III	40 History	t by line 13, coluit	nn (f))	<del>  1/  </del>	
					181	at line 17 is not
						a line ivisitor
						1/3% and
more than 33 1/3%, check this bo	ox and stop ne	ne. The Organization In Ald not check a	box on line 14 or l	line 19a, and line 1	6 is more than 33	vization 🕨
	THE OTGETHER!	11 000 117-			へ ぎげいりついほう ひょみか	Hardrenger
line 18 is not more than 33 1/3%,  20 Private foundation. If the organization	, check this box estion did not of	heck a box on line	14, 19a, or 19b, o	theck this box and	Schedule A (F	orm 990 or 990-EZ)
20 Private foundation. If the organization	zation did not d	-			Schleddie v (i	

 $(1, \dots, 1,$ 

# NORTHWEST FLORIDA COMPREHENSIVE Schedule A (Form 990 or 990-EZ) 2013 SERVICES FOR CHILDREN, INC. 59-2299573 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional Information. (See instructions).

#### SCHEDULE D

(Form 990)

Department of the Treesury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990

Information about Schedule D (Form 990) and its instructions is at www.irs.cov/form990

NORTHWEST FLORIDA COMPREHENSIVE Emplo

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SERVICES FOR CHILDREN, INC.

Employer identification number 59-2299573

Pai	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		
3	Aggregate grants from (during year)		" ' "
4	Aggregate value at end of year	• • • •	
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's excl		
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
	• •		
Pai	irt II   Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990,	
<u> </u>	Purpose(s) of conservation easements held by the organization (		
	Preservation of land for public use (e.g., recreation or educ		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
·c	Number of conservation easements on a certified historic structu		
d			
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, release		
	year <b>&gt;</b>		Ů,
4	Number of states where property subject to conservation easem	ent is located >	
5	Does the organization have a written policy regarding the periodi		ı
_	violations, and enforcement of the conservation easements it hol		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo	•	
8	Does each conservation easement reported on line 2(d) above sa	_	
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expens	se statement, and halance sheet, and
-	include, if applicable, the text of the footnote to the organization'	· ·	
	conservation easements.		o the organization o accounting to
Pai	rt III   Organizations Maintaining Collections of A	t, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	58), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibiti		
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 9	58), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-		·
	relating to these items:	,	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt; \$</b>
2	If the organization received or held works of art, historical treasur		
	the following amounts required to be reported under SFAS 116 (	•	-
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
ь	Assets included in Form 990, Part X		

### NORTHWEST FLORIDA COMPREHENSIVE

Schedule D (Form 990) 2013 SERVICES FOR CHILDREN, INC.

59-2299573 Page 2

Par	rt III Organizations Maintaining C	Collections of A	<u>rt, Hist</u>	orical Tr	easures,	or Oth	er S	<u>Similar A</u>	∖sset	S(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following the	at are a s	signit	icant use	of its c	ollection	items	;
	(check all that apply):											
a	Public exhibition	d	Ł	oan or exc	hange progr	ams						
b	Scholarly research	•		)ther								
C	Preservation for future generations							•				
4	Provide a description of the organization's c	ollections and explain	n how the	ey further t	he organizat	ion's exe	mpt	purpose i	n Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or oth	er simila	ras	sets				
	to be sold to raise funds rather than to be m									Yes		No
Par	rt IV Escrow and Custodial Arran								nt IV, lir	ne 9, or		_
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for c	ontribution	ns or other as	sets not	t incl	uded				
	on Form 990, Part X?						,		🗀	Yes		No
b	If "Yes," explain the arrangement in Part XIII											
										Amount		
¢	Beginning balance						[	1c				
d								1d				_
	Distributions during the year							te				
f	Ending balance							1f				
2e		orm 990, Part X, line	217							Yes	╙	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation	n has b <del>ee</del> n	provided in	Part XIII						
Pai	rt V Endowment Funds. Complete	if the organization an	swered "	Yes" to Fo	rm 990, Part	IV, line	10.					
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) `	îhree years	back	(e) Four	years b	ack
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains, and losses											
þ	Grants or scholarships											
•	Other expenditures for facilities					"]						
	and programs											
f	Administrative expenses					[						
g	End of year balance				,				$\neg$			_
2	Provide the estimated percentage of the cur		e (line 1g	, column (a	a)) held as:							
а	Board designated or quasi-endowment	·	%	•								
b	Permanent endowment	%	_									
¢	Temporarily restricted endowment	<del></del> %										
	The percentages in lines 2a, 2b, and 2c shot	uld equal 100%.										
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administe	ered for t	he o	rganizatio	n			
	by:						-			Γ,	Yes	No
	(i) unrelated organizations									3a(i)		<u></u>
	(ii) related organizations									3e(ii)	$\neg$	_
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Sched	ule R?						3b	$\neg$	_
4	Describe in Part XIII the intended uses of the											_
Par	rt VI   Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" to Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line	10.				
	Description of property	(a) Cost or o			or other			nulated	T 1	(d) Book	value	
		basis (investr			(other)			iation	1 .			
1a	Land				1,587.	. Tanan sa arawa da arawa da arawa da arawa da arawa da arawa da arawa da arawa da arawa da arawa da arawa da a	** 1 *** *************************	a agreement against a common against a c		51	.,58	7.
þ	Buildings			26	3,055.		5	7,776		205	,27	9.
c	Leasehold improvements											_
d	Equipment								1			_
	Other			30	7,746.		220	743		87	,00	<u> </u>
<del></del>	I Suid 1: → Al		V +=6:	- (D) K 1	_			-		3/17		

# NORTHWEST FLORIDA COMPREHENSIVE

59-2299573 Page 3

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 SERVICES I Part VIII Investments - Other Securities.

SERVICES FOR CHILDREN, INC.

Complete If the organization answered "Yes"		a 11b. See Form 99	0, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
	-		
(B)	_	1	· · · · · · · · · · · · · · · · · · ·
(C)		-	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1. 4 1. 1. 1. 1. 1. 1.	
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes"	to Form OOO Bort N/ line	. 116 See Ferm 00	A Bort V Soo 12
(a) Description of investment	(b) Book value	(c) Method o	of valuation: Cost or end of year market value
	(D) BOOK VAIUS	(c) Metrica c	valuation: Cost of Grid-Of-year market value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)	""		
(7)			
(8)			11011
(9)			grande and the region of the contract of the c
Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 99	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
		•	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>
Part X Other Liabilities.			11 11
Complete if the organization enswered "Yes"	to Form 990. Part IV. line	e 11e or 11f. See Fo	orm 990. Part X. line 25.
1. (a) Description of liability	1	(b) Book value	and the property of the control of t
		• • • • • • • • • • • • • • • • • • • •	<ul> <li>Supplied the second of the seco</li></ul>
(1) Federal income taxes			The first of the Challenge Combination of the
(2)			The Internal College of the College
(3)	1		- I make the state of the state
	<del></del>		The state of the s
(4)			Proceedings of the Control of the Co
(4) (5)			Comment of the Commen
			The state of the s
(5) (6)			detailed the state of the state
(5) (6) (7)			modules dispose to a section ment of the section of
(5) (6) (7) (8)			The state of the s
(5) (6) (7) (8) (9)	9.25		The state of the s
(5) (6) (7) (8)			Wilder Wilder and Proceedings of the Control of the

Sche	edule D (Form 990) 2013 SERVICES FOR CHILDREN, IN			59-2	2299573 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Staten		Revenue per F	leturn	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a		,	
1				1	5,568,511.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1: 1	
a	Net unrealized gains on investments		475.		
b			53,463.		
C					
đ	Other (Describe in Part XIII.)	2d		1 4 4	
e	Add lines 2a through 2d			20	53,938.
3	Subtract line 2e from line 1			3	5,514,573.
4	Amounts Included on Form 990, Part VIII, line 12, but not on line 1:			-	
a				1 1	
b	Other (Describe in Part XIII.)	4b	-21,502.		
C	Add lines 4a and 4b			4c	-21,502.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-5	5,493,071.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Witl	n Expenses per	Retu	m.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12.	a.			
1	Total expenses and losses per audited financial statements			1	5,434,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			. 11.	
a	Donated services and use of facilities	2a	<u>53,463</u> .		
b					
c	Other losses			13 3 4	
þ	Other (Describe in Part XIII.)		21,502.	1	
e	Add lines 2a through 2d			2e	74,965.
3	Subtract line 2e from line 1			3	5,359,171.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b				1	
C	Add lines 4a and 4b		_	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,359,171.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			<b>4,</b> Fait.	Λ, III 9 <b>2</b> , Fαι Λι,
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
LO:	SS ON DISPOSAL OF FIXED ASSETS				-21,502.
PAJ	RT XII, LINE 2D - OTHER ADJUSTMENTS:		• 11 1		
LO	SS ON DISPOSAL OF FIXED ASSETS				21,502.
	•				

SCHEDULE (Form 990) Department of the Treasury Mernal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 2013

► Attach to Form 990.

Open to Public Inspection **ջ** □

Employer identification number 59-2299573 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection NORTHWEST FLORIDA COMPREHENSIVE Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be dunicated if additional snace is needed SERVICES FOR CHILDREN, INC. Part | General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Partil

ame and address of organization (b) EN (c) IRC section (d) Amount of (e) Amount of value or convernment non-cash	(f) Method of aluation (book, g) Description of	(H)
assistance	FMV, appraisal, non-cash assis other)	
listed in the line 1 table		•
		<b>A</b>
e 1 table		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

59-2299573

Page 2

Schedule | from 990) (2013) SERVICES FOR CHILDREN, INC.

Part | II | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSEROLD SUPPLIES	1020	12,858.	101,701.	CURRENT MARKET VALUE	FOOD, CLOTHING, AND HOUSEHOLD SUPPLIES
LIVING REPRISE ASSISTANCE	رد در	577,043,	.0		
Part IV Supplemental Information. Provide the information required in	quired in Part I, line	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	Iditional information.	
PART I, LINE 2:					
ANNUAL BUDGETS ARE SUBMITTED TO FUNDER	83	MONTHLY PROFIT/LOSS	FIT/LOSS		
STATEMENTS ARE PROVIDED TO THE ED,		DIRECTORS	PROGRAM DIRECTORS, PROGRAM MANAGERS	MANAGERS AND	
THE BOARD OF DIRECTORS. MONTHLY BALANCE SHEETS	LANCE SHI	- 1	ARE PROVIDED TO	THE ED AND	
THE BOARD OF DIRECTORS.					

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

Complete If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Inspection Employer identification number

NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

59-2299573

Par	ti iypes	or Property								
		,	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on	(d) Method of de	etermin		s ·
1	Art · Works of a	rt								
2		reasures								
3	Art - Fractional i	interests								
4		lications		100						
5		ousehold goods								
6		vehicles								
7		<del>e</del> s								
8		perty								
9		licly traded						•		
10		sely held stock								
11		tnership, LLC, or					<u> </u>			
				1						
12		celianeous								
13		rvation contribution ·				1111				
	Historic structu			1						
14		rvation contribution - Other			,					
15	Real estate - Re	***								
16		ommercial								
17		her				'				
18										
19										
20		ical supplies								
21										- ·
22		cts								
23		mens		· · · · · · · · · · · · · · · · · · ·						
24		rtifacts					·			
25	Other > (	CONSUMER GOOD	X	107	111	446.	COMPARABLE	FAI	R V	ALU
26		DONATED SERVI	X	8		0.	COMPARABLE			
27		RENT & UTILIT	X	<del>l i</del>		Ö.	COMPARABLE			
28	Other • (	Jerry & Olyphia,					COMPTHUMBER .		•••	
29		ns 8283 received by the organ	ination durin	a the ter year for a	ontributions	T 1	1	· · · · ·	•	
20		rganization completed Form 82				29				
	TOT WITHOUT THE D	ganization completed form oz	200, Fait IV,	COLICE VOVI ONICO	å44.r.	2.0			Yes	No
30a	During the year	, did the organization receive b	w contributi	on any property re	oorted in Part I. lin	nae 1 . 98	that it must haid for	1".		110
<b>50</b> 4		ears from the date of the initial						1		
								30a	,	X.
<b>.</b>		ng period?be the arrangement in Part II.						300		200 200 21
31		ization have a gift acceptance	nollow that r	requires the review	of any non-stands	ard contrib	utione?	31		X
		ization have a gift acceptance ization hire or use third parties						-		<del></del>
JZa	_	•		_		an rivilcasi	•	32a		х
L	contributions?  If "Yes," descri	ha in Daet II						U.E.		
	•	pe in Fart II. ion did not report an amount ir	ookuma (e)	for a tune of news	ety for which colu	mn (e) ie d	necked			10 m
33			i column (c)	ioi a ràhe di biobe	TO THE WHICH COLU	THE (a) IS C	ICONOU,		1.37.2	And the second
	describe in Par	t III.						L		

#### NORTHWEST FLORIDA COMPREHENSIVE

Schedule M ( <u>Form 990) (</u>	2013) S	ÉRVI	CES F	OR (	CHILDRE	N, INC				5	59-2	29957	3	Page 2
Part III Supplem	ental in in Part I, 4	i <b>forma</b> column (	<b>tion.</b> Pro b), the nur	wide th	e Information f contributions	required b	v Part I. II	nes 30b ns recelv	, 32b, a ed, or a	nd 33, an a combina	d whet ation of	her the org both, Also	ganizati o compl	on
SCHEDULE M,	LINE	33:												
DONATED VOLU	NTEER	SER	VICES	OF	\$50,46	3, ANI	DON	ATED	USE	OF				
FACILITIES O	F \$3,	000	WERE	NOT	REPORT	ED ON	FORM	990	AS	REVEN	WE.	AND		
EXPENSES.														
													•	
										·				
									·					
											,			
											•			
,		,												

#### 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.

2013
Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at wave ice gov/form990
NORTHWEST FLORIDA COMPREHENSIVE Emplo
SERVICES FOR CHILDREN, INC. 59

Employer identification number 59-2299573

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR FAMILIES IN ESCAMBIA, SANTA ROSA, OKALOOSA, WALTON AND BAY COUNTIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SUPPORTIVE SERVICES TO VETERANS' FAMILIES. EXPENSES \$ 1,056,308. INCLUDING GRANTS OF \$ 354,905. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: UPON RECEIPT OF THE FORM 990 DRAFT FROM ACCOUNTANTS, THE CEO AND CFO REVIEW THE DOCUMENT. THE FORM 990 IS SIGNED AND FILED UPON APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST STATEMENT THAT IS REVIEWED BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF ALL EMPLOYEES IS DETERMINED ON AN ANNUAL BASIS. THE CEO'S PAY IS DECIDED ON AND APPROVED BY THE BOARD OF DIRECTORS AS A WHOLE. THE CEO DETERMINES THE PAY OF ALL OTHER EMPLOYEES BASED ON THE APPROVED BUDGET. THOSE AMOUNTS ARE THEN APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC

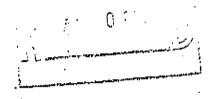
Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization NORTHWEST FLORIDA COMPREHENSIVE	Employer identification number
SERVICES FOR CHILDREN, INC.	59-2299573
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE TO	THE PUBLIC
UPON REQUEST.	<u> </u>
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR	SELECTION
PROCESS DURING THE TAX YEAR.	
	<u> </u>
	····
·	
- m. i	
· · · · · · · · · · · · · · · · · · ·	

Department of the Treasury

"Internal Revenue Service \_ District Director

AUG 2.7 1984

Date:



▶ Northwest Florida Comprehensive Services for Children, Inc. 1108 Airport Boulevard Suite C Pensacola, FL 32504

Employer Identification Number: 59-2299573

Accounting Period Ending: June 30

Foundation Status Classification: 170(b)(1)(A)(vi) & 509(a)(1)

Advance Ruling Period Beginning May 25, . 1983 and Ending June 30, 1985 Person to Contact: Tom Bozeman/as

Contact Telaphone Number: (404) 221-4516 File Folder Number: 580059085

## Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 170(b)(1)(A)(vi) & 509(a)(1).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(l) or 509(a)(2) organization as long as you continue to meet the requirements. of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will, be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your 1055 of general Revenue Service had given notice that you would be removed from that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) (over)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code.
Bequests, legacies, devises, transfers, or gifts to you or for your use are
deductible for Federal estate and gift tax purposes if they meet the applicable
provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining Organization of your present or proposed activities are unrelated trade or business whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

Enclosures: Form 990 and Instructions Schedule A

# TABLE OF CONTENTS PAGE 6 OF 9

General Fund		Amount Requested	Tab
Avai	<u>ilable Funding: \$1,425,082</u>		
a.	ACTS (Another Chance Transitional Services)	\$ 20,000	1
b.	BARC (Bay Area Resource Council)	\$ 5,000	2
c.	BRACE	\$ 250,000	3
d.	Council on Aging	\$ 50,000	4
e.	Escambia Community Clinics	\$ 525,000	5
f.	Early Learning Coalition of Escambia County	\$ 300,000	6
g.	211 (First Call for Help)/United Way	\$ 35,000	7
h.	Foundations for the Future		No Request Submitted
i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
j.	Human Relations Commission	\$ 84,265	8
k.	Lakeview Center	\$ 46,498	9
1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	11
n.	Florida Green Finance Authority (PACE)		No Request Submitted
0.	Panhandle Equine Rescue, Inc.	\$ 20,000	12
p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	13
q.	Pensacola Caring Hearts	\$ 13,500	14
r.	Pensacola Humane Society	\$ 25,000	15
s.	Pensacola Promise/Chain Reaction	\$ 19,000	16
t.	United Way	\$ 95,750	17
u.	Utility Assistance Program	\$ 50,000	BCC Program
v.	Veteran's Services		No Request Submitted
w.	WFL Regional Planning Council	\$ 20,342	18
x.	Wildlife Sanctuary	\$ 30,951	19



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Legal Services of North Florida, Inc. (LSNF)

Agency Address:

1741 N. Palafox St.

Pensacola, Florida 32501

Program Name:

Access To Justice

Program Contact:

Leslie Powell

Contact Email:

Leslie@LSNF.org

Contact Phone:

850-432-8222

25-Word Description of Program:

LSNF provides Access to Justice through community education, consultations, brief service, and representation, to improve families' stability in their housing, family relationships, and

Amount Requested:

50,000.00

Amount Received Last Year, if applicable:

0.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

LSNF did not apply for or receive Outside Agency funds previously, nor did LSNF receive Article V legal aid funds (§29.00(a)(2), Fla. Stat.), Escambia County budget line 58201. To clarify, in hopes of avoiding confusion regarding our request, LSNF began serving Escambia County in 2004. At that time, Northwest Florida Legal Services (NWFLS) was receiving the Article V funds and has continued to do so. As we are two completely separate entities, we have no information about how those funds were used last year. The need in our community to meet the standard set by §29.00(a)(2), Fla. Stat., is far greater than what is currently being funded by the County, particularly in light of reductions in traditional sources funding legal aid. A large percentage of low-income and vulnerable county residents remain underserved.

Briefly discuss how the funding you are currently requesting will be used.

Substandard housing, a wage garnishment, improper debt collection, a payday or title loan, or a missed child support payment can derail a family's finances, setting them on a spiral to homelessness, loss of employment, and loss of educational opportunities for their children. By providing legal assistance in these and similar situations, we can help right the ship to allow families to move forward with their goals.

LSNF will work with its community partners in a collective effort to ensure that those most in need of legal assistance can access it. Through referrals and client requests, we will help families through advice, brief service and representation. With this help, families will be able to get past legal issues that stand in the way of their success - allowing them to attain and maintain stability that will allow them to attend and complete school, to get hired and keep their jobs, and to prevent and end unhealthy and abusive family relationships.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

LSNF already receives funds through diverse resources such as the Legal Services Corporation, the Florida Bar Foundation, the United Way of Escambia County, the Attorney General's Office, the IRS, and the Escambia CRA, to name a few. We also raise funds privately. Yet it is currently estimated that we only meet 12% of the need. We will continue these efforts whether the County funds our full request or some lesser amount. However, a reduced amount will essentially result in fewer Escambia residents being able to access legal



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Funding can be used as a match for our Low-income Tax Clinic funds, received by the IRS in the amount of \$ 16,785 as our tax clinic grant requires a dollar for dollar match (1:1 ratio). In addition, Escambia County can be used as a match for our Victims of Crime Act (VOCA) grant in the amount of \$7,351 since this grant

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

Improving the housing stability of families in Escambia County
Improving the financial stability of families in Escambia County
Improving the stability and safety of the family unit for those living in Escambia
County

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Number of families receiving assistance in a housing matter to alleviate substandard housing or prevent homelessness: 35

Number of families receiving assistance in a consumer/financial matter to decrease debt, increase income, and improve financial stability: 25

Number of families receiving assistance in a family law matter to improve family safety and stability: 30

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

In 2014, LSNF helped 819 residents in 312 housing cases (213 Advice; 33 Brief Service; 56 Extended Representation); 267 residents in 108 consumer-based cases (83 Advice; 12 Brief Service; 9 Extended Representation); and 807 residents in 270 family law cases (167 Advice; 21 Brief Service, 70 Extended Representation). These numbers do not include those helped in other kinds of legal matters, such as dependency, wills and estates, or public benefits issues. Due to actual and anticipated reductions in other funding sources, County funds are needed to help us minimize reduction in services.



### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	0.00	0.00	0.00
Programmatic Income	0.00	0.00	0.00
County Funding	0.00	0.00	50,000.00
City Funding	0.00	0.00	0.00
State Funding	0.00	0.00	0.00
Federal Funding	0.00	0.00	0.00
Memberships	0.00	0.00	0.00
Investment Income	0.00	0.00	0.00
Other Income	0.00	0.00	0.00
Total Income	0.00	0.00	50,000.00



<u>Expenses</u>

	Most Recently Completed Budge	Current t Year Budget Yea	Proposed Budget Year
Total Staffing	0.00	0.00	0.00
Salaries and Wages	0.00	0.00	31,922.00
Employee Benefits	0.00	0.00	8,025.00
Professional Services	0.00	0.00	1,672.00
Contractual Services	0.00	0.00	3,297.00
Travel Expenses	0.00	0.00	450.00
Rentals and Leases	0.00	0.00	635.00
Communication	0.00	0.00	1,172.00
Postage and Freight	0.00	0.00	283.00
Repair and Maintenance	0.00	0.00	1,319.00
Printing and Binding	0.00	0.00	173.00
Marketing and Promotion	0.00	0.00	0.00
Fuel	0.00	0.00	0.00



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	0.00	0.00	1,052.00
Capitalizable Assets	0.00	0.00	0.00
Total Expenses	0.00	0.00	50,000.00
Net Income	0.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

### Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2014

Open to Public Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning 2014, and ending Check if applicable: C Name of organization Legal Services of North Florida, D Employer identification number Address change Doing business as 51-0197090 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Telephone number initial return 2119 Delta Blvd. (850<u>) 385-9007</u> City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return <u>Tal</u>lahassee FL 32303 **G** Gross receipts **\$4**,091,952 Application pending F Name and address of principal officer: H(a) is this a group return for subordinates? H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) 2119 Delta Blvd. Tallahassee FL 32303 Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or Website: ► www.LSNF.org H(q) Group exemption number 🕨 Form of organization: X Corporation Association Trust L Year of formation: 1976 M State of legal domicile: Part | Summary Briefly describe the organization's mission or most significant activities: To provide an Opportunity for Justice for eligible residents through representation conducted efficiently and **Governance** comparable in quality to that of the private bar, and through other forms of legal assistance designed to provide a full range of civil legal services to those in need. Check this box 🟲 📗 If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . . . . . . 4 21 5 55 6 375 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . . . . . 7a Q. b Net unrelated business taxable income from Form 990-T, line 34 . . . . . . . . . . . . . . . . . . 7b Ο. Prior Year Current Year Contributions and grants (Part VIII, line 1h)......... 5,060,460 4,019,379. 24,300. 1,971. 20,093. Other revenue (Part VIII, column (A), tines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . . . . . . 11 1,070. 52,480. 12 Total revenue — add lines 8 through 11 (must equal Part Viii, column (A), line 12) . . . . . 5,087,801. 4,091,952; 13 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) , . . . . 3,117,151. 3,103,664. b Total fundraising expenses (Part IX, column (D), line 25) ► 17 773,985 735,749. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . . . . 3,891,136. 3,839,413. 1,196,665. 252,539. **Beginning of Current Year** End of Year 20 6,528,444. 6,632,995. 21 1,698,114 ,575,213. 22 4,830,330. 5,057,782. Part II Signature Block 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. 04/27/15 Signature of officer Sign Here Kris Knab CEO Type or print name and title. Print/Type preparer's name Preparer's signature Date Rick Reeder, Paid CPA Rick Reeder, 05/11/15 self-employed P00063034 Preparer Reeder & Associates, PA **Use Only** Firm's address 3339 W. Bearss Avenue Firm's EIN 59-3478492 Phone no. (813) 908-5310 Tampa 33618

Form	990 (2014) Legal Services of North	Florida, Inc.		51-0197090	Page 2
Par	till ⊱ Statement of Program Service Accor				
	Check if Schedule O contains a response or note	to any line in this Part III			
1	Briefly describe the organization's mission:				
	To provide an Opportunity for Jus				
	for eligible residents through re	presentation cond	lucted efficient	ly and	
	See Form 990, Page 2, Part III, Line 1 (continued)				
2	Dld the organization undertake any significant program s	services during the year whic	h were not listed on the pr	ior	
	Form 990 or 990-EZ?			Yes	X No
	If 'Yes,' describe these new services on Schedule O.			, Ш	
3	Did the organization cease conducting, or make significa	ant changes in how it conduc	ts, any program services?	Yes	X No
	If 'Yes,' describe these changes on Schedule O.	Ū	. ,, ,	□ ····	112
4	Describe the organization's program service accomplish Section 501(c)(3) and 501(c)(4) organizations are requirement and revenue, if any, for each program service reported.	ments for each of its three la ed to report the amount of gr	rgest program services, as ants and allocations to oth	measured by expense ers, the total expense	365. 15,
4.2	(Code: ) (Expenses \$ 3.212.983	including grants of \$	0 \(Re	venue \$	0.)
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	Provided Family (35% of total cas Consumer (8% of total cases), and	EST - HOUSTING - (102	OI COLAT CASES	<u>_</u> '	
	Consumer (8% of Cocal cases), and	Other (41% of to	rai cases).		
	Civil legal representation at no	cuarge to eligibl	e cilents who a	re	
	unable to afford legal counsel. S				
	cases and closed 4,962 cases duri	ng 2014.			- <b>-</b>
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مر هرا	Other transfer of the second o			•	
4 0	Other program services. (Describe in Schedule O.)		\ /B		,
4	(Expenses \$ including gra		) (Revenue \$		<del></del>
	Total program service expenses - 3,21	2,983.		EAA	m 990 (2014)
BAA		TEEA0102 05/28/14		FOR	m 990 (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. 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	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Pert X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes", then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X.	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	х	
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 ¢	·	х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 •	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tex positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, complete Schedule F. Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III.	19		x
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	•	Х
	b if 'Yes' to line 20s, did the groanization attach a copy of its audited financial statements to this return?	20 h		l

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II . . . . . . 21 Х 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I............ Х 25a bils the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If Yes,' complete Schedule L. Part IV . . . Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . χ 29 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N. Part I. X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Part II, III, or IV, 35a Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2 36 Х 36 

38 BAA Х

37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O . . . . . . . . .

Form 990 (2014) Legal Services of North Florida, Inc. 51-0197090 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . . . . . . . . . . . No 1 a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable . . . 29 b Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable . . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? . . . . . . 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . 3 2 Х b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . . . . . . . . . . 3 b 4 a 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, securitles account, or other financial account)? . . . . Х 4 8 **b** If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . Х 5 a х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Х 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file х 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring William. B 9 Sponsoring organizations maintaining donor advised funds. 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter: 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)............ 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . . . 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12 b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a is the organization licensed to issue qualified health plans in more than one state? . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . .

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . . . . .

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Form 990 (2014) Legal Services of North Florida, 51-0197090 Page 6 Part VIII Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . X 8 a 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Νø

10 a Did the organization have local chapters, branches, or affiliates?	10a		х
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Б		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			18. m
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	ĺχ	41 Sam. 150
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c	x	
13 Dld the organization have a written whistleblower policy?		x	$\vdash$
14 Did the organization have a written document retention and destruction policy?		x	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	in the speed	4.1	ing a time
a The organization's CEO, Executive Director, or top management official	15 a	X	(Military) des
b Other officers or key employees of the organization			
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	#1 ( YN. 4		13000
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	**************************************	14 May 14	74
taxable entity during the year?	16a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Section C. Disclosure			

List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website

Another's website

X Upon request

Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Ashley Nevels

2119 Delta Blvd

Tallahassee

32303

(850) 701-3312

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employees,'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

, (C)										
(A) Name and Title	(B) Average hours	erage is both an officer and a ours director/trustee)						(D) Reportable compensation from	(E) · Reportable compensation from	(F) Estimated amount of other
	week	individual brustee or director	nsliktional trustee	Officer	Key employee	Fighest compensated employee	-omer	the organization (W-2/1099-MISC)	rejaled organizationa (W-Z/109 <del>9-</del> MISC)	compensation from the organization and related organizations
(1) Sally Gertz, Esq.	2.00									
President		Х		X			L	0.	0.	0
(2) Derek Sims	2.00								""	
Vice President		X		Х	<u> </u>			<u> 0</u> .	0.	. 0
(3) Catherine Lannon, Esq.	2.00				ĺ			•		
Secretary-Treasurer		Х		X	_		Ш,	0.	0.	0
(4) Joan Anderson, Esq.	2 -00	l i					1			
Director		х				_	Щ	0.	0.	0
(5) Joanne Battle	2.00	١,,								
Director		х		_	_		$\vdash$	0.	0.	0
(6) Mark Bednar, Esq.	2.00	l <sub>x</sub> l						_		
Director			_	_	_			0,	0.	0
(7) Tonya Chavis, Esq.		x							_	_
Director (8) Carolyn Cummings, Esq.	2.00	^						0.	0.	<u> </u>
Director	2.00	$ _{\mathbf{x}} $						_ ;	ا م	
(9) Martin Dix, Esq.	2.00	<u> </u>						0.	<u>0.</u>	0
Director		l x						٥.	0.	0
10) Renee Gordon, Esq.	2.00				_	-		9.1	0.	<u> </u>
Director		x						٥.	0.	0
11) Michael Guttmann, Esq.	2.00								Ų.	
Director		x						0.	o.	o
12) Barry Gray	2.00									
Director		х						0.	٥.	٥
13) Oliver Hill	2.00							"		
Director		Х			<u> </u>			0.	0.	0
(14) Fatimah Jackson	2.00									
Director	·	Х					ŀ	0.	. 0.	0

Part VII   Section A. Officers, Directors,	(B)	<u>Key</u>	Em	ipic (C		es,	ane	a <del>n</del> ignest con	<u>ipensat</u> ed Emp	oloyees (continued)
(A) Name and title	Average hours per week	offi	not ch , unles icer an	Posi neck r is per id a d	tion more rson i irecto	s both x/trust	an ••)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions - below dotted line)	ndwidual truslee or datector	istilutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15) Wendy Loquasto, Esq.	2.00_	x						0.	0.	0.
(16) Joel Margules, Esq. Director	2.00	x						0.	0.	0.
(17) Skip Mitchell Director	2.00	х						0.		0.
(18) Stephanie Zottoli Director	2.00	x						0.	0.	
(19) Phil Smith, Esq.	2.00	X							,,,,	0.
Director (20) Dan Thompson, Esq.	2.00	x						0.	0,	0.
Director (21) Yvonne Whitehead Director	2.00	x					_	0.	0.	0.
(22) Kris Knab Executive Director	40.00	^		x				146,976.	0.	72.760
(23) Scott Manion Director of Litigation	40.00					x		109,506.	0.	32,760. 27,601.
(24) Ashley Nevels Chief Financial Officer	40.00			х				93,000.	0.	. 0.
(25)									• ""	
1 b Sub-total	ction A						Ŧ Ŧ	349,482.	0.	60,361.
d Total (add lines 1b and 1c)	ited to those	listed	abov	ve) 1	 who	rece	ived	349,482. I more than \$100,0	0 . 000 of reportable co	60,361. mpensation
Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc.	tor, or trustee	, key	emp	oloye	ee, (	or hig	hes	t compensated en	ployee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	reportable co er than \$150,	mpe 0007	nsatio	on a	and e	other o/ere	cor Sch	mpensation from nedule J for		. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If Yes										. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.	sated indepe	nden	t con	trac	tors	that	rece	eived more than \$1	00,000 of	-ar
(A) Name and business ac					,,			(B) Description o		(C) Compensation
2 Total number of independent contractors (include		nited '	to the	ose	liste	d ab	ove)	) who received mo	re than	
\$100,000 of compensation from the organization		TEEAC	108 (	03/09	/15					Form <b>990</b> (2014)

## Form 990 (2014) Legal Services of North Florida, Inc. Part VIII: Statement of Revenue Check if Schedule O contains a response or note to any line in this Part

F. Wes. 2.1.2	7811G			sponse or note to any li	Ť		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Tanger Tanger Tanger Tanger			Alace (and		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
캶	1	a Federated campaigns .	<u></u>	1a 63,861.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1 Б			Sa Silikation Library	
" <del>E</del>		c Fundraising events		1 c		Company of the second of the		
Ħ E	l	d Related organizations .		1 d		7.4 1.4 4.4		
S, E		e Government grants (contributi	ions)	<b>1e</b> 2,889,030.				
8 2		f All other contributions nifts or	rants and				The Control of Control	
돌		<ul> <li>f All other contributions, gifts, gi similar amounts not included a</li> </ul>	bove	1f 1,066,488.	opposition of the state of the	Page 1 17 Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To be stand or the first time.	
투호		g Noncash contributions include	ed in lines 1a-1f:	S	The state of the s		Albert Catalities	APPENDING PROPERTY.
용불		h Total. Add lines 1a-1f .		·	4,019,379.			Tampan Park
				Business Code	AND THE PROPERTY OF THE PROPERTY OF		PERMITTALISM STATES	
₹5	2	a		<b>"</b>	- Changa barba vicking day manda vacha say in a page to applicate	LANGUAGO CONTRACTOR CONTRACTOR NAME AND AND AND AND AND AND AND AND AND AND	1. 1000 X 1000 G 47.540 T 44 M 47 T 50 M 50 M 50 M 50 M 50 M 50 M 50 M 50	ta kanakan taun 1900 dan 1901 dan 1900 dan 1900 dan 1900 dan 1900 dan 1900 dan 1900 dan 1900 dan 1900 dan 1900 
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8		c	<del></del>	-		_		<u> </u>
5		d		· -		-		
SE			<b></b>		1111-11			
Ē		f All other program service	revenue	-				
Program Service Revenue		g Total. Add lines 2a-2f .					Called Complete Complete Commence	nt vitting av teletier det verniet fin de
_	3					to property of the control of the property of the control of the c	Carry Carry Control of the Control o	
	3	Investment income (incluother similar amounts)	raiuā aivideu	os, interest and	20.093.	٥.	٥.	20,093.
	4	Income from investment			20.000	· ·	<u>, , , , , , , , , , , , , , , , , , , </u>	20,093.
	5	Royalties	-	-			-	
			(i) Reat	(ii) Personal	makitiyasiticaka	Called Day Time (Mary 11, 15) Ca.	Daniment til storet det state i 1882 i 1880 i 1880 i 1880 i 1880 i 1880 i 1880 i 1880 i 1880 i 1880 i 1880 i 1	Assertación de la constitución d
	6	a Gross rents	33,6			in the second second second second		
	-	b Less: rental expenses		00				
		c Rental income or (loss)		0.0				
j		d Net rental income or (los	33,6		skillindrala barance av die aleksanskiele			Character Carlotter Control of the C
		· 1	(i) Securities		33,600.	24,300.	O.	9,300.
	7	<ul> <li>Gross amount from sales of assets other than inventory</li> </ul>	(1/ 0000111141	(11) 00101	-			
		,						
		b Less; cost or other basis and sales expenses				The state of the s		
		c Gain or (loss)			4			
		d Net gain or (loss)	<u>.                                    </u>					
		• , ,		<u> </u>	ewarusung deskumas renk slankka ett si a	Material William States on the black Michigan	automatica armani lidak kini mik kini mi mari amari	Trabacer see to be a see as
evenue	8	a Gross income from fundr (not including\$		3 				
		of contributions reported	•				2572	
Other R		See Part IV, line 18.						
뾽		b Less: direct expenses .		. ь				
φ		c Net income or (loss) from	1 fundraising	events				
	9	a Gross income from gamin See Part IV, line 19	ng activities.	. а	1,000			
		b Less: direct expenses .				200		ladijanski 1874 et 1984 et
		c Net Income or (loss) from	n gaming acti	∨ities⊩		<u> </u>		i
	10	a Gross sales of Inventory, and allowances	less returns	. a	· .		-	100
		b Less: cost of goods sold	<b></b>	. ь				
1		c Net income or (loss) from	sales of inve	entory	A management	A TANAMAS A TANA	The second second section and section is a first of the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section section in the second section in the section is a section section in the section is a section section in the section is a section section in the section is a section section in the section section is a section section in the section section in the section section is a section	ger i konstrueren er er er er er er er er er er er er er
		Miscellaneous Revenu	a	Business Code				
	11	Other_Income_		900099	18,880.	18,880.	0.	0.
		b						
		c						
		d All other revenue						
	-	Total. Add lines 11e-11d		· · · · · · · · · · · · · · · · · · ·	18,880.			
	12	Total revenue. See instr	uctions	<u></u> . •	4,091,952.	43,180.	o.	29,393.
RΔΔ								Form 990 (2014)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16. agustanas grandi valora, para del 1920 de Benefits paid to or for members. . . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . . 349,482 233,966 .209 4,307. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages. . . . . . . . . 010,684 764,630 181.19164,863. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... 162,224. 137,890 19,467 4,867 Other employee benefits . . . . . . 403,944. 343,353 48,473 12,118. 177,330 21,280 150,730 5,320. Fees for services (non-employees): 20,717 20,717 Ö Ο. 19.501 O 19,501 ٥. e Professional fundraising services. See Part IV, line 17 . ter and the second second second Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule ()). . . Advertising and promotion . . . . . . . . . . . 12 24,471 0 Q 24,471. 13 71,201 60,520 8.544 2,137. 14 Information technology . . . . . . . . . . . . . . . . . Royalties 15 16 288,828 245,504 34,659 8,665. 17 48,666 41,366 5.840. 1,460. Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 19 20 15,664 13,314 1,880 470 21 Depreciation, depletion, and amortization . . . 77,719 66,061 9,326 332 23 76,350 64.898 9.162 2,290 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Library Expense 25 300 25.300 b Contract\_Services \_ \_ 35.285 29..992 059 Fundraising \_ \_ \_ 704 Ò 704 d Miscellaneous\_\_\_ 343 742 2.081 520 25 Total functional expenses. Add lines 1 through 24e. . 149,583. 3,839,413 3,212,983. 476,847. Joint costs. Complete this line only if the organization reported in column (B) loint costs from a combined educational campaign and fundraising solicitation.
Check here ► if following SOP 98-2 (ASC 958-720). . . . .

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(8) End of year
	1.	Cash — non-interest-bearing	845,556.	1	625,179.
	2	Savings and temporary cash investments	387,809.	2	1,382,404.
	3	Pledges and grants receivable, net	1,454,088.	3	354,914.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>2</b> (2)	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹∣	9	Prepaid expenses and deferred charges	91,729.	9	132,966.
	10 a	Land, buildings, and equipment; cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 1,089,700.		10 c	1,930,919.
l	11	Investments — publicly traded securities		11	1,,550,515.
	12	Investments — other securities. See Part IV, line 11	709,956.	12	1,123,590.
	13	Investments – program-related. See Part IV, line 11		13	40,22373301
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11	-	15	1,083,023.
Į	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	6,632,995.
	17	Accounts payable and accrued expenses		17	58,816.
	18	Grants payable		18	
	19	Deferred revenue	28,395.	19	18,255.
	20	Tax-exempt bond liabilities		20	
. <u>©</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D	7.495.	21	6,825.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquallfied persons.  Complete Part iI of Schedule L		22	
-1	23	Secured mortgages and notes payable to unrelated third parties		23	415,119.
ļ	24	Unsecured notes and loans payable to unrelated third parties		24	413/112.
	25	Other liabilities (including federal Income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	1,076,198.
	26	Total liabilities. Add lines 17 through 25		26	1,575,213.
,,		Organizations that follow SFAS 117 (ASC 958), check here   X and complete			Alle Courses Successive
aces.		lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets	3,563,320.	27	4.961.272.
ᇒ	28	Temporarily restricted net assets		28	96.510.
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117 (ASC 958), check here Family and complete lines 30 through 34.			
ž	30	Capital stock or trust principal, or current funds	2 are morning to child the first	30	renovement of the Miller of the Artifact of the Control of the Con
8	31	Paid-In or capital surplus, or land, building, or equipment fund		31	
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	
اوت	33	Total net assets or fund balances	4,830,330.	33	5,057,782.
	34	Total liabilities and net assets/fund balances		34	6,632,995.
BA/	1				Form <b>990</b> (2014)

Form	1990 (2014) Legal Services of North Florida, Inc 51-0	197090		Page	e 12
Pai	tXI⊠ Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line In this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4.09	1,95	2.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,83	9,41	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3	25	2.53	9.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,33	
5	Net unrealized gains (losses) on investments	5		5,08	
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				_
_		10	5.05	7,78	2.
Pa	t⊵XII⊪ Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			П
	· · <u></u> · · · ·			Yes I	No
1	Accounting method used to prepare the Form 990; Cash X Accrual Other		Harris A.	and the second	, toxx
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.	1		7. july 19	
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?	. <i>.</i> [	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	1			
	separate basis, consolidated basis, or both:	]			
	Separate basis Both consolidated and separate basis	Ţ			
- 1	Were the organization's financial statements audited by an independent accountant?		2 b	х	
	If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate		:::::k	2.3.7	22
	basis, consolidated basis, or both:    X   Separate basis			30.16	
					A Service
•	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	х	imuri/
1	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required audit	iit .			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u> .	3 b	x	
ВАА			Form 9	90 (20	141

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

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

Legal Services of North Florida, Inc. 51-0197090 Part M 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 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part !!.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, 11 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Amount of monetary (lv) is the (vi) Amount of other organization listed in your governing document? SUPPORT (See instructions) support (see instructions) Yes No (B) (C) (D) (E) Total

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

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									
Çale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	4,237,170.	4,311,502.	3,942,663.	5,060,460.	4,038,259.	21,590,054.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						:		
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	4,237,170.	4,311,502.	3,942,663.	5,060,460.	4,038,259.	21,590,054.		
5	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)								
6	Public support. Subtract line 5 from line 4						21,590,054.		
Şeç	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	4,237,170.	4,311,502.	3,942,663.	5,060,460.	4,038,259.	21,590,054.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,624.	5,875.	4,895.	3,041.	29,393.	58,828.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					,	,		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,467.		,			8,467.		
11	Total support. Add lines 7 through 10						21,657,349.		
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12	24,300.		
13	First five years. If the Form 990 is organization, check this box and s	for the organization top here.	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	<b></b>		
Sec	tion C. Computation of Pu	blic Support P	ercentage			•			
14	·						99.69%		
15	Public support percentage from 20	113 Schedule A, Pa	art II, line 14			15	99.59 %		
16 a	33-1/3% support test - 2014. If and stop here. The organization of	the organization did jualifies as a public	d not check the boo ly supported organ	x on line 13, and th	ne line 14 is 33-1/3	% or more, check	this box		
b	33-1/3% support test — 2013. If to and stop here. The organization of	he organization did qualifies as a public	I not check a box of the supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box		
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the facts-a	eets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part VI how	_		
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes t. The organization	it, check this box a qualifies as a pub	nd <b>stop here.</b> Exp licly supported org	lain in Part VI how anization	the <b>►</b> □		
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns 🗠 📙		

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

(Complete only if you checked the box on line 9 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.)

sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) =	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions	, ,	<del></del>		· , ,	,		.,
	and membership tees							
	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)							
2	Gross receipts from admis-		,		·			
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is	'						
	related to the organization's tax-exempt purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513 .							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on			,				
5	its behalf	-						
~	facilities furnished by a						١.	
	governmental unit to the organization without charge			1				
_	Total. Add lines 1 through 5							
	Amounts included on lines 1,	""						
	2, and 3 received from disqualified persons							
h	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							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)					3 3 6 6 4	41/3	
Sec	tion B. Total Support	The second section of the second seco	commence and to the control of the c	production of the control of the con	Transportation of the second s	L. Miller Land Color and Color and Colored Color	property comp	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
	Amounts from line 6	(=) == 1	(=, ==	(-)	(-)	(0) 2017	<del></del>	17 (012)
	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from							
1-	similar sources Unrelated business taxable							
	income (less section 511						- 1	
	taxes) from businesses						- 1	
_	acquired after June 30, 1975						_	
	Add lines 10a and 10b							
11	activities not included in line 10b,	1						
	whether or not the business is							
40	regularly carried on	:				101		
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in				•			
12	Part VI.)							•
	Total support. (Add lines 9, 10c, 11 and 12.)							
	First five years. If the Form 990 is organization, check this box and s	top here		inird, fourth, or fifth	tax year as a sect	on 501(c)(3)	<u></u> .	<u>.</u> ► [ <sup>**</sup> ]
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 2014		· •				15	*
	Public support percentage from 20				, ,	· · · · · ·	16	f
Sec	tion D. Computation of inv							
17	Investment income percentage for	•			•		17	ቴ
18	Investment income percentage fro					[	18	8
19 a	33-1/3% support tests - 2014. If							
_	is not more than 33-1/3%, check the	-	_			_		· · · · · • 🔟
0	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, o							∴ □
20	Private foundation. If the organiz							<b></b> [7]

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations	<del></del>			
				Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		1		
2	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)	S27	2		ALGA.
3 :	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3600	3a		
ı	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 Part VI when and how the organization made the determination		3b		
,	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use		3c	7.3	
4 :	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		4a	(i) ti	Valle (
ı	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		4ь		
•	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)(8) purposes		4c	¥ , 3	
5 8	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).	10000	5a		200
ı	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		5b	100 mg	STATE S
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	.	5c	l	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If Yes, 'provide detail in Part Vi		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		7		1000 1000 1000 1000 1000 1000 1000 100
8	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)	- 1	8		<b>W</b>
9 a	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>		9a		fe du His
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	. [_	9b	150	SAMPLE S
ď	Did a disqualified person (as defined in line 9(a)) 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>	· - L	9c		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	K.20	Oa		
ŧ	bild the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			排痕	

	medule A (Form 990 or 990-EZ) 2014 Legal Services of North Florida, Inc. 51-019709	0	F	age 5
H8	vt IV: Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	10 (10/4/2		000.450
,	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?	11a	(#1 (. 1.1.9)) (#1 ()()()()() (. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1.00
	<b>b</b> A family member of a person described in (a) above?	11b		
	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	110		
Se	ction 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 <b>Part VI</b> 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	1	Yes	No
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.	2		Andrew Const
Se	ction 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)	1	Yes	No
Se	ction 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. (1) a written notice describing the type and amount of support provided during the prior tax year. (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	3 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	Yes	No
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).	2		
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.	3		Calle S To
Se	ction 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 instruct	ions).		
2	Activities Test. Answer (a) and (b) below,		Yes	No
	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.	2a		2
	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	2b	i i i	
3	Parent of Supported Organizations, Answer (a) and (b) below.		137	digital series

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	dule A (Form 990 or 990-EZ) 2014 Legal Services of North Florida			97090	Page 6
Par	t V ∷ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	miza	ıtions		
_1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	loven tions	nber 20, 1970. <b>See instru</b> e A through E.	ctions. All	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current (options	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	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)	6			
7		7			
8	Adjusted Net Income (subtrect lines 5, 6 and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	Year I)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
	Fair market value of other non-exempt-use assets	1 c			
d	Total (add lines 1a, 1b, and 1c)	1 d			
	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		,	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7	<u>.</u>		
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Ye	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Typ		on	

BAA

Schedule A (Form 990 or 990-EZ) 2014

Par	t v integrated 509(a)(3) Su	ippoπing Organiza	tions (continuea)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	15,	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	Committee of the Commit		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)		" "	
3	Excess distributions carryover, if any, to 2014;			
			Not the British Street	
Þ				
C		Land to See See See See See See See See See Se	selfore explored disease resident	
ď	Terrand and half his committee when has consider the control of th		TO KENDER KENDE PERMEN	
e	From 2013			AND CONTRACTOR OF THE CONTRACT
f	Total of lines 3a through e			William Company
h	Applied to 2014 distributable amount			7.23
i	Carryover from 2009 not applied (see instructions)		ALEMANIA (Newson Name of Street	SPECIAL CONTRACTOR OF THE CONTRACTOR
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f		e (filigitation of the coloridate of the colorid	entra establica de la companya de la companya de la companya de la companya de la companya de la companya de l
4	Distributions for 2014 from Section D,		and promote difference production and an income and	12.00 Section 1.
	line 7: \$			Control of the Contro
a	Applied to underdistributions of prior years	i an ana ana an an an an an		
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4		makelagik interest, interest Adams (interest	
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			State And State Constitution
а				
		uzere ersene		
	Excess from 2013			
e	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10 Other Income Part II, Line 10 Description: Rental Income 2010: 8467.

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1546-0047

n990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Legal Services of North Florida, In	ic.	51 - 01 97090
Pai	Organizations Maintaining Donor Advised	Funds or Other Similar Fu	unds or Accounts.
	Complete if the organization answered 'Yes' to	o Form 990, Part IV, line 6.	· ····
	. (a	) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		<u> </u>
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in wrare the organization's property, subject to the organization's ex	iting that the assets held in donor a clusive legal control?	advised funds
6	Did the organization inform all grantees, donors, and donor ad- for charitable purposes and not for the benefit of the donor or d impermissible private benefit?	onor advisor, or for any other our	nose conferrina
Pai	Conservation Easements. Complete if the organization answered 'Yes' to	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or educ	<u></u>	of a historically important land area
	Protection of natural habitat	' <b>-</b>	of a certified historic structure
	Preservation of open space		ar a sammed individio attitionio
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the f	form of a conservation easement on the
•	last day of the tax year.		
			Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic struc	• •	2c
•	Number of conservation easements included in (c) acquired aft structure listed in the National Register		
3	Number of conservation easements modified, transferred, releating year ►	-	by the organization during the
4	Number of states where property subject to conservation easer	ment is located 🗠	
5	Does the organization have a written policy regarding the perio and enforcement of the conservation easements it holds?	dic monitoring, inspection, handling	g of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easemer	nts during the year
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements du	uring the year
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	satisfy the requirements of section	170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	easements in its revenue and exp 's financial statements that descrif	pense statement, and balance sheet, and bes the organization's accounting for
Par	conservation easements.  THE Organizations Maintaining Collections of A	rt, Historical Treasures, o	or Other Similar Assets.
	Complete If the organization answered 'Yes' to		
1:	If the organization elected, as permitted under SFAS 116 (ASC art, historical treasures, or other similar assets held for public e in Part XIII, the text of the footnote to its financial statements th	xhibition, education, or research in	statement and balance sheet works of furtherance of public service, provide,
	of the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib following amounts relating to these items:	ition, education, or research in furi	therance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas amounts required to be reported under SFAS 116 (ASC 958) re	ures, or other similar assets for fin	
	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		<b>.</b> ¢

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . BAA

<u>,435,876.</u>

1,930,919

Q.

876.474

184,760

28,466.

312,350

193,492

28.466

Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
Financial derivatives	` '	(O) method of valuations Cost or end-of	-year market value
2) Closely-held equity interests	'	·	•
3) Other	· · · · · · · · · · · · · · · · · · ·		
A) Beneficial interest in fund held in trust by others	1,123,590.	TEMTZ	
	1,123,590.	FMV	
B)	-		
<u>C)</u>			
D)			
E)			
(F)	-		
<u>G)</u>			
H) (1)	<del></del>		
·	1 100 500	Control Contro	AMMARIAN SANDAR FOR A COMPANIAN ASSAULT
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	1,123,590.		A CONTRACTOR OF THE CONTRACTOR
Complete if the organization answered	'Yes' to Form 990. F	Part IV. line 11c. See Form 990. P	art X_line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(ii) a said talias	(Tymores of readed) Good of Grip (	, you mand take
(2)	1		WIII
(3)			
(4)			
(5)			
		***	
( <del>6</del> )			
(7)			
· ·			
(8)			
(8)			
(8) (9) (10)		Over where the control of the contro	and the second s
(8) (9) (10)  [otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (8) line 13.) Part IX Other Assets.			
(8) (9) (10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered			
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered  (a) December 1990, Part X, column (B) line 13.) Part IX	'Yes' to Form 990, F		art X, line 15.
(8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • Part IX Other Assets. Complete if the organization answered (a) De	'Yes' to Form 990, F		art X, line 15. (b) Book value
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1 (a) December 2 (b) Clients trust deposits (3)	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 1 (a) December 2 (b) Clients trust deposits (3) (4)	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10) Fotal (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) December 1	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10) fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X Other Assets. Complete if the organization answered (a) December 1	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered (a) December (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7)	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X  Other Assets.  Complete if the organization answered (a) December 1.	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10)  otal. (Column (b) must equal Form 990, Part X, column (8) line 13.) Part X  Other Assets.  Complete if the organization answered (a) De  (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9)	'Yes' to Form 990, F		art X, line 15. (b) Book value 1,076,198
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (8) line 13.) Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
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(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) December 1.1	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets.  Complete if the organization answered (a) December 1.1	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part X  Other Assets.  Complete if the organization answered  (a) De  (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X  Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets	Yes' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered Yes' to F (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3) (4)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered Yes' to F (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3) (4) (5) (6)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10)  otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part X  Other Assets.  Complete if the organization answered  (a) De  (1) 457 (b) plan assets  (2) Clients trust deposits  (3) (4) (5) (6) (7) (8) (9) (10)  otal. (Column (b) must equal Form 990, Part X, column (B), Part X  Other Liabilities.  Complete if the organization answered Yes' to F  (a) Description of liability  (1) Federal income taxes (2) 457 (b) plan assets (3) (4) (5)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets.  Complete if the organization answered (a) De (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.  Complete if the organization answered Yes' to F (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3) (4) (5) (6) (7)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, Part X, line 25	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10)  Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX  Other Assets.  Complete if the organization answered  (a) De  (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X  Other Liabilities.  Complete if the organization answered Yes' to F  (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3) (4) (5) (6) (7) (8)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, P	art X, line 15. (b) Book value 1,076,198 6,825
(8) (9) (10) Cotal. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part X  Other Assets.  Complete if the organization answered  (a) De  (1) 457 (b) plan assets (2) Clients trust deposits (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X  Other Liabilities.  Complete if the organization answered Yes' to F  (a) Description of liability (1) Federal income taxes (2) 457 (b) plan assets (3) (4) (5) (6) (7) (8) (9)	Ves' to Form 990, Fescription	Part IV, line 11d. See Form 990, Part X, line 25	art X, line 15. (b) Book value 1,076,198 6,825

ra	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	5,118,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	64 NG	
	a Net unrealized gains (losses) on investments	330	
	b Donated services and use of facilities		
	c Recoveries of prior year grants	**************************************	
	d Other (Describe in Part XIII.)		
	e Add lines 2e through 2d	2 e	1,026,513.
3	Subtract line 2e from line 1	. 3	4,091,952.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	71720	
	a Investment expenses not included on Form 990, Part VIII, line 7b 4a	303	
	b Other (Describe in Part XIII.)	400	
	c Add lines 4a and 4b	4 C	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	4,091,952.
ra	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
r a	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Retur	n.
1 1		Retur	
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Retur	<b>n.</b> 4,891,013.
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  2 pt. 051,600.  b Prior year adjustments.	1	
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	1	4,891,013.
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1 2 0	4,891,013. 1,051,600.
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1	1 20	4,891,013.
1 2 3 4	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  a Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 20	4,891,013. 1,051,600.
1 2 3 4	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  2 a 1,051,600. b Prior year adjustments.  2 b c Other losses.  2 c d Other (Describe in Part XIII.)  2 d e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a b Other (Describe in Part XIII.)	20	4,891,013. 1,051,600.
1 2 3 4	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  d Add lines 4a and 4b.	2e 3	4,891,013. 1,051,600.
1 2 3 4	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.  2 a 1,051,600. b Prior year adjustments.  2 b c Other losses.  2 c d Other (Describe in Part XIII.)  2 d e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a b Other (Describe in Part XIII.)	2e 3	4,891,013. 1,051,600.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Pt IV, Line 2b

The Organization holds funds for clients and reports them on the statement of financial position as an asset and liability. The Foundation can make yearly grants to the Organization up to 4% of the fund's fair value upon written request from the Organization. For the years ended December 31, 2014 and 2013 the Organization has reinvested the grant earnings into the respective funds. The Organization accounts for uncertain tax positions, if any, in accordance with FASB Accounting Standards Codification Section 740. In accordance with these professional standards, the Organization recognizes tax positions only to the extent that Management believes it is "more likely than not" that its tax positions will be sustained upon

IRS examination. Management believes that it has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements for the years ended December 31, 2014 and 2013.

Pt V, Line 4

BAA

Schedule D (Form 990) 2014

Part:XIII Supplemental Information (continued)

The Organization believes that its income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization's financial condition, change in net assets or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at December 31, 2014 and 2013.

The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for fiscal years ending prior to December 31, 2011.

Pt X, Line 2

### **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Schedule J (Form 990) 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

51-0197090

Leq	al Services of North Florida, Inc.			<b>51-019</b> 7090	•		
Part	Questions Regarding Compensation						
						Yes	No
1 a	Check the appropriate box(es) if the organization provided a VII. Section A, line 1a. Complete Part III to provide any relevant	ny of the vant info	e following to or for a person listed in:F rmation regarding these items.	orm 990, Part	3144	A	27.46 27.46
	First-class or charter travel		Housing allowance or residence for p	ersonal use	22.5	建道	
	Travel for companions		Payments for business use of person	at residençe	1	344	$A_{\mu}^{\mu}(z)$
	Tax indemnification and gross-up payments	┌	Health or social club dues or initiation	fees	F 32-0	艾麦	
	Discretionary spending account	F	Personal services (e.g., maid, chauffe	our, chef)	1.00		
						ii) (*)	
	If any of the boxes on line 1a are checked, did the organizati- reimbursement or provision of all of the expenses described				. 16		
							100
	Did the organization require substantiation prior to reimbursia				_		
	trustees, and officers, including the CEO/Executive Director,	. •			. 2	energy aging	elanaeis s
	Indicate which, if any, of the following the filing organization of CEO/Executive Director. Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but e	any box	es for methods used by a related organ	nization's iization to			
	X Compensation committee	Γ	Written employment contract		1905		
	Independent compensation consultant	Х	Compensation survey or study			13.55	
	Form 990 of other organizations	X	Approval by the board or compensation	on committee	harden	70.5	
	-	<u> </u>	<b>_</b> ,, ,		1		2
4	During the year, did any person listed in Form 990, Part VII,	Section	A, line 1a with respect to the filing orga	anization	700		1-10 124 0-21 1-1
	or a related organization:		, ,		32.443		and any organization of the second
	Receive a severance payment or change-of-control payment						Х
	Participate in, or receive payment from, a supplemental nonc				-	_	Х
	Participate in, or receive payment from, an equity-based com	•	•		4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicat	ole amounts for each item in Part III,		7		
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizat	tions m	wet complete lines 5.9			800	: <u></u>
					2000	45	
	For persons listed in Form 990, Part VII, Section A, line 1a, c contingent on the revenues of:				30 300		
	The organization?				. 5a		Х
	Any related organization?		· · · · · · · · · · · · · · · · · · ·		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III.						<b>12</b> 27
	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:			sation			
	The organization?			· · · · · · · · · · · · ·	. <u>6 a</u>		Х
	Any related organization?			• • • • • • • • • • •	6 Б		Х
	If 'Yes' to line 6a or 6b, describe in Part III,				- Townson		500
7	For persons listed in Form 990, Part VII, Section A, line 1a, or payments not described in lines 5 and 6? If "Yes," describe in	did the d n Part III	organization provide any non-fixed		7		х
	Were any amounts reported in Form 990, Part VII, paid or act to the initial contract exception described in Regulations sect If Yes, describe in Part III	tion 53.	4958-4(a)(3)?		. 8		х
9	If 'Yes' to line 8, did the organization also follow the rebuttable	ole presu	umption procedure described in Regula	lions	<u> </u>		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Legal Services of North Florida, Inc. Schedule J (Form 990) 2014

Part | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 51-0197090

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (BXi)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MJSC compensation	2 andlor 1099-MISC	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Fitle		(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation		Denents	columas(B)(I)-(D)	n columo (b) reported as deferred in prior Form 990
Kris Knab	<b>©</b>	146,976.	0	0	16,167.	16,593.	179,736.	0.
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

### 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.

OMB No. 1545-0047 2014

Open to Public \* Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Legal Services of North Florida, Inc.

51-0197090

Employer identification number

The Form 990 is first emailed to the CFO for review and input. Once the review is complete, the 990 is given to the Executive Director and the Secretary/Treasurer of the Board for review and input. Once the 990 review is complete and any questions have been answered, the Form 990 is submitted to the Board of Directors before it if filed with the IRS. Pt VI, Line 11b Legal Services of North Florida's Board of Directors has three policies relating to conflict of interest. On November 16, 2011 the Board adopted the Non-Financial Conflict of Interest Policy and the Financial Conflict of Interest Policy. Yearly, in February, each board member signs an attestation declaring that he or she understand the two policies and has no known conflicts to report (or alternately, he or she lists known conflicts on the attestation form). Additionally, the Board adopted a Code of Business Conduct and Ethics for Directors Policy which outlines the process for addressing conflicts and disputes, as members of the Legal Services of North Florida Board also serve on the board of its sister organization, the North Florida Center for Equal Justice. Pt VI, Line 12c The Legal Services of North Florida's Board of Directors' Personnel and Grievance Committee convenes each year to evaluate the performance of the Executive Director and to determine compensation. In determining compensation, the Committee reviews a comparison report for other executive directors of LSC funded programs in Florida, showing years of experience and current salaries. The Committee makes its recommendations to the full board annually in August. Pt VI, Line 15a In determining compensation for other officers and key employees the Organization uses a standard chart for base salary and the base salary is then adjusted by a percentage or flat amount according to years of Pt VI, Line 15b experience. Pt VI, Line 19 The Organization provides these documents upon request.

TEEA4901 08/18/14

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Related Organizations and Unrelated Partnerships

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public:
Inspection

Employer identification number 51-0197090

Legal Services of North Florida, Inc. Name of the organization

Part is Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(g) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2014 £ × (f) Direct controlling 8 Part | I dentification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Oirect controlling entity (e) End-of-year assets (e) Public charity status (if section 501(c)(3)) (d) Total income (d) Exempt Code section TEEA5001 08/22/14 (c) Legal domicile (state or foreign country) 50103 (c) Legal domicile (state or foreign country) (b) Primary activity H (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Legal Svcs 1111111 (a) Name, address, and EIN (if applicable) of disregarded entity (1) The North Florida Center For Equal Justice, Inc. 1 1 1 (a) Name, address, and EiN of related organization 1 1 1 1 2121 Delta Blvd 26-0181144 į 2 ೮  $\widehat{\Sigma}$ Ξ ₹

Page 2

51-0197090

Schedule R (Form 990) 2014 Legal Services of North Florida, Inc.

| Part | | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 | Decause it had one or more related organizations treated as a partnership during the tax year.

	•	Legal domicile (state or foreion	Direct controlling entity	Preforminant income (related, unnelated, excluded from tax under sections	Share of lotal income	Share of end-of-year assets	Disproportionate allocations?	DG C√3	General or managing parmer?	Percentage ownership
		counliny)		512-514)			Yes No	1065)	Yes No	
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part for incation of Kelated Organizations Taxable as a Corporation of Trust Complete if the organization a corporation of the form one or more related organizations treated as a corporation of the furing the tax year.

III IE 34 DECAUSE IL HAU OI RE OF HINO E FRANCE DISABOLIS IL CARBO AS A CARPORATO I MOST DUTING HIS RAY SEAT.	Idalea oiganiza	nons neated as		ol tides admind	ile tak year.				
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp. S corp,	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?	र्द्ध इ
		couliny)	CHAILY	(lenn lo				Yes	No
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<u>[2]</u>					•				
(5)									
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Schedule R (Form 990) 2014 Legal Services of North Florida, Inc.

Rant W Transactions With Related Organizations Complete if the organization answered Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	£ -8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	sted in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royatties or (iv) rent from a controlled entity			19	×
h Giff orant or canital contribution to related oncentration(s)			4	>
				4! :
c. Giff, grant, or capital contribution from related organization(s)			1c	×
d Loans or loan guarantees to or for related organization(s)			16	×
a Loose or loan miscaplase hurselested ormanization(s)			9	<b> </b>
e twens on well goal alliess by related of gallocation (s)				٧
f Dividends from related organization(s)			1	×
a Sale of assets to related organization(s)			10	×
			9 4	+
n Purchase of assets from retated organization(s)				×
i Exchange of assets with related organization(s)			<b>=</b>	×
i Lease of facilities, equipment, or other assets to related organization(s)			11	X
k Lease of facilities equinment or other assets from related consultations?)			1	\$ >
יייייייייייייייייייייייייייייייייייייי				4 1
Performance of services or membership or hindraising solicitations for related organization(s) · · · · · · · · · · · · · · · · · · ·			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			±	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 u	×
- Observation of and accordance with a software for				
o Sharing of paid employees with related diganization(s)			-	¥
p Reimbursement paid to related organization(s) for expenses			101	×
a Reimbursement paid by related organization(s) for expenses			10	×
r Ulber transfer of cash of property to related organization(s)			<u>-</u>  -	×
s Other transfer of cash or property from related organization(s)			18	×
2 If the answer to any of the above is Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ed relationships and tra	nsaction thresholds.		
(3)	9	[3]	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amaining Slived
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9				
(v) BAA TEEA5003 09/20:4		Schedul	Schedule R (Form 990) 2014	90) 2014

51-0197090

# Fart VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

•		(state or foreign country)	income (related, unre- lated, excluded from lax under	section 501(c)(3) organizations?	total income	end-of-year assels	fionale allocations?	amount in box 20 of Schedule K-1 Form (1065)	managing partner?	awnership
			section 512-514)	Yes No	_		Yes No	_	Yes No	1_
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

comparable in quality to that of the private bar, and through other forms of legal assistance designed to provide a full range of civil legal services to those in need.

# Internal Revenue Service

Date: April 17, 2006

LEGAL SERVICES OF NORTH FLORIDA INC 2119 DELTA BLVD TALLAHASSEE FL 32303-4209 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:
Kaye Keyes 31-07416
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:

51-0197090

# Dear Sir or Madam:

This is in response to your request of April 17, 2006, regarding your organization's taxexempt status.

In January 1979 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Jana K. Stufen

Janna K. Skufca, Director, TE/GE Customer Account Services

# NORTH BY NORTHWEST

Solving the Mystery of Your Local Legal Services Programs

By LESLIE POWELL



A potential client walks into your office, in great need of legal help but no means to pay a fee. You look at the stacks of files on your desk and the calendar showing little room to breathe. No, you decide, now is not the time to take on a pro bono case. How can you help her find help? Where can she go?

Legal Services, of course! But, there's two legal services firms. Which is the right one? Can it possibly be both or is this a case of mistaken identity? Within this tale, you will uncover the mystery of Legal Services of North Florida and Northwest Florida Legal Services — your local tandem of legal services law firms. Where did they come from? What do they do? How are they different? How do I get this person in need to them? And how are they like Cary Grant hanging from the presidential faces of Mt. Rushmore?

Florida's two westernmost legal services programs serve our community by providing free legal assistance to those with little income and other vulnerable populations, such as victims of domestic violence, children, senior citizens, veterans, those who are homeless, and persons with disabilities.

### Where did they come from?

While American legal services has existed in some form for more than 150 years, it was almost 50 years ago, with the War on Poverty, that it began to grow into a tool to level the playing field for those living in poverty. Forty years ago, the Legal Services Corporation became the largest entity supporting legal services to the poor through a comprehensive federal plan - a mechanism to achieve the goal of making the access to legal representation fair.

In 1976, Legal Services of North Florida (LSNF) began with two attorneys serving Leon County, then expanded to serve Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Liberty, Wakulla and Washington counties by the end of the decade. LSNF's Ft. Walton Beach office opened in the early 1980s, serving Okaloosa and Walton counties. The Pensacola office opened in 2004.

In 1978, the Escambia Legal Aid Society, a voluntary probono program, evolved into Northwest Florida Legal Services (NWFLS). NWFLS recently expanded its elder law assistance to Okaloosa and Walton counties.

### Why are there two?

Before 2004, both LSNF and NWFLS received funding from the Legal Services Corporation (LSC). In the early 2000s, LSC regionalized its funding in Florida, limiting it to only one non-profit firm per region. The firms worked together to coordinate the changes in funding, with LSNF receiving the LSC grant and the Florida Bar Foundation increasing its funding to NWFLS with funds it previously gave to LSNF. The resulting change for those in Escambia and Santa Rosa counties was the expansion of

LSNF by opening an office in Pensacola. The collective goal of both programs continues to be to best use our different resources to serve low-income and those in need in our two counties, and to positively impact those who are victimized or living in poverty.

## What do they do and what are the differences?

In 2004, LSNF and NWFLS divided their services so that. essentially, NWFLS' focus was family law and service to senior citizens, while LSNFs focus was on housing and consumer matters. Over the past 10 years, this division has become a little grayer in response to funding opportunities and the needs of our community. In 2004, following Hurricane Ivan, LSNF received a grant to respond to disaster-related legal issues. In 2005, LSNF began representing children in foster care and dependency - helping with things like placement, education. mental health needs, immigration, juvenile delinquency, identity theft, debt collection, taxes and probate. In 2009, LSNF received funds to represent domestic violence victims and, in 2010, began receiving funds to assist victims of sexual violence. In 2007, LSNF expanded its Low-Income Taxpayer Clinic to include the First Circuit. In 2008, as a result of the foreclosure crisis, NWFLS began receiving funds to assist with foreclosure defense. In 2010, in the wake of the off spill, LSNF received funds to assist low-wage earners, including small businesses, and subsistence fisherman in their oil spill claims.

Even with these variations, the original differences in kinds of cases still holds true. NWFLS handles predominantly family law, with some foreclosure and elder law cases. LSNF handles predominantly housing and consumer cases, with some family law cases where domestic or sexual violence is involved. Fortunately, if it's still clear as the middle of a cornfield being crop-dusted, both firms work together to help make sure a client gets to where he or she needs to go for help.

# Where do I go to learn about pro bono opportunities?

Either and both! Both LSNF and NWFLS are always on the lookout for pro bono volunteers. Recent studies have shown that legal services programs nationally are only able to provide the requested assistance to about 20 percent of those who are eligible. With the help of pro bono attorneys, paralegals and other volunteers we are able fill some of that gap and provide advice and representation to more families in need. In addition to referring individual cases, both LSNF and NWFLS sponsor various legal clinics to help meet the need. NWFLS sponsors twice monthly dissolution of marriage clinics with the help of pro bono volunteers. LSNF sponsors the VA Stand down clinic each October, and works with the Escambia/Santa Rosa Bar Association (ESRBA) to organize the Law Week Clinic each spring and the Advance Directives clinics that started earlier

this year, LSNF continues to explore funding opportunities to develop a pro bono legal helpline similar to the one already working in its Tallahassee office. Other opportunities may be available at both firms as needs and resources change. See http://www.lsnf.org/pro-bono-attorneys for more information, including how you can select a pro bono case online.

# What about the potential client in my office?

Depending on her legal issue, you should have her contact one of our offices. We've tried to narrow down what we do in

hopes you can get her to the right place (see Table). Both offices are opened Monday-Thursday beginning at 8:30 am, and for emergencies on Fridays. Both offices even have websites that allow for on-line requests for services: www.LSNF.org and www.NWFLS.org.

# And how are they like Cary Grant on Mt. Rushmore?

The principles reflected in the faces of four of our country's greatest leaders, with their spirit of democracy, equality, and justice serve as great examples of the vision of legal services. Is there a better foundation to climb in these challenging and changing times?

In 1994, the American Bar Association conducted a study that demonstrated that less than 20 percent of the legal needs of lowincome Americans were being met. Studies done since have found the same "justice gap:"

- for every applicant receiving assistance by a legal services program, another was turned away due to lack of staff and resources;
- for every 6,415 low-income persons there is only one legal aid attorney;
- in the population generally, there is one attorney for every 429 persons.

With reductions in IOTA funding since the housing bust, paired with reductions in federal funding, the ability to serve those in need is becoming increasingly challenging. LSNF and NWFLS persevere by expanding our use of technology, self-help clinics and pro se forms. LSNF

partnered with AmeriCorps to bring in volunteer attorneys for annual commitments to work to end poverty in our community with little expense to the firm.

This kind of innovation, paired with the support of those in our community, allows us to maintain services and move forward with our vision of fairness not just within our legal system, but fairness in accessing it as well. And with this mystery solved, LSNF and NWFLS will continue to work together, and with the ESRBA, to help those in need in the Pensacola Bay Area.

Cases handled by local Legal Services Programs
(Note: Acceptance and level of service determined by available resources and merit of case)

Kind of Case	North Florida (LSNF)	Northwest Florida (NWFLS)
Bankruptcy	Yes	No
Debt Collection	Yes	Limited
Foreclosure	Yes	Yes
Domestic Violence	Yes	Yes
Landlord-Tenant disputes	Yes	Limited
Income Tax disputes	Yes	No
Dissolution of Marriage	Umited	Yes
Title Issues	Limited	Limited
Ejectment	Limited	Limited
Eviction Defense	Yes	Limited
Eviction by Landlord	No	Elders only
Expungement	Limited	Na
Paternity	Limited	Limited
Repeat Violence	Yes	Yes
Stalking	Yes	Yes
Sexual Violence	Yes	Yes
Immigration	Limited	Limited
Contract disputes	Limited	Limited
Disaster claims	Yes	Limited
Veterans Assistance	Yes	Limited
Oil spiil ciaims	Limited	No.
Name Change	Limited	Umited
Children - dependent	Yes	No
Education Rights	Yes	No
Class actions	No	No
Parents in dependency	No.	Court appointment only
Custody Disputes	Limited	Limited
Child Support	Limited	Limited



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
22.1 Palafox Place
Pensacola, Florida 32502

# Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Panhandle Equine Rescue, Inc.

Agency Address:

P.O. Box 777

Cantonment, FL. 32533

Program Name:

Services Rendered to Escambia County Anima

**Program Contact:** 

Diane Lowery

Contact Email:

rlowery@panhandle.rr.com

Contact Phone:

850-393-9793

25-Word Description of Program:

Provide assistance in housing and medical care of equine that are seized by Escambia County Animal Control and considered to be in critical care

Amount Requested:

20,000.00

Amount Received Last Year, if applicable:

15,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A. Funds were used for expenses directly related to equine care, such as feed, hay, veterinarian and hoof care.

Briefly discuss how the funding you are currently requesting will be used.

Funds will be used for expenses directly related to equine care, such as feed, hay, veterinarian and hoof care.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

We rely on donations, grants and fundraising to meet our needs to care for the equine.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

We assist Escambia County Animal Control by taking in critical care equine that would otherwise be euthanized or taken to a veterinarian clinic, which would be very costly for the county. We do not charge for daily board or for the many hours required to care for their medical needs. After the equine are rehabilitated, they are placed up for adoption.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

We have taken in seven horses so far this year and successfully rehabilitated each one, who would have otherwise been taken directly to a veterinarian clinic, which would have been very costly to the county. These seven horses will also be placed in loving and safe homes that have been approved by our organization. Otherwise, there are no guarantees and they could possible end up in a neglectful situation again.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

We have taken in a total of 36 horses from 2011 to 2014 that were seized by Escambia County Animal Control or Escambia County Sheriff's Office which is an average of nine horses per year. We are up to seven so far for 2015, but expect to take in more as the winter months arrive.



## BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year. Our fiscal year Starts Jan I and ends on Dec. 31.

## <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year ならっそ る- スラー(5	Proposed Budget Year
Contributions from Private Sources	35,601.00	19,676.52	36,000.00
Programmatic Income		-	
County Funding		13,366.86	20,000.00
City Funding			
State Funding			<b>.</b>
Federal Funding			
Memberships		1,368.60	1,500.00
Investment Income			
Other Income (Fundraising)	12,103.00	15,867.01	16,000.00
Totał Income	47,704.00	50,278.99	73,500.00



Εx	n	6	n	¢,	Ė	¢
_^	_	C	15	-	G	-

<u>Expenses</u>				
	Most Recently Completed Budge	et Year	Current Budget Year	Proposed Budget Year
Total Staffing				
Salaries and Wages	9,604.00	1,750.00		13,000.00
Employee Benefits				
Professional Services	545.00	640.00		700.00
Contractual Services			•	
Travel Expenses				
Rentals and Leases				
Communication				`
Postage and Freight		103.95		110.00
Repair and Maintenance	3,071.00	169.20		3,000,00
Printing and Binding			·	
Marketing and Promotion Othex	11,296.00	7,883.88		12,110.00
Fuel Fuel + Vehicle Maintenance	1,554.00	994.83		1,600.00



# Expenses (cont.)

	Most Recently Completed Budget Year,	Current Budget Year	Proposed Budget Year
Supplies	1,378.00	1,016.32	1,300.00
Copyright Funding Horse Management	29,699.00	16,681.37	35,000.00
Total Expenses	57,147.00	29,239.55	66,600.00
Net Income	-9,443.00	21,039.44	6,900.00

Please explain any capitalizable asset contained in your request.

STATEMENT OF SUPPORT/REVENUE AND EXPE 12/31/-ZDj-\_OR YEAR ENDIN	NSES FOR THE CAL	ENDAR YEAR
Note: In lien of completing the following financial statement, you in		h Schedule A or 990-EZ
Is this a consolidated financial statement? Yes No	era en en en en en en en en en en en en en	
REVENUE		
1. Contributions, gifts, grants, and similar amounts received		•
<ul> <li>Direct public support (attach list of solicitors/co-venturers &amp; amounts, if any)</li> </ul>	1a	
b. Indirect public support (attach list of sources and amounts)	1b	. •
<ul> <li>Grants (attach list of sources and amounts)</li> </ul>	1c	
d. Total (add lines 1a, 1b & 1c)		1d. <u>35601</u>
2. Inventory sales	•	
a. Gross sales	2a	•
b. Less cost of goods'sold	2b	
c. Gross profit (or loss) (line 2a less line 2b)		2c
3. Special events and fundraising activities		
a. Gross revenue (not including contributions reported on line 1	3a. 15101	
b. Less direct expenses	3b. 2998	
c. Net income (or loss) (line 3a less line 3b)		3c12103
4. Program service revenue	•	4
5. Membership dues and assessments		
6. Sale of assets other than inventory		3
a. Gross sales	6a	· .
b. Less sales expenses	6h	•
c. Net gain (or loss) (line 6a less line 6b)	· · · · · · · · · · · · · · · · · · ·	бс
7. In-Kind Contributions and Services	•	7
8. Other revenue (attach list of sources and amounts)		/· ——— ~
9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c, 7 & 8)		47704
XPENSES		
0. Program services (including payments to affiliates)		10. 29699
1. Management & general	and the second s	2017年 1916年 1917年 1月20日 1月20日 1月20日 1月20日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2日 1月2
2. Fundraising		<u>u. z14x (</u>
3. TOTAL EXPENSES (add lines 10, 11 & 12)		12
<del>현실하다 하다 하다 보고 있는 항상 사용이 하다고 있</del> 는데 그는 그는 그는 그를 가게 생활하는데 있는데 나는 걸음하다. 한 기		13. 57147
ET ASSETS		(0.445)
4. Excess (or deficit) for the year (line 9 less line 13)		14. (9443)
5. Net assets or fund balance at beginning of year		15 23782
6. Net assets or fund balance at end of year (add lines 14 & 15)	_	16 14339
alance Sheet:	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	10336	4572
Land and building	5920	5289
Other assets (describe on separate sheet)	7526	4418
Total assets Total liabilities (describe on separate sheet)	23782	14339
Total assets or fund balance	<u>B</u>	
*•	(Line 15) 23782	(Line 16) 14 337

# Panhandle Equine Rescue Breakdown of Expenses for Ag Report FYE:12/31/2014

Program Services		
Horse Management Costs	29,699	
-		
Management & General		
-	- 4-	1
Professional Fees	545	,
Utilities	1,453	
Depreciation	3,679	
Advertising	0	
Education & Training	0	
Maintenance `	3,071	
Insurance	1,765	
Office Expenses	2,456	
Dues & Fees	75	
Truck & Trailer Expenses	1,554	
Supplies	1,378	
Payroll Tax Expense	1,868	
Salaries	9,604	
Total Mgmt & General		27,448

Fundraising	
Direct Fundraising Expenses	2,998

# Panhandle Equinc Rescue, Inc. Income Statement For the Eight Months Ending August 31, 2015

		Current Month			Year to Date	
Revenues					. cui to Date	
Sales	\$	0.00	0.00	\$	43.78	0.09
Sales-Other		0.00	0.00		50.00	0.10
Contributions-Unrestricted		1,057.22	46.80		17,233.05	34.27
Adoption Fees		0.00	0.00		300.00	0.60
Calendar Sales		0.00	0.00		15.00	0.03
Sponsors		145.00	6.42		1,731.36	3,44
Fundr - Ride Registration		0.00	0.00		5,702.49	11.34
Fundr - Ride Raffle		0.00	0.00		2,900.00	5.77
Fundr - Ride Yard Sale		0.00	0.00		796.17	1.58
Fundr - Ride Bake Sale		0.00	0.00		111.50	0.22
Fundr - Ride Silent Auction		0.00	0.00		1,433.92	2.85
Fundr - Ride Donations		0.00	0.00		1,172.43	2.33
Fundr - Ride Sales Table		0.00	0.00		1,173.12	2.33
Fundr - Ride Lunches		0.00	0.00		892.00	1.77
Fundr - Online Auction		1,006.79	44.57		1,006.79	2.00
County Funding		0.00	0.00		7,226.21	14.37
Restitution		0.00	0.00		694.05	
Grants		0.00	0.00		4,300.00	1.38
Program Service Revenue		0.00	0.00			8.55
Membership dues		50.00	2.21		50.00	0.10
Contributions-Restricted		0.00	0.00		1,368.60	2.72
Interest Income		0.00	0.00		2,078.47	4.13
		0.00	0.00	~	0.05	0.00
Total Revenues	17	2,259.01	100.00		50,278.99	100.00
Cost of Sales						
Total Cost of Sales		0.00	0.00		0.00	0.00
Gross Profit	,-	2,259.01	100.00		50,278,99	100.00
Expenses			·			
Accounting Fees		0.00	0.00			
Advertising Expense		0.00	0.00		640.00	1.27
Bank Charges		0.00	0.00		1,916.31	3.81
Fundr - Ride Raffle			0.00		10.96	0.02
Fundr - Ride Registration		0.00 0.00	0.00		504.99	1.00
Dues & Fees Expense		40.00	0.00		2,550.00	5.07
Equipment & Supplies Expense		0.00	1.77		215.00	0.43
Horse Mgmt-Feed			0.00		1,016.32	2.02
Horse Mgmt-Hay		726.65	32.17		4,660.62	9.27
Horse Mgmt-Vet & Meds		705.38	31.23		3,772.69	7.50
Horse Mgmt-Farrier		997.81	44.17		5,881.17	11.70
Horse Mgmt-Bedding		180.00	7.97		1,200.00	2.39
Horse Mgmt-Supplies		26.18	1.16		584.22	1.16
Horse Mgmt-Supplements		0.00	0.00		246.58	0.49
Telephone Expense		55.98	2.48		336.09	0.67
		23.05	1.02		184.40	0.37
Postage and Shipping Expense		0.00	0.00		103.95	0.21
Office Expense		0.00	0.00		730.64	1.45
Maintenance Expense		13.46	0.60		169.20	0.34
Meals and Entertainment		30.61	1.36		97.05	0.19
Truck and Trailer Expense		66.00	2.92		994.83	1.98
Utilities Expense		71.96	3.19		382.32	0.76
Insurance Expense		540.30	23.92		1,230.25	2.45
Wages Expense		500.00	22.13		1,750.00	3.48

For Management Purposes Only

# Panhandle Equine Rescue, Inc. Income Statement For the Eight Months Ending August 31, 2015.

Other Expense	-	Current Month 0.00	0.00	Year to Date 61.96	0.12
Total Expenses	-	3,977.38	176.07	29,239.55	58.15
Net Income	\$	(1,718.37)	(76.07)	\$ 21,039.44	41.85

Account Number	Account Description	Beginning Balance	Debit Change	Credit Change	Net Change	Ending Balance
10200	Regions Checking Accou	12,333.14	\$ 2,259.01	\$ (4,130.42)	\$ (1,871.41)	\$ 10,461.73
10400	Regions Savings Account	11,552.63	0.00	0.00	0.00	11,552.63
15605	Fencing	3,143.98	0.00	0.00	0.00	3,143.98
23100	Sales Tax Payable	94.41	0.00	0.00	0.00	94.41
23400	Federal Payroll Taxes Pay	26.75	229.56	(76.52)	153.04	179.79
24000	Other Taxes Payable	179.55	0.00	0.00	0.00	179.55
39004	Paid-in Capital	(4,572.65)	0.00	0.00	0.00	(4,572.65)
40000	Sales	(43.78)	0.00	0.00	0.00	(43.78)
40800	Sales-Other	(50.00)	0.00	0.00	0.00	(50.00)
41000	Contributions-Unrestricte	(16,175.83)	0.00	(1,057.22)	(1,057.22)	(17,233.05)
41005	Adoption Fees	(300.00)	0.00	0.00	0.00	(300.00)
41010	Calendar Sales	(15.00)	0.00	0.00	0.00	(15.00)
41011	Sponsors	(1,586.36)	0.00	(145.00)	(145.00)	(1,731.36)
41012	Fundr - Ride Registration	(5,702.49)	0.00	0.00	0.00	(5,702.49)
41013	Fundr - Ride Raffle	(2,900.00)	0.00	0.00	0.00	(2,900.00)
41014	Fundr - Ride Yard Sale	(796,17)	0.00	0.00	0.00	(796.17)
41015	Fundr - Ride Bake Sale	(111.50)	0.00	0.00	0.00	(111.50)
41016 41017	Fundr - Ride Silent Aucti	(1,433.92)	0.00	0.00	0.00	(1,433.92)
41017	Fundr - Ride Donations	(1,172.43)	0.00	0.00	0.00	(1,172.43)
41018	Fundr - Ride Sales Table Fundr - Ride Lunches	(1,173.12)	0.00	0.00	0.00	(1,173.12)
41019	Fundr - Online Auction	(892.00)	0.00	0.00	0.00	(892.00)
41020	County Funding	0.00	0.00	(1,006.79)	(1,006.79)	(1,006.79)
41100	Restitution	(7,226.21)	0.00	0.00	0.00	(7,226.21)
41200	Grants	(694.05)	0.00	0.00	0.00	(694.05)
41400	Program Service Revenue	(4,300.00)	0.00	0.00	0.00	(4,300.00)
41600	Membership dues	(50.00)	0.00	0.00	0.00	(50.00)
42400	Contributions-Restricted	(1,318.60) (2,078.47)	0.00	(50.00)	(50.00)	(1,368.60)
42800	Interest Income	(0.05)	0.00	0.00	0.00	(2,078.47)
62500	Accounting Fees	640.00	0.00 0.00	0.00	0.00	(0.05)
62505	Advertising Expense	1,916.31	0.00	0.00	0.00	640.00
62510	Bank Charges	10.96	0.00	0.00	0.00	1,916.31
64000	Fundr - Ride Raffle	504.99	0.00	0.00 0.00	0.00	10.96
64001	Fundr - Ride Registration	2,550.00	0.00	0.00	0.00 0.00	504.99
65590	Dues & Fees Expense	175.00	40.00	0.00	40.00	2,550.00
66000	Equipment & Supplies Ex	1,016.32	0.00	0.00	0.00	215.00
66050	Horse Mgmt-Feed	3,933.97	726.65	0.00	726.65	1,016.32 4,660.62
66051	Horse Mgmt-Hay	3,067.31	705.38	0.00	705.38	3,772.69
66052	Horse Mgmt-Vet & Meds	4,883.36	997.81	0.00	997.81	5,881.17
66053	Horse Mgmt-Farrier	1,020.00	180.00	0.00	180.00	1,200.00
66055	Horse Mgmt-Bedding	558.04	26.18	0.00	26.18	584.22
66056	Horse Mgmt-Supplies	246.58	0.00	0.00	0.00	246.58
66057	Horse Mgmt-Supplement	280.11	55.98	0.00	55.98	336.09
66500	Telephone Expense	161.35	23,05	0.00	23.05	184.40
67000	Postage and Shipping Exp	103.95	0.00	0.00	0.00	103.95
67505	Office Expense	730.64	0.00	0.00	0.00	730.64
68500	Maintenance Expense	155.74	13.4 <b>6</b>	0.00	13.46	169.20
70005	Meals and Entertainment	66.44	30.61	0.00	30.61	97.05
70010	Truck and Trailer Expens	928.83	66.00	0.00	66.00	994.83
70020	Utilities Expense	310.36	71.96	0.00	71.96	382.32
71505	Insurance Expense	689.95	540.30	0.00	540.30	1,230.25
77500	Wages Expense	1,250.00	500.00	0.00	500.00	1,750.00
89000	Other Expense	61.96	0.00	0.00	0.00	61.96
	Totals	0.00	\$ 6,465.95	\$ (6,465.95) \$	0.00	\$ 0.00

# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Rovenue Service

~	COL DIE	z zv :4 calenda	r year, or tax year beginning , 2014, and c	ending		, 20	
В	Check If a	applicable:	C Name of organization		D Employ	yer Identification	number
Ц	Address	change	Panhandle Equine Rescue Inc		42-	1658881	
Ų	Name ch	ange	Number and street (or P.O. box, if mail is not delivered to street address)	loom/suite	E Telepho	one number	
Ш	Initial retu	ım			·		
$\sqcup$	Final retu	m/terminated	3099 East Chipper Road		(85	0)529-8479	
	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code		F Group E		
	Application	on pending	Cantonment, FL 32533		Number		
Ģ	Accoun	iting Method:	X Cash	H		X if the organiz	ation is not
1	Websit	e: 🕨 www.p	anhandleequinerescue.org	<b>-</b>   "		attach Schedule B	
J	Tax-ex		theck only one) - x 501(c)(3)	527	•	990-EZ, or 990-PF	
		forganization:	☐ Corporation    ☐ Trust    ☐ Association    ☐ Other		(rom sec,	330-EZ, OI 330-FF	7.
		_	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total accet	<u> </u>		
(Pa	art II. col	umn (B) below)	AM 8500 000 8. F			<b>.</b> .	
	art I		e, Expenses, and Changes in Net Assets or Fund Balance	oc /een the	· · · · · · ·	. • \$	50,702
_		Check if t	ne organization used Schedule O to respond to any question in this			,	
_	1		gifts, grants, and similar amounts received	Faiti	· · · · · · ·		
	2		ice revenue including government fees and contracts			1	35,601
	3		dues and assessments			2	· · · · · · · · · · · · · · · · · · ·
	4	investment in		• • • • • •		3	
	5a		······································			4 Neg A2	
	1		-th-order of				
	4		from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6		undraising events			5c	<u> </u>
	_		from gaming (attach Schedule G if greater than		ľ	11972/27 - Alice 15	
욕	-	\$15,000)				r Argut	
菱			from fundaciona a susta (a stilla tudia u di			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	
Reverue	"			contributions	3		
			ng events reported on line 1) (attach Schedule G if the			NATURAL PROPERTY.	
			ross Income and contributions exceeds \$15,000)	<u> </u>	15,101	(*)3.43 (A)3.5	
			penses from garning and fundraising events 6c		2,998		
	a		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract		ì		
	l _	line 6c)			[	6d	12,103
			Inventory, less returns and allowances			7. A. 88	
	1	Less: cost of g				(전기 전함) 교실관(주)	
	_	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		, [	7c	
	8		(describe in Schedule O)		[	8	
_	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	≯	9	47,704
	10		nilar amounts paid (list In Schedule O)			10	
	11		o or for members			11	
2	12		compensation, and employee benefits			12	9,604
Expenses	13		ees and other payments to independent contractors			13	
×	14		nt, utilities, and maintenance			14	4,524
ш	15		ations, postage, and shipping		· · · · <u></u>	15	
	16		s (describe in Schedule O)		_	16	43,019
_	17		es. Add lines 10 through 16	<u></u>	▶	17	57,147
<b>1</b> 2	18		cit) for the year (Subtract line 17 from line 9)			18	(9,443)
Nel Assets	19	Net assets or t	und balances at beginning of year (from line 27, column (A)) (must agree with		2		
₹			ure reported on prior year's return)			19	23,782
ž	20		in net assets or fund balances (explain in Schedule O)	<i>.</i>		20	
_	21	Net assets or i	und balances at end of year. Combine lines 18 through 20	<u> </u>		21	14,339
FOR	гареги	vork Reduction	n Act Notice, see the separate Instructions.			Form 99	90-EZ (2014)

-	n 990-EZ (2014) Panhandle Equine Rescue In	ic		42-1	6588	181 Page
PE	art II Balance Sheets (see the instructions for Part II)					
_	Check if the organization used Schedule O to respond to a	any question in this Part	<u>n</u>	<u></u>	· ·	<u> </u>
	<b>.</b>		(A) E	Beginning of year	L	(B) End of year
	Cash, savings, and investments			10,336	22	4,572
	Land and buildings			5,920	23	5,289
	Other assets (describe in Schedule O)			7,526	24	4,478
	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		23,782	25	14,339
	Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree		· · · · · ·	0	26	0
P	ert III Statement of Program Service Accompli	shmonts ( #		23,782	27	14,339
	Check if the organization used Schedule O to respond to	and question in this Dar	ISTUCTIONS FOR PART III)	' п		Expenses
Wha		e and Rehabilitat		<u></u> ∟	(Re	quired for section
					501	(c)(3) and 501(c)(4)
Des es n	cribe the organization's program service accomplishments for each oneasured by expenses. In a clear and concise manner, describe the	of its three largest progra	am services,		orga	anizations; optional for
pers	sons benefited, and other relevant information for each program title.	services provided, trie fi	unider of		for c	others.)
	The primary purpose is to rescue and rehabilita	te horses.				1
	The organization held 3 public events to educat				1	
	and raise funds during the year for its primary			<u>"                                    </u>		i
		dudes foreign grants, ch	eck here	▶□	28a	29,699
29						
	(Grants \$ ) If this amount inc	dudes foreign grants, ch	eck here	<u></u> . ▶ 🗓	29a	1
30						
	(Grants \$ ) If this amount inc					
	Other program services (describe in Schedule O)	dudes foreign grants, ch		<u> </u>	30a	J
	•					
	(Grants \$ ) If this amount los	described described annually laboration and	aale bara			1
,	(Grants \$ ) If this amount inc	dudes foreign grants, ch	eck here	<u>▶                                 </u>	31a	
32	Total program service expenses (add lines 28a through 31a)				32	29,699
32	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emple	oyees (list each one ev	en if not compensat	ed (see the instru	32 ction	29,699 is for Part IV)
32	Total program service expenses (add lines 28a through 31a)	oyees (list each one evany question in this Part	ven if not compensativ	ed (see the instru	32 ction	29,699 is for Part IV)
32	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emple	oyees (list each one ev	/en if not compensativ  (c) Reportable compensation	(d) Health benefits, combibutions to emple	32 ction	29,699 s for Part IV) (e) Estimated amount of
32	Total program service expenses (add lines 28a through 31a)  rt IV List of Officers, Directors, Trustees, and Key Emplo  Check if the organization used Schedule O to respond to a	oyeas (list each one examp question in this Part	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employeement plans, and	32 ction	29,699 is for Part IV)
32 Pa	Total program service expenses (add lines 28a through 31a)  rt IV List of Officers, Directors, Trustees, and Key Emplo  Check if the organization used Schedule O to respond to a	oyeas (list each one examy question in this Part  (b) Average hours per week	/en if not compensativ  (c) Reportable compensation	(d) Health benefits, contributions to emple benefit plans, and	32 ction	29,699 s for Part IV) (e) Estimated amount of
Pa Dia Pre	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to a  (a) Name and title  no Lowery sident	oyeas (list each one examy question in this Part  (b) Average hours per week	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to emple benefit plans, and deferred compensations.	32 ction	29,699 s for Part IV) (e) Estimated amount of
Pa Dia Pre	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to a  (a) Name and title	pyeas (list each one examy question in this Part  (b) Average hours per week devoted to position	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0.)	(d) Health benefits, contributions to emple benefit plans, and deferred compensations.	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation
Dia Pre Mol	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards President	pyeas (list each one examy question in this Part  (b) Average hours per week devoted to position	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0.)	(d) Health benefits, contributions to emple benefit plans, and deferred compensations.	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation
Dia Pre Mol Vic	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to a  (a) Name and title  1. Lowery sident 1. Bedwards President 2. President 3. Canada and title 4. Canada and title 4. Canada and title 5. Canada and title 6. Canada and tit	oyees (list each one examy question in this Part  (b) Average hours per week devoted to position	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0.)	(d) Health benefits, contributions to emple benefit plans, and deferred compensations.	oyee	29,699 is for Part IV)  (e) Estimated amount of other compensation
Dia Pre Mol Vic Joy	Total program service expenses (add lines 28a through 31a)  rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to a  (a) Name and title  no Lowery sident ly Edwards President co Gill assurer	oyees (list each one examy question in this Part  (b) Average hours per week devoted to position	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensations.	oyee	29,699 is for Part IV)  (e) Estimated amount of other compensation
Dia Pre Mol Vic Joy	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards President ce Gill assurer kie Bell	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensat	oyee	29,699 is for Part IV)  (e) Estimated amount of other compensation
Dia Pre Mol Vic Joy Tre Vic Boa	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respond to:  (a) Name and title  ne Lowery sident ly Edwards President ce Gill asurer kie Bell rd Member	byeas (list each one examy question in this Part (b) Average hours per week devoted to position 40.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensat	oyee	29,699 Is for Part IV)  (e) Estimated amount of other compensation
Dia Pre Mol Vic Joy Tre Vic Boa Lin	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards President ce Gill asurer kie Bell rd Member da Lambert	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0
Dia Pre Mol Vic Joy Lin Sec	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0
Dia Pre Mol Vic Joy Chan Sec Pam	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards President ce Gill asurer kie Bell rd Member da Lambert	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  4.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0
Dias Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam	Total program service expenses (add lines 28a through 31a)  rt IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  (a) Name and title  ne Lowery sident ly Edwards President ce Gill assurer kie Bell rd Member da Lambert retary Perry	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Geo	Total program service expenses (add lines 28a through 31a)  rt IV List of Officers, Directors, Trustees, and Key Employers (a) Name and title  (a) Name and title  ne Lowery sident ly Edwards President ce Gill assurer kie Bell rd Member  da Lambert retary Perry rd Member	byeas (list each one evany question in this Part (b) Average hours per week devoted to position 40.00 2.00 4.00 2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Geo:	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  4.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one evany question in this Part (b) Average hours per week devoted to position 40.00 2.00 4.00 2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Mim	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0
Dia Pre Mol Vic Joy Tre Vic Boa Lin Sec Pam Boa Geo	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key Employ Check if the organization used Schedule O to respond to a  (a) Name and title  ne Lowery sident ly Edwards e President ce Gill assurer kie Bell rd Member da Lambert retary Perry rd Member rgia Brazzell rd Member	byeas (list each one examy question in this Part  (b) Average hours per week devoted to position  40.00  2.00  4.00  2.00  2.00	/en if not compensativ  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter-0-)	(d) Health benefits, contributions to emple benefit plans, and deferred compensation	32 ction	29,699 is for Part IV)  (e) Estimated amount of other compensation  0  0  0  0

Pa	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for Fart V) Official fille organization asso deflective O to respond to any question in this Part V		Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1.55	1
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			<del> </del>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	İ		1
	change on Schedule O (see instructions)	34		x
35 a	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)?	35a		X
k	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
•	: 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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1	
27 -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the Instructions  Did the organization file Form 1120-POL for this year?	2000	-wegger	T. TATE OF
		37Ь	Day of Williams	i a seminar
	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?	2007.53	NEWN	
	WW/on Francisch Cabridge   Donall and an arrange	38a	20170-01	X
39	Section 501(c)(7) organizations. Enter:		1	3
	[1/CZ/#365]			1000
Ł	Gross receipts, included on line 9, for public use of club facilities	0.50-4-0	Articles	9 / 1940
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	- (1000)		***
	section 4911 ▶; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	74		3
	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, Pert I	40b	,	х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax Imposed	344	700000 6 00000	William The States
	on organization managers or disqualified persons during the year under sections 4912,	\$ 15g		30
	4955, and 4958			(1) (1) (1)
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	- Mar walker	And Rough	and the same
	40c reimbursed by the organization	78.55		
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	Mayora GSAS		See See
44	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	Total to 1999 The state of the	9-847	9	
	Located at 3099 East Chipper Road, Cantonment, FL ZIP+4 32533			
	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)?		Yes	No
	If "Yes," enter the name of the foreign country:	42b	en in the later	X (1400208)
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	- 24-4		
	Financial Accounts (FBAR).		3000	
¢	At any time during the calendar year, did the organization maintain an office outside the U.S.?	%25600 67 <b>42c</b>	Davidski os	X
	If "Yes," enter the name of the foreign country:	720		<u></u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	i	•	ш
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	物源	17.30	<b>被</b>
	completed instead of Form 990-EZ	44a		X
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	12 Sept.		
_	completed instead of Form 990-EZ	44b		<u> X</u>
C	Did the organization receive any payments for indoor tanning services during the year?	44c	N. maria	X
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School 2.	19	3364	
45 a	explanation in Schedule O	44d		77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	oscere.	X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	Market 1		VI 24
	Form 990-EZ (see instructions)	45b	SWARE OF	X
		400	Ĺ	44

Form 9	90-EZ (2014	4) Panhandle Equine	Rescue Inc				42-1	658881	Page 4
40	D:4 #								Yes No
46		rganization engage, directly or indirectly, in		on behalf of	f or in oppositi	ON			
Par		tates for public office? If "Yes," complete Se Section 501(c)(3) organizations			· · · · · · · ·	· · · · · ·	<u></u>	. 46	X
T di		All section 501(c)(3) organizations	only	ana 47 4	0b 4 50				
		All section 501(c)(3) organizations 50 and 51.	s must answer questi	ons 47-43	90 and 52,	and com	plete the t	ables for li	nes
			hadula O ta saasaad	4	4:				_
		Check if the organization used So	nedule O to respond	το any qι	nestion in t	his Part V	<u>′1</u>	<u> </u>	<u></u> . ∐ .
47	Did the e							,	Yes No
		rganization engage in lobbying activities or			-				
		Yes," complete Schedule C, Part II						47	X
		anization a school as described in section			dule E			48	x
49a	Did the o	rganization make any transfers to an exemp	ot non-charitable related org	janization?		<i>.</i>		49a	X
		was the related organization a section 527 o						49b	
50	Complete	e this table for the organization's five highes	t compensated employees (	other than o	officers, directo	rs, trustees :	and key		
	employee	ss) who each received more than \$100,000	of compensation from the o	organization.	If there is no	ne, enter "No	ne."		
			(b) Average	(c) Re	portable	(d) Health			
	(	<ul> <li>Name and title of each employee</li> </ul>	hours per week	COM	pensation		to employee , =nd deferred	(e) Estimate	ed amount of mpensation
			devoted to position	(Forms W-	2/1099-MISC)		mantion		· · · portoation
					-	•	"		
NONE								[	
							•		
								ļ	
		,							
1	Total num	ber of other employees paid over \$100,000	· · · · · · · · ·						
51 (	Complete	this table for the organization's five highest	compensated Independent	contractors	who each rec	eived more t	han		
	\$100,000	of compensation from the organization. If t	here is none, enter "None,"						
		·- ·							
	(47) 19	lame and business address of each independent cont	ractor	(b	) Type of service	l .	(	c) Compensation	1
					"""			п	<del></del>
NONE									
		,					·		-
						···			
						<del></del> -			
ď 1	otal num	ber of other independent contractors each r	ecelving over \$100 000						
2 [	Did the or	ganization complete Schedule A? Note.	All section 501(a)(3) aroun	izatione su	et ottoch o				
		. 4						₩	п
	_	erjury, I declare that I have examined this return, inclu	ding accompanying spheridae are	d atatamant			<u> </u>	X Yes	No
u <del>e</del> , com	wct, and cor	mplete. Declaration of preparer (other then officer) is	hazari on all information of which .		no to the best of	ту кложедде (	and belief, it is		
'		Diane Lowery	DESPOY OF AN IMOTHERIOR OF WHICH (	habatet una m	у клюмеаде,	<del></del>	00 00 0		
iign		Signature of officer				Date	02-03-2	1015	
lere		_ Diane Lowery, President				C-810			
	- ∤₽	Type or print name and title							
		· · · · · · · · · · · · · · · · · · ·	Preparer's signature		Date			1	
aid			•			I .	heck Lif	PTIN	
aiu repan			ancy L Marshall CPA		02-10-2015	<del>. , -'</del>	employed	P00234575	<u> </u>
•	. +	im's name Nancy L Marshall (				Firm's E	N P		
se Or	עיי בּיַן	im's address 4401 Dream Acres I	<u>₹₫</u>			<b>_</b> -			
معلا بما		Molino FL 32577	<b>A B B B B B B B B B B</b>			Phone n	o. 850-5	87-3853	
ay π€	i iuzo diad	suss this return with the preparer shown abo	ve? See instructions		<u></u>		<u> </u>	X Yes	No

Form 990-EZ (2014)

# SCHEDULE A (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification numb

		dle Equine Rescue Inc					42-16588	181
	irt I		ity Status (All	organizations must	complet	e this pa	rt.) See instruction	ons
The	orga	nization is not a private foundation bed	ause it is: (For lines	1 through 11, check only	one box.)			
1	Ц	A church, convention of churches,	or association of c	hurches described in se	ction 170(	b)(1)(A)(1).		
2	╚	A school described in section 170	(b)(1)(A)(II). (Attac	th Schedule E.)		-74-74-74-7		
3	Ш	A hospital or a cooperative hospital	service organizat	ion described in section	170(b)(1)	(A)(iii).		
4	$\sqcup$	A medical research organization or	perated in conjunct	tion with a hospital descr	ibed in sec	ction 170/	hV1VAVIII Enter the	•
		hospital's name, city, and state:					DATA MANAGEMENT	3
5		An organization operated for the ben	sfit of a college or u	niversity owned or operati	ed by a nov	.mental	unit described in	
		section 170(b)(1)(A)(iv). (Complet	e Part II.)	and the second second	-a vy a gov	A 411 11 (1) CH (1) CH	unit described in	
6		A federal, state, or local government		unit described in section	n 170/b\/4	11/41/64		
7		An organization that normally receive	s a substantial part	of its support from a gove	annoatalu	rjenjevj. Pitovena	ha ====================================	
		described in section 170(b)(1)(A)(	vi). (Complete Par	t II )	TI WI KOA ILEEL LE	I III OF HOTH C	ne general public	
8		A community trust described in sec	tion 170/b)/1)/A)/	vi\ (Complete Part II.)				
9	Х	An organization that normally receive	s: (1) more than 33	1/3% of its support from a	ontribution	e <b>m</b> ambaa	ship face	
		receipts from activities related to its e.	xempt functions - su	thiert to certain exception	e and (2) e	o mon the	sriip iees, and gross	
		support from gross investment incom	e and unrelated bus	siness taxabio Income (les	e eertina S	(11 tox) from	11 33 1/3% OF (IS	
		acquired by the organization after J	une 30, 1975, See	section 509(a)(2). (Cor	nniete Dar	/ 11 Laux) ((O). + 10 \	n Dusinesses	
10		An organization organized and ope	rated exclusively to	n test for nublic safety. S	npiece rai	1 111.) n 500/a\/ <i>4</i> \		
11		An organization organized and operat	ted exclusively for the	he benefit of to perform th	e functions	of ortood		
		one or more publicly supported orga	enizations describe	ed in section 509(a)(1) o	r eaction	500/=1/21	Soo poetter 500/-10	3) ObsI.
		the box in lines 11a through 11d that	describes the type of	of supporting organization	and comple	ooslajisj. eta linac 11	See section 309(2)(. 8. 11/ bed 116	s). Check
	а	Type I. A supporting organization	on operated, super	Vised, or controlled by its	s supporte	q occanisa era mica i i	e, m, and mg. lion/s) hodestly by ai	vina
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the direc	dors or mus	tees of the currenting	ving
		organization. You must comple	ete Part IV, Section	ons A and B.	V 10 GII C.	Q QQ3	ices or the supporting	
	b	Type II. A supporting organizati	on supervised or c	controlled in connection v	ous sti dth	ported om:	anization/e), by bayle	•
		control or management of the sup	porting organization	n vested in the same ners	ons that on	ntrol or mo	onzation(s), by siden	ið
		organization(s). You must com	plete Part IV, Sec	tions A and C.		TILOTOT (TICI	rade are subborted	
	C	Type III functionally integrated	J. A supporting ord	anization operated in co	nnection v	with and fu	nctionally integrated	unite iu
		its supported organization(s) (se	e instructions). Yo	ou must complete Part	V. Section	ris A. D. a.	nd E	wiut,
	d	Type ill non-functionally integ	rated. A supportin	organization operated	in connect	tlon with ite	: Clipported organizati	ion(a)
		that is not functionally integrated.	The organization ge	enerally must satisfy a dist	ibution rea	ui <b>nem</b> ent si	r supported organizat od an ettentiveness	on(\$)
		requirement (see instructions).	ou must comple	te Part IV. Sections A a	nd D. and	Part V	M DIT GITCHINARI 1955	
	0	Check this box if the organization	received a written d	letermination from the IRS	that it is a	Type I Typ	el Type III	
		functionally integrated, or Type III	non-functionally inte	sgrated supporting organiz	sation.	. 3PO 1, 13P	оп, туропі	
	f	Enter the number of supported organiz	ations					
		Provide the following information about		anization(s).		• • • • •		
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(-1) A
				(described on lines 1-9	listed in yo	ur governing	support (see	(vi) Amount of other support (see
				above or IRC section (see instructions))	docur	ment?	instructions)	Instructions)
				,	Yes	No	1	
A)						1		
						<u>L</u> .		
B)								
						<u> </u>		
C)								
D)		,					- · · · ·	
		·····				<del> </del>		<u></u>
E)								
				* Selection &		Section Control		
otal			は此次で共和語が必要性的な					

Schedule A (Form 990 or 990-EZ) 2014 Panhandle Equine Rescue Inc 42-1658881 Page <u>2</u> Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar **Sources** Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 

12	Gross receipts from related activities, etc. (see instructions)		_
13	First five years. 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 stop here		_
Se	or or or or or or or or or or or or or	_	
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		_
15	Public support percentage from 2013 Schedule A, Part II, line 14	- %	_
16a	33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	9/	6
	box and stop here. The organization qualifies as a publicly supported organization		_
ь	33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more.		Ц
	check this box and stop here. The organization qualifies as a publicly supported organization		_
17a	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		Ш
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported		
	organization		_
b	10%-facts-and-circumstances test - 2013. 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 stop here.		
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		
	The organization qualities as a publicly		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 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.)

26	ction A. Public Support						
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				1	] ;	
	received. (Do not include any "unusual grants.")	33,205	46,946	45 645			
2	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	33,203	20,940	45,645	47,340	50,702	223,838
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513			<u>.</u>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
6	Total. Add lines 1 through 5	33,205	46,946	45,645	47,340	50,702	223,838
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						223,030
ь	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						
C	Add lines 7a and 7b						7.
8	Public support (Subtract line 7c from line 6.)						223,838
Se	ction B. Total Support		•				2237030
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	33,205	46,946	45,645	47,340		223,838
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			***			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						#10 ·
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	33,205	46,946	45,645	47,340	50,702	223,838
14	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	
Ś	organization, check this box and stop here tion C. Computation of Public Sur	mant Darassa		<del> </del>		. <u> </u>	<u>▶ ∐</u>
15	Public support percentage for 2014 (line 8, colu-					'I	
16	Public support percentage from 2013 Schedule					15	100.00 %
	tion D. Computation of Investmen	t Income Dozz	ontaco	<u> </u>	<u></u>	16	100.00 %
17	Investment income percentage for 2014 (line			(D)	· · · · · · · · · · · · · · · · · · ·		
18	Investment income percentage for 2014 (line Investment income percentage from 2013 Sc	tou, column (f) (i) thedule A. Pest III	videa by line 13, co line 17			17	0.00 %
	33 1/3% support tests - 2014. If the organization of the more than 33 1/3%, check this box a	ation did not check	the box on line 14	, and line 15 is mo	re than 33 1/3% a	18   and line	% ► [X]
	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this b	ation did not check box and <b>stop here</b> .	a box on line 14 o The organization	r line 19a, and line qualifies as a publi	16 is more than 3 icly supported orga	3 1/3%, and	▶ 🏻
20	Private foundation, if the organization did no	ot check a box on I	line 14, 19a, or 19b	, check this box ar	nd see instructions		▶ 📋

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6s.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Department of the Treasury Name of the organization

Internal Revenue Service

Open to Public Inspection

_							Emproyer 100	muneation number
Pan	handle Equine Rescue Inc						42-165	8881
Pa	Fundralsing Activities Form 990-EZ filers are no	s. Complete if It required to co	the organ molete this	ization an: part.	swered "Yes" to f	orm 990	, Part IV,	line 17.
1	Indicate whether the organization rais				s. Check all that apply			
a		ou luitus s it oogii t						
					of non-government grad	TCS		
ь			f ∐	1	of government grants			
C	<b>=</b>		g 🗀	Special fund	fraising events			
d	In-person solicitations							
2a	Did the organization have a written or	oral agreement wi	th any individ	ual Godudina	officers directors tour	looe		
	or key employees listed in Form 990,						□ <b>v</b>	🗅
ь								es 🗌 No
	If "Yes," list the ten highest paid individ		indraisers) pu	irsuant to agre	eemenis under wixch t	ne fundraisi	er is to be	
	compensated at least \$5,000 by the o	rganization.						
	(I) Name and address of individual		(III) Did fur	draiser have			unt paid to	(vi) Amount paid to
	or entity (fundraiser)	(II) Activity		or control of	(Iv) Gross receipts from activity		ained by)	(or retained by)
	,	}	contril	outions?	"On activity		er listed in	organization
			Yes	No.			L (I)	
1			105	No				
1				1				
	·	<u> </u>	<u> </u>		i			
2			1	1				
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3			-	1 1				
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9	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del>                                     </del>				
-				1				
40			1					
10			1	]				•
				•				
Total		<b></b>						
3	List all states in which the organization Is	ranistared or lice	need to collect	· · · · · · · · · · · · · · · · · · ·	or bon boon settled it	:		
	registration or licensing.	registered of lice	i iseu (o soku)	CONTRIBOUCONS	s or nas been nouned it	is exempt t	rom	
	agadaton or licerality.							
	<del></del>							
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		100	-					
						-		
	·							

P	art II		plete if the organization	n answered "Yes" to Forn	n 990, Part IV, line 18, d	OF reported more
		than \$15,000 of fundraising	i event contributions ar	nd gross income on Form	990-EZ, lines 1 and 6b	. List events with
_	1	gross receipts greater than			· · · · · · · · · · · · · · · · · · ·	
	İ		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Ride for Res (event type)	Belk Sale	None	(add col. (a) through col. (c))
3			(everit (ype)	(event type)	(total number)	1011 (0)/
Revenue	1	Gross receipts	8,471	4,080		12,551
	2	Less: Contributions	· 			}
	3	Gross income (line 1 mlnus	• •			
_	<u> </u>	line 2)	8,471	4,080		12,551
	4	Cash prizes		_		
	5	Noncash prizes	<u> </u>			
#IS6S	6	Rent/facility costs	2,195		"	2,195
Direct Expenses	7	Food and beverages	388			388
Çi	8	Entertainment	····			
	9	Other direct expenses	2,998		<u> </u>	2,998
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 10	through 9 in column (d)			5,581
Pa	irt III	Gaming. Complete if the or	ganization answered "	Yes" to Form 990. Part IV	/ line 19 or reported or	6,970
	,	than \$15,000 on Form 990-	EZ, line 6a.		Time 10, 4) Topolica II	1010
Revenue		-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
				-	- "	<del></del>
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
E. C.	4		Ì		·	
4		Rent/facility costs				
	. 5	Rent/facility costs  Other direct expenses	Vae o/			of partition or environment when we have
		· [	☐ Yes % ☐ No	Yes %		
	6	Other direct expenses	No	<del>                                </del>	<del>=</del>	
	6	Other direct expenses	No through 5 in column (d)	No	<del>=</del>	
9	6 7 8	Other direct expenses  Volunteer labor  Direct expense summary, Add lines 2  Net gaming income summary, Subtract	through 5 in column (d)	(d)	<del>=</del>	
9 a b	6 7 8 Ente	Other direct expenses	through 5 in column (d) tine 7 from line 1, column conducts garning activities ning activities in each of the	(d)	<del>=</del>	
9 a b	6 7 8 Ente	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2:  Net gaming income summary. Subtract the state(s) in which the organization organization licensed to conduct games."	through 5 in column (d) tine 7 from line 1, column conducts garning activities ning activities in each of the	(d)	<del>=</del>	
9 a b	6 7 8 Ente	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2:  Net gaming income summary. Subtract the state(s) in which the organization organization licensed to conduct games."	No through 5 in column (d) thine 7 from line 1, column conducts gaming activities ning activities in each of the	(d)	No P	
a b	6 7 8 Ente	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 in the gaming income summary. Subtract the state(s) in which the organization of explains incomes to conduct games, any of the organization's gaming lices.	No through 5 in column (d) thine 7 from line 1, column conducts gaming activities ning activities in each of the	(d)	No P	Yes No

# SCHEDULE O (Form 990 or 990-EZ)

# 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.

Department of the Treasury Internal Revenue Service Name of the organization

information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014

2014

Open to Public
Inspection
Employer Identification number

Panhandle Equine Rescue Inc 42-1658881 01. Description of other expenses (Part I, line 16) Description Amount Depreciation from 4562 3,679 Payroll Tax Expense 1,868 Equipment & Supplies 1,378 Professional Fees 545 Horse Management Costs 29,699 Insurance 1,765 Office Expenses 2,456 Dues & Fees 75 Truck & Trailer Expenses 1,554 02. Description of other assets (Part II, line 24) Category Beginning of Year End of Year Automobiles 2,974 1,669 Office Equipment 229 **77** Fencing 4,142 2,594 Machinery & Equipment 181 138

Form 4562

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 **2014** 

	tment of the Treasury	(		Attach to yo	our tax reti	æn,	,			2014 Attachment
	al Revenue Service (99) (s) shown on return	▶ Information about Fo	rm 4562						562.	Sequence No. 179
				Bus		•	ich this form relater	5		kientifying number
	nnandie Ed	uine Rescue 1	nc		FORM	<u>990:</u>	<u>EZ - 1</u>			42-1658881
Pa		To Expense Certa								
_		ou have any listed propert	y, compl	ete Part V before	you comp	lete P	art I			
1	Maximum amount (:				• • • •			• • • •	1	
2		179 property placed in ser							2	
3	Inreshold cost of se	action 179 property before n	eduction	in limitation (see i	nstructions)	)			3	
4		on. Subtract line 3 from line					· • • • • • • •		4	
5		ax year. Subtract line 4 from	s line 1, K	f zero or less, ente	er-O If ma	med fil	ing			
_	separately, see instr			· · · · · · · ·					5	
_6_		(a) Description of property		(b) (	Cost (business	use onl	y) (c) E	ected cost		
	11-4-1			<u></u>						
7		er the amount from line 29			• • • • •	ـــا	7			
8	l ofal elected cost of	section 179 property. Add	amounts	in column (c), line	s 6 and 7				8	
8		n. Enter the smaller of line							9	
10		ved deduction from line 13							10	
11	Business income Ilm	litation. Enter the smaller of	business	s income (not less	than zero)	or line	5 (see ins	structions)	11	
12		e deduction. Add lines 9 an				1	<u></u>		12	··-
13	Carryover of disallov	ved deduction to 2015. Add	lines 9 a	nd 10, less line 1:	2 🕨	1	3			HARRIED HE HERE
Note	: Oo not use Part II	or Part III below for listed	property.	. Instead, use Pa	rt V,					
_	rt II∕ Special I	Depreciation Allow:	nce a	nd Other De	preciatio	n (D	o not include	listed pr	operty.	) (See instructions.)
14		allowance for qualified proj	enty (oth	er than listed prop	erty) place	d in se	rvice		Ì	
	during the tax year (s		• • • •						14	
15		ection 168(f)(1) election							15	''-
16	Other depreciation (i			<u> </u>	<u></u>	<u>, ; .</u>	<u> , .</u>		16	
Pa	till MACRS	Depreciation (Do r	ot includ	de listed property	/.) (See ins	tructio	ns.)			
				Sectio						
17	MACRS deductions	for assets placed in service	in tax ye	ars beginning bef	ore 2014				17	2,662
18		group any assets placed in	service o	during the tax yea	r into one o	r more	general		3.0	
	asset accounts, chec		<u></u>	<u></u>	· • • • •		<u></u> ▶		X 100	
	Sect	tion B - Assets Placed in				ng the	General Depr	eciation	Syste	m
	(a) Classification of pr	oporty (b) Month an placed i	n (b	<ul> <li>Basis for depreciati usineas/investment us only-see instructions)</li> </ul>	<sub>se</sub> (d) Re	rcovery riod	(e) Convention	(f) Me	thod	(g) Depreciation deduction
19 a	3-year property							<del>                                     </del>		
b	5-year property		30 20 20 T		"-			1		-
¢	7-year property		(A) (Ve/*				-	<del>                                     </del>		
d	10-year property							<del> </del>		
. 0	15-year property							<u> </u>		
f	20-year property		379 <del>(</del> )					† -		
g	25-year property				25	yrs.		5	·/L	
h	Residential rental					yrs.	ММ		7. <del>-</del> ∕∕∟	
	property					j yrs.	MM	-	/L	
ī	Nonresidential real	""				yrs.	MM	<del>,</del>	<u>,                                     </u>	
	property					7.4.	ММ	S		
		on C - Assets Placed in S	ervice D	uring 2014 Tay	Year Using	the 4				horn
20 a	Class life	04444 kinin	BR 7845		Tour Oams	, 410 2	TOTTIZETYE DE	S		CHTT
	12-year				12	yrs.		<del></del>	<u>/L</u> /L	
	40-year	Programmer parties of				yrs.	MM	\$		
Par		y (See instructions.)	, I		, 40	7:0.	] IAIIAI		/⊑	
	Listed property. Ente								21	1,017
		from line 12, lines 14 thro	uah 17	lines 19 and 20 !	n column 4	n/ and	 Lline 21 Entai			4,01/
	here and on the apon	opriate lines of your return.	Partnerel	hins and S comos	ations - eec	g, alik Ineter	amo en GNO. Mone		20	3,679
:3	For assets shown abo	ove and placed in service d	urina the	current veer ente	erthe	1 100 00	VIIVI 10	••	22	a, o / a Maria in encome com a ser en
				wallen in venue, elitte						

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - De	preciation and (	Other Inform	nation (	Caution	r: See th	ie Instruc	tions for	limits for	Dassen	ger auto	mobile	٠.		
24	a Do you have evidence	to support the busine	es/investment u	se claime	d?		Yes		24b if					Ye	s ∐ No
	(=) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) r other bas		e) sis for dep velnees/inv use ou	reciation estment	(f) Recovery period	Ме	(g) thod/ vention	Depre	(h) eciation	Elected s	(i) ection 179
<del>2</del> 5	Special depreciation	n allowance for q		property	/ płaced	in servic		·· <b>y</b> /				-		7	40m, 473m
_	the tax year and us										. 25			91 - Sylf***	a di Salah da Karaja Tanggaran
26	_	e than 50% in a g	ualified busin	ess use				·						1	
20	100 Chevy C25	06272011	100.0%		8,82	25	8	825	5	200	DB-HY	1.	017	· · ·	
_			%						<u> </u>	-				1	
_			%											1	
27	Property used 50%	or less in a quali	fied business	use:										·	
_		1 1	%							S/L-				18.4 min track	Section Control
_			%	<u>L</u> .						S/L-					W. Carlon
			%							S/L-					pjalia i K
28	Add amounts in col	umn (h), lines 25	through 27. I	nter he	re and o	n line 21.	, page 1	•		· · ·	. 28	1,	017		(A
<u> 29</u>	Add amounts in col	umn (i), line 26. E	nter here and	d on line	7, page	1		<u> </u>	<del></del>				. 29		• • • • • • • • • • • • • • • • • • • •
							n on Use	of Vehic	cles						
Co	mplete this section fo	ਸ vehicles used b	y a sole prop	rietor, pa	artner, or	other "n	nore than	5% own	er," or rela	ted pers	ion. If yo	u provid	led vehic	es	
to y	our employees, first	answer the quest	ions in Section	n C to s	ee if you	meet ar	n exception	on to com	pleting thi	s sectio	n for tho:	se vehic	les.		
				(	a)	1	(p)		c)		()		( <del>a</del> )	(1	n
30	Total business/inve			Vehi	de 1	Vehi	cie 2	Vohic	de3	Vehic	le 4	V <del>a</del> hi	icle 5	Vehic	B ek
	the year (do not in														
	Total commuting m					ļ									
32	Total other persona	l (nencommuting)	)												
		• • • • • • • •	<i></i>												
33	Total miles driven d		id												
	lines 30 through 32														
34	Was the vehicle ava	silable for persona	ai .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty l														
35	Was the vehicle use	ed primarily by a r	nore		ļ		Ï								
	than 5% owner or n	•							<u> </u>	ŀ					
36	Is another vehicle a	vailable for persor	nal use?								"				
		Section C -	Questions	for Emp	loyers	Who Pro	vide Ve	hicles fo	r Use by	Their E	mploye	05			
Ans	swer these question	s to determine If	you meet ar	except	ion to co	ompl <del>e</del> tin	g Sectio	n B for ve	ehicles us	ed by e	mploye	s who	are not		
moi	re than 5% owners o	r related persons	(see instructi	ons).								_			
37	Do you maintain a v	vritten policy state	ment that pro	phibits at	l person	aluse of	vehicles	including	commuti	ng, by				Yes	No
	your employees?														
38	Do you maintain a v	witten policy state	ment that pro	ohibits pe	ersonal u	use of ve	hides, ex	cept corr	ımuting, b	y your					
	employees? See the	e instructions for v	ehicles used	by corp	orate off	icers, din	ectors, o	1% or m	rore owne	rs e					
	Do you treat all use														
40	Do you provide mor	e than five vehicle	s to your em	ployees.	, obtain i	nformatio	on from y	our empl	oyees abo	rut the					
	use of the vehicles,							• • • • •							
41	Do you meet the rec														
D.	Note: If your answert VI Amorti	er to 37, 38, 39,	40, or 41 is	Yas, d	not co	mplete 9	Section E	for the o	covered v	ehicles.				WE STORY	海河(城)
17.4	art VI Amort	zation	· · · · · · · · · · · · · · · · · · ·												
	(a) Description of a	costs	(b) Date amort begit	ization	1	) Amortizable	e) e amount		(d) Code secti	on	(e) Amortiza period o percenta	r l	Amortizati	(f) on for this y	/ear
12	Amortization of cost	s that begins durin	ng your 2014	tax ves	(see ins	atructions	3)-				paroenta	8-3			
			3 / -WI EV 14	: You	(444 1115		-/-								
					+					<del> </del>					
3	Amortization of costs	s that began before	re your 2014	tax vear	<del>'</del> .						1	43			
	Total. Add amount					e to reco	ort					44			

tem.	* Item was disposed					Δ	epreciati	on D	Depreciation Detail Listing	ing			_	20	2014
5	or during current year.						, s	990 B2	990 EZ For volur records onki				<del>, , , , , , , , , , , , , , , , , , , </del>	PAGE	<b>B</b> 1
Name(4	Name(a) as shown on reform						5	5	All S				Secial	Social security numberiEIN	
Α	Panhandle Equine Rescue Inc	Inc							į				-d*	42-1658881	
ā.	Description	Date	Cost	Salvage	Business Perzantage	Section 179	Depreciation Basis	¥I⊓	Method	Rate	Current	Accumulated	1	Bonus	AMT
	2000 Chevy C2500	06272011	8,825		160.00		6,825	5	200 DB RY	11, 52	1 013	2 200	aguadka	oepredation	Current
N	Carport Cover	09152011	1,185		100.00		1,185		150 DB HY	6.177	73	282			1,470
м —	Barn Improvements	01021010	2,628	. "	100.00		2,628		150 DB HY	5.713	150	2 6			\$ C
4	Gateв	08272009	290		100.00		290		200 DB HY	8.92	26	202			ner
u)	Pence	06182009	1,340		100.00	-	1,340	7	200 DB KY	8.93	120	936			9 9
	Round Pen Panels	01012009	350		100.00		350	۲-	200 DB HY	8.92	31	244			¥07
	100LB Spreader	04072010	139		100.00		139	r.	240 OB HY	. 60		107			T .
*	MP Photosmart Printer	01011010	164		100.00		164	ľ	200 DB HY	11.52	19	4 2			7 6
<u></u>	Computer	12232010	1,158		100.00		1,158	ιή.	203 DB KY	11.52	133	1,091			100
10 2	2005 Longhorn Stock T	08302010	2,500	•	100.00		2,500	1//	200 DB HY	11.52	288	2.356			7 1
_		02242012	006	_	100.00	•	006	r.	200 DB HY	19.2	173	641			151
	Fencing and Gates	05262012	3,182		166.00		3,182	ľ	200 DB HY	19.2	611	2,265			104
	Shed Addition	05312012	261		100.00		261	Ľ	200 DB HY	19.2	50	186			
	Pencing	0520250	2,471	•	100.00	•	2,471	ľ	200 DB HY	32	791	1,285			( F )
15	Blectrical Wiring	05162013	2,565		100.00		2,565	20	150 DB HY	7.219	185	281	•		781
															<u> </u>
					<u> </u>	17					•		***		
Ĕ	Totals	<del>                                     </del>	27,958	$\prod$	H		27,958				3,679	18,191			101.0
Ä	Land Amount Net Depreciable Cost		27,958											ST ADJ;	18714

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: AUG 2 5 2005

PANHANDLE EQUINE RESCUE INC C/O DIANE L LOWERY 3099 E CHIPPER RD CANTONMENT, FL 32533 DEPARTMENT OF THE TREASURY

Employer Identification Number: 42-1658881 DIN: 17053060043015 Contact Person: ANGELA M BENDER ID# 31162 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: February 2, 2005 Contribution Deductibility: Yes Advance Ruling Ending Date: December 31, 2009

### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

177070 421658881

R22442 Department of the Treasury Internal Revenue Service EO RULINGS AND AGREEMENTS PO BOX 2508 CINCINNATI OH

45201

030645-549450.0107.000 1 AB 0.351 535 Infinitiohalmilialialialia. Hadiodialialia Date of this notice: March 16, 2009 Notice Number: CP-158 Taxpayer Identification Number: 42-1658881

Advance Ruting Period Ending Date: December 31, 2009

For assistance, call: 1-877-829-5500

PANHANDLE EQUINE RESCUE INC % DIANE L LOWERY PO BOX 777 CANTONMENT FL 32533

030645

Our records indicate that you were issued an advance ruling letter that treated you as a public charity, rather than a private foundation, during an advance ruling period that ends on the date indicated above. That letter required you to file IRS Form 8734 at the end of your advance ruling period to establish that you qualify as a public charity.

New IRS regulations changed the procedures governing your public charity status. You are no longer required to file Form 8734 at the end of the ruling period. The regulations also provide that donors can rely on your advance ruling letter with respect to your public charity status unless the IRS changes that status, based on the organization no longer meeting an applicable public support test, and publishes notice of the change.

If you have received Form 8734 from the IRS, please do not file it. Please keep your advance ruling letter along with this letter for your permanent records.

The regulations also changed the rules for computing public support, consistent with the redesigned Form 990, Return of Organization Exempt from Income Tax. For more information regarding those rules and the redesigned Form 990, please see the IRS website at www.irs.goy/eo.



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

**Escambia County Board of County Commissioners** Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: Pathways For Change

Agency Address: PO Box 17852

Pensacola, FL 32522

Program Name: Men's Residential Treatment

Program Contact: Connie Bookman

Contact Email: cbookman@pathwaysforchange.org

Contact Phone: 850-346-2922

# 25-Word Description of Program:

Intensive 12-18 month addictions treatment, counseling, case-management, vocational training, GED, tutoring, 12 Steps of AA and 27 life skill classes in a highly structured environment

Amount Requested: \$140,000.

Amount Received Last Year, if applicable: \$140,000.



# Briefly discuss how last year's funds were used.

Board of County Commission partners with Pathways For Change to offer Men's Residential Treatment for 26 long time substance abusing men who have spent a majority of their lives in the criminal justice system, both locally and in state prison. BCC funds pay for:

- 1. Admissions Specialist/ Court Liaison
- 2. Treatment Program Manager
- 3. Case Manager
- 4. Executive Director
- 5. Mental Health Contract Counselors
- 6. Office Coordinator
- 7. Transition Manager
- 8. After Care Specialist/ Director of Alumni
- 9. Mentor Incentives and Miscellaneous Expenses

# Briefly discuss how the funding you are currently requesting will be used:

For the above stated expenses.

# If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Pathways For Change (PFC) is in our 10<sup>th</sup> year of providing this service to Escambia County at a cost to the BCC of \$140,000 per year. Since 2008, the Destin Charity Wine Auction Foundation has provided \$90,500 to pay the balance toward the \$230,500 operational costs to run this program. If we were not to receive the full request, PFC would not be able to continue offering this service to the County.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

We are not using any funds as a match this year.

# Please list the primary goal(s) that this program is targeting. Maximum of three.

- 1. Reduce recidivism from the norm of 32% to 70% success (the national average, not returning to jail within 2 years of graduating from the program)
- Reduce the cost of housing an inmate. Currently, the cost of housing an inmate in the Escambia County Jail is \$25,000 per year and the cost of Pathways For Change is \$7,615, per inmate, per year
- 3. Reduce crime by increasing the number of tax paying citizens

# Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Research helps us understand the formula to reduce recidivism and keep an inmate from returning to jail – a person who is caught in the cycle of incarceration must increase his level of awareness about his criminal thinking and behavior, increase his level of basic education and/or vocational skills, regain his family or community support and he must reenter his community with a safe place to live and a livable wage. Pathways For Change will track and measure:

- 1. The rate of previous incarcerations, the age at first use of drugs/substances and the age at first arrest which will give us an understanding of the level of **criminal thinking and behavior**. NOTE: Of the 26 inmates who entered PFC over the past 12 months, 14 have spent time in prison; the youngest age of onset for substance abuse was 10 years old; the youngest age at time of arrest was 12 years.
- 2. The level of education and work history. NOTE: Of the 26 inmates who entered PFC over the past 12 months, 12 men did not have a high school degree. Of those 12, educational levels range from 4<sup>th</sup> grade to 11<sup>th</sup> grade. We have not tracked years of past employment, but plan to in this new fiscal year. We do track the number of clients who are employed upon graduation and that rate has always been 100%. We will continue to track successful employment upon graduation from PFC.
- 3. The rate of homelessness before going to jail or prison. If an inmate was homeless, that usually means he as destroyed relationships with family and friends. NOTE: Of the 26 men who entered PFC this past year, 9 were homeless. We will track the number of clients who reenter into safe housing.



#### Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Pathways For Change will track

- 1. Level of education upon entry and increase in grade level at graduation
- 2. Employment history and rate of successful employment post-graduation
- 3. The number of successful completions of the PFC program and their rate of recidivism for 2 years post-graduation



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	\$90,500	+70,577	<b>≠90,500</b>
Programmatic Income	0	0	0
County Funding	\$ 140,000	\$116,667	\$ 140,000
City Funding	0	0	0
State Funding	0	0	0
Federal Funding	0	D	0
Memberships	0	0	0
Investment Income	0	O	0
Other Income	0	0	O
Total Income	£230,500	\$ 187,244	<i>\$230,600</i>



### **Expenses**

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages	\$ 131,054	\$ 129,716	
Employee Benefits	\$ 13,343	\$ 9,439	
Professional Services	0	O	
Contractual Services	\$ 8,674	\$ 51,581	
Travel Expenses	\$ 1,477	<b>\$</b> 909	
Rentals and Leases	# 2,603	<i>₹</i> 2,378	
Communication	\$ 4,537	\$ 3,023	
Postage and Freight	<b>4</b> 9	\$ 101	
Repair and Maintenance	\$ 222	p 24	
Printing and Binding	<b>†</b> 279	d 45	
Marketing and Promotion	\$ 37	\$ 75	•
Fuel	O	0	



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	\$ 7,681	\$ 10,540	
Capitalizable Assets OTHOR EXPONSES Total Expenses	0 \$ 6,002 \$175,958	6 3,222 \$211,053	
Net Income	\$ 54,542	\$ (23,809)	

Please explain any capitalizable asset contained in your request.

### Return of Organization Exempt From Income Tax

CMS No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Ā	Forth	= 2013 cale	andar year, or tax year beginning 10/01 2013, and and		'	(dSpecification)
8		if applicable:		pud .	9/30	,20 14
<u>,                                    </u>			C Name of organization PATHWAYS FOR CHANGE, INC.	. '	f D-Emple	<del>ງຈະ ເຮືອກນີ້ກີຂອນ</del> ີຄວາກແກກສູ້ສະ
1		s change	Duling Business As		<u> </u>	90-0591724
岩		change.	Number and sheet (or P.O. box if mail to not delivered to street address) Room/	anim .	E Teleph	one number
	ांगरियां त		PO BOX 1788z		<u> </u>	(850) 202-0028
	Tembr		City or lown, state or province, country, and ZIP or foreign poets; code	· <del></del> -	:	
$\perp$	Amend	ed return 🦾	PENSACOLA, FL 32522	- :	G Gross	receipts \$ 662,213
L	Applica	tion pending	F Name and address of principal officer. CONNIE BOOKMAN	Mad is this s o		reinordness? Yes Vinc
_			1211 W FAIRFIELD DR. PENSACOLA, FL 32501	١.		Brounded? Yes No
ŀ	Тах-ек	empt status:	☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527			is that (asset instructions)
J	Websit	= > WW	W.PATHWAYSFORCHANGE.ORG			
K	Form of	orumbation:	✓ Corporation Trust. Association Other III		-,	n number 🟲
Ē	bahil i	Summ		ation: 2010	, M.Stab	of legal domicile: FL
t	1 1		scribe the organization's mission or most significant activities:			
σ	1					•
Activities & Governance	1	INE ORG	ARIZATION'S MISSION IS DEDICATED TO CHANGING LIVES, REDUCING	CRIME, AND I	<b>SUIDING</b>	FUYURES.
Ę	1 .	714 - F. AK				
ş	2	Check th	s box 🕨 🗌 If the organization discontinued its operations or disposed	of more than	25% of	its net assets.
ď	3	Number	of voting members of the governing body (Part VI, line 1s)		3	19
***	4	Number (	of independent voting members of the governing body (Fart VI, line 1b	)	4	1:2
. ₫	5	Fotal nun	iber of individuals employed in calendar year 2013 (Part V, line 2a)		5	C
룫	[6	Total num	iber of volunteers (estimate if necessary)		8	75
¥	7e	Total unn	plated business revenue from Part VIII, column (C), line 12		7a	. 0
	Ъ	Net unrek	sted business taxable income from Form 990-T, line 34		75	j
			da:	Gurrent Year;		
	B	Contribut	ions and grants (Pert VIII, line th)		691,068	
2	9	· · · · · · · · · · · · · · · · · · ·				548,800
Revenue	10	la motoria	stines (Part VIII, III 8 20)		37,733	19,155
	l.	Ortestrici	nt income (Part Vill, column (A), lines 3, 4, and 7d)			
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		146	(6,743)
	12	lotal reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		628,347	562,212
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14	Benefits .	ald to or for members (Part IX, column (A), line 4)		- 6	0
9	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		292,705	395,072
Experies	16a	Profession	nal fundralsing fees (Part IX, column (A), line 11e)		13,500	
D.	Ь	Total fund	raising expenses (Part IX, column (D), line 25) ▶	enders were de la company	\$ 3.30U	o de la companya de l
ă l	.17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>n gadhacanada</del>	mind average of	manacona manacona
		Total exm	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	····	297,103	245,633
-}	19	Doverno I	sisses. And these 13-17 (main equal Part IX, column (A), line 25)		<u>603,308</u>	840,705
<u> </u>	1-27	Develue I	ess expenses. Subtract line 18 from line 12		25,039	(78,493)
훒		T		Teglanby of Cur	rent Year	End of Year
馧			ts (Pert X, line 16)		098,836	7,031,398
# ≣			ities (Part X, Ilne 26)		77,586	88,841
	22		or fund balances. Subtract line 21 from line 20	- 1,	Q21,05D	942,557
	त्तं ॥		re Block			
Und	ler penal	tie≓of perjuly	.4 decisrs that I have examined this return, including accompanying schedules and state	mands, and to the	best of a	ei. if jeljed boe apbelword yr
pue	, correct	, and comple	c. reclaration of the pare. (other than officer) is based on all information of which prepare	i has any katowle	dge.	•
			May executing Tklings	····		
Sign	n. 1	Signat	A SHEET	Dan		<del></del>
ler		i MA	Selling A South Curtin		-57	14/15
- spread	- 1		put name and title		/	/ -
			<u> </u>			
3ai		1	preparer's name Propher's signature	Julia -	Check 5	Z. # PTIN
y, o	parer	- GINNY S		114119	emp	loyed) P01395269
	o Only	Form's can	DE > GINNY STEVENS	Form'	EN P	
		Firm's add	ices > 241 MIRIRO ROAD, PENSACOLA, FL 32503	. Phon	ė no.	860-777-1462
ляу	the is:	S discuss.	this return with the preparer shown above? (see instructions)			✓ Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

	THE FAMILY CENTER IS A RECOVERY HUB	WHICH PROVIDES	A "ONE-STOP SHOP FO	OR SOCIAL	
	SERVICES" TO RESIDENTS.		~~~~~		
					***************************************
٠			***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	(Code: ) (Expenses \$	7F WCO :			-
	(Code:) (Expenses \$) PATHWAYS FOR CHANGE, INC.'S TRANSITION			0) (Revenue \$	0)
	RESIDENTS WITH HOUSING, CASE MANAGE				·
	OTHER SERVICES. PFC PARTNERS WITH O	RGANIZATIONS TH	AT HAVE THE		
	SAME HIGH EXPECTATIONS FOR CLIENT OF				
	TREATMENT. WATERFRONT RESCUE MISS				
	OFFICE WRAP (WOMEN'S REENTRY ASSIST				
	GRADUATES TO PFC'S TRANSITIONAL PRO				
			<u> </u>		
-	****				
-					
	Other program services (Describe in Scheo	lule O.V			
	(Expenses \$ including gran		) (Revenue \$	)	
3	Total program service expenses	488,740		۲.,	
-					Form <b>990</b>

Part IV	Checklist	of Required	Schedules

			785	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	./	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_
4	Section 501(c)(3) organizations. 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	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			_
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		<u> </u>
•	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			<u> </u>
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118		a
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>~</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	<b>V</b>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12e		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			<u>√</u>
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	-	<del></del> _
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del></del>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	اا	Ì	,
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>√</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ł	✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<del>-</del>
	assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	·	<u>/</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	/	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		*	
••	If "Yes," complete Schedule G, Part III	19		<del>/</del>
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	-	
	11 100 to min and the distinction street a coby of its addition determine in the isolation.		990	(2013)

-art	Checklist of Hequired Schedules (continued)		,	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tex-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
С Б	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25e		<b>√</b>
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28 .	Wes the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			<del>7</del> 5: 1:
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28e 28b		<u>√</u> √
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>\</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	_	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>\</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35e b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>\</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
37	related organization? If "Yes," complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
		Fon	n 990	(2013

Par				Page 5
	Check if Schedule O contains a response or note to any line in this Part V		_	П
1a	Enter the auraban was died to Burg of E	· ·	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	1 1/2	
Č	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  18 1  1b	0	1:	
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?			1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	1	1
	Statements filed for the colonder year and the units and the sales and the sales and the sales and the sales are the sales and the sales are t	100	4	100
b	Statements, filed for the calendar year ending with or within the year covered by this return	<u> </u>		
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3а	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.,,	1000	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	]	1
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	1	
403	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
b		4a		✓
•	If "Yes," enter the name of the foreign country:			
5a	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
0	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	<u> </u>	
	organization solicit any contributions that were not tax deductible as charitable contributions?	l _	]	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>√</b>
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	<u>6</u> b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	77	7	
	and services provided to the payor?	1		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e		✓_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
_	required to file Form 8282?			
ď	16 White W Smill and a share would be a smill as a smil	7с		<u>✓</u>
ĕ	Tryes, Indicate the number of Forms 8282 filed during the year.  Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	W	:	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	<u> </u>	<u>√</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71		<u> </u>
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		Yaran .
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	) (V. <b>~</b>	53	
	organization, have excess business holdings at any time during the year?	8	· · · ·	
9	Sponsoring ownerizations maintaining down the day	8		

	after were not true deduction include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	(6b		
a	Organizations that may receive deductible contributions under section 170(c).		7.	
•	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		1 y	
		7e		<b>V</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to hie norm 82827	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year	V		100
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		· · ·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109s-C2	7		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1770
	organizations. Did the supporting organization, or a donor advised fund maintained by a soonsoring	¥ . Y		·
	organization, have excess business holdings at any time during the year?	8	V 10 21	
9	Sponsoring organizations maintaining donor advised funds.		3.4	1
а	Did the organization make any taxable distributions under section 4966?	9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:	-	A spiral	-10 3 m/s
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	100	$J_{j} = 1.5$	3.0
11	Section 501(c)(12) organizations. Enter:	4-14-14	$m_{\rm s} f_{\rm s}$	A
а	Gross income from members or shareholders	100		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			7.2
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	Tryps.		(A.1.5)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	Kirkya -	10.00	N 3.75
p	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			7
0	Enter the amount of reserves on hand	· }		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		<b>√</b>
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

Form 99	0 (2013)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	ins	truct	
Section	on A. Governing Body and Management			
18	Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		<b>Y</b> •••	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   1b 11  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<b>✓</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		<b>&gt;</b> >> >
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b.		<b>~</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	88 8b 9	<b>√</b>	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
		l dead	Yes	No.
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>✓</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1111		1.00
12a b	Did the organization have a written conflict of Interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	<b>V</b>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	126	1	
13 14 15	Did the organization have a written whistleblower policy?	13	53.75° ( 53.75° ( 53.57° (	<del>*</del>
8 b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	<b>&gt;&gt;</b>	
	with a taxable entity during the year? .  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	0 + 3+1.	✓
	participation in joint venture arrangements under applicable federal tax law, and take steps to saregular the organization's exempt status with respect to such arrangements?	16b	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that apply.  Own website Another's website V Upon request C Other (explain in Schedule O)	n 501(	(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and record	of th	9	
	organization: MARY WINDHOLZ 3910 MCLELLAN ROAD PENSACOLA, FL 32503 850-433-5969			D (2013)

Form 9	90 (2	013	n
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	กระก	ated any currer	nt officer, director	r, or trustee.	
				(	C)						
(A) Name and Tille	(B) Average hours per	box,	unle	heck 33 pe	rson	e than (	ı an	(D) Reportable compensation	(Ë) Reportable	(F) Estimated	
	hours for hours for related organizations below dotted line)	Individus or directs		Officer	Key employee	Highest compensated employee	Former		compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) TED GORDER	2.0		į	,							
PRESIDENT	0	<b>✓</b>		✓	<del> </del> —	<u> </u>	$\vdash$	<u> </u>			
(2) THOMAS ALLEN	2.0			,			l				
VICE PRESIDENT	0	<b>✓</b>		<u> </u>	<u> </u> —	├─	—				
(3) BARRIE ARNOLD	2.0	,		_				i			
TREASURER	0	<b>✓</b>	<u> </u>	✓	ļ <u>.</u>	ļ. —					
(4) JULIE JONES	2.0	,	l					ĺ			
SECRETARY	Q	✓	-	1	<u> </u>	<u> </u>	<u> </u>				
(5) NIKKI NASH	2.0	,				ľ					
SOARD MEMBER	0	✓	⊢	<del> </del>				<del></del>			
(6) CINDI BEAR BOARD MEMBER	2.0	/		}		l		}			
(7) ERIC STEVENSON	2.0	<b>v</b>		-	-		_	<del> </del>			
BOARD MEMBER	0	1	l								
(8) HOCUTT PHILLIPS	2	Ť	$\vdash$			<u> </u>		<del>                                     </del>			
BOARD MEMBER	0	1	İ					]	1		
(9) CLAY ROMANO	2		$\vdash$		_	···-					
BOARD MEMBER	0	1			l		Į	1			
(10) MICHAEL CARRO	2		-				$\vdash$	<del>                                     </del>		<del>.</del>	
BOARD MEMBER	0	1							į		
(11) ROD HURSTON	2		$\vdash$				_				
BOARD MEMBER	† <del>-</del>	<b>√</b>	Ì					1			
(12) CONNIE BOOKMAN	40	<u> </u>	<del>                                     </del>		-						
EXECUTIVE DIRECTOR	6	1		1	}			65,691	o	0	
(13)			-					1		·	
					<u>L</u>		<u> </u>				
(14)	ļ										
	<u> </u>	:					<u> </u>	<u> </u>		Form <b>990</b> (2013)	
										FORM 200 (2013)	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average	box,	unies	Pos reck	mon.	than (	an r	(D) Reportable	(E) Reportable	(F) Estimated	
		hours per week (list any hours for related organizations below dotted line)	Individue or direct	Institutional trustee	Officer	Key employee	Highest compensated amployee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and relate organization	ion on d
(15)							8.	_				
(16)							_	-	-			
(17)												
(18)												
(19)											<u></u>	
(20)												
(21)												
(22)												
(23)										-		<del></del>
(24)				_								
(25)					Н	_					<u>.                                    </u>	•
1b	Sub-total	-		<u> </u>				<b>&gt;</b>	65,691 O	0		0
<u>d</u>	Total (add lines 1b and 1c)	t not limited	to th	ose	list	ed a	above	) W	ho received ma	ore than \$100,00	00 of	0
3	Oid the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direct	tor, o	r tr	uste <i>indi</i>	e, Vidt	key e	тр	loyee, or high	est compensate	Yes	No /
4	For any individual listed on line 1s, is the organization and related organizations individual	sum of rep greater tha	portat an \$1	ole ( 50,	000	iper	satio Ye:	n a s,"	nd other comp complete Sch	ensation from the	ne sh	
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co ? <i>If "Yes," c</i>	omper compl	nsal e <i>t</i> e	ion Sch	fror edu	n any ile J f	un: ors	related organiz such person	ation or individu	<b>al</b> 5 (4) (4) (5)	1
Section 1	Complete this table for your five highest compensation from the organization. Repyear.	compensate	ed ind nsatio	depe	endo or th	ent ie c	contra alend	acto ar y	ors that receive rear ending wit	ed more than \$10 h or within the o	00,000 of rganization's	tax
	(A) Name and business add	lrees.							(B) Description of s	ervices	(C) Compensation	
					_	<u>-</u>						
2	Total number of independent contractor received more than \$100,000 of compens	ors (includin	ng bu	t n	ot l	imit	ed to	th	ose listed abo	ove) who		
							-			1 " ' " "	Form <b>99</b>	<b>D</b> (2013)

Part VIII Statement of Revenue							
	_	_				<b>771 TH</b>	 _
LECTRON ATTE COLORUS TO THE COLORUS AND A SECOND ASSESSMENT OF THE COLORUS TO THE	4	Revenu	OT R	m	Stater	VIII	н

		Check if Schedule O contains	a res	ponse or note t		is Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
물완	1a	Dan and a combonding	1a			The second second		1 3-12-14-14
E O	Ь		1b					
7 4	С	•	1c	27,000				
草	d		1d					
高着	•		1e	141,500				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,		_				
존 등	ŀ	and similar amounts not included above	, ,, ,	380,300				
黄	g	Noncash contributions included in lines to						
	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>	_548,800	<u>)                                    </u>	**	
Program Service Revenue	_		ļ	Business Code		this is to be a second		
2	2a	RENTAL INCOME - PROGRAM ·	ļ	531390	19,155	19,159	5	
2	þ			•				
울	C		}					
3	d		[			<u> </u>		
臺		All other property	}					
<u> </u>		All other program service revenu					<u>                                     </u>	<u> </u>
	3	Total. Add lines 2a-2f	 disdele	nda intercet	19,155	18 3 B. P. B. S. R. C. C.	will be governed	
	•			nos, mierest,				
	4	Income from investment of tax-exen	-				<u> </u>	,
	5	Royalties	ubr po	na proceeas >			<u> </u>	
		(i) Real	<u></u>	(ii) Personal	al an analysis of the same and	Terror Karthard Theory		
	6a	Gross rents		(w) r-executes				
		Less: rental expenses					l 7 Mari (mari 9)	
	b	Rental income or (loss)	-+					
	d	Net rental income or (loss)			영화 개발 사고학	S. 504 (Fr. 94)		
ļ	7a	Gross amount from sales of (i) Securitie	99	(ii) Other	V 101 1 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The State of the Control of the Cont		
		assets other than investory	+	in com				
ŀ	b	Less: cost or other beals	$\rightarrow$					
Ì		and sales expenses .				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
]	C	Gain or (loss) .						
]	đ	Net gain or (loss)		>				10 FW + 14 1 + 4 + 1 CC
_ ]		* , ,	Г	· - ·	eviruent duri ergele	and our above as		To Market State of the Control
Вечения	8a	Gross income from fundraising						
€		events (not including \$ 27.00	a		당시 화제 않다			
اچ		of contributions reported on line 1c		į.				
- 1		See Part IV, line 18	· "	74,991				
effer	ь	Less: direct expenses	Б	81,940				
٦	C	Net income or (loss) from fundrals	sing e	vents .	(6,949)		*	and a real and the state of the
}	9 <b>a</b>	Gross income from gaming activiti	es.			t in ingelig	2251520 Euro	
		See Part IV, line 19	a					
	Ь	Less: direct expenses	ь					
	Ç	Net income or (loss) from gaming		ties 🟲				
	10a	Gross sales of inventory, le	ess					Eligible Service Control of the Cont
		returns and allowances	2					的复数电影电影
	Ь	Less: cost of goods sold , , .	_ <b>b</b> [					
.	¢	Net income or (loss) from sales of	inver			7		
ŀ	4.0	Miscellaneous Revenue		Business Code			The state of the s	
1	11a	MISCELLANEOUS REVENUE	_	900099	1,206		<u> </u>	1,206
	b		}_					
	0	All other revenue	-					
	d		L			i ga Ar ara	and the second of the second of the second	A Company of the Comp
1	<b>9</b> 12	Total. Add lines 11a-11d Total revenue. See instructions.		· · · · •	1,206			
	14	TVWI FOVERING, SEE INSTRUCTIONS,	. • •		552,212	19,155		1,206

	0 (2013)				Page 10
Pari			W ether empleation		/
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			is must complete co	niumn (A).
D	Check if Schedule O contains a respon- t include amounts reported on lines 6b, 7b,		(B)	(C)	· · · · · <u> </u>
вь, 9b	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b> 5	Benefits paid to or for members	56,651	46,656	13,330	6,685
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	262,438	204,702	39,366	18,370
9	Other employee benefits	31,864	24,854	4,780	_2,230
10	Payroll taxes	34,119	28,613	5,118	2,388
11	Fees for services (non-employees):	'			
а	Management				
c b	Legal	13,007	<u> </u>	13,007	0
d	Lobbying			The state of the s	
8	Professional fundralsing services. See Part IV, line 17				
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	40,764	31,796	6,115	2,853
12	Advertising and promotion	21,341	16,646	3,201	1,494
13	Office expenses	44,611	34,796	6,692	3,123
14	Information technology				
15	Royalties				
16	Occupancy	43,581	34,865	8,716	0
17 18	Travel	5,418	4,226	813	379
40	Conferences, conventions, and meetings	3,051	2,380	458	213
19 20	Interest	3,031			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,949	32,721	6,292	2,936
23	insurance	15,092	12,074	3,018	0
24	Other expenses, Itemize expenses not covered	Property of the sales			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	and the last of the second states		164	76
8	PROGRAM SUPPLIES	1,091			
þ	DUES & SUBSCRIPTIONS FOOD COSTS	3,539 10,841			
d	TAXES & LICENSES	200			
a	All other expenses	1,148		172	
25	Total functional expenses. Add lines 1 through 24s	840,705	485,292	113,599	41,814
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013)
					FORM 2724 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 254,361 1 112,026 2 Savings and temporary cash investments . . . . . .  $\bar{2}$ 3 3 Accounts receivable, net 4 500 4 43,531 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets A Notes and loans receivable, net 7 Inventories for sale or use . . . . . . . 8 8 9 Prepaid expenses and deferred charges 18,639 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 904,137 Less: accumulated depreciation . . . . ь 10b 88,779 814,136 10c 815,358 Investments—publicly traded securities . . . . . 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11... 13 14 14 15 13,000 15 11,000 Total assets. Add lines 1 through 15 (must equal line 34) . 16 1,098,636 16 1,031,398 17 17 6.325 18 18 19 19 89,003 81,916 20 20 Escrow or custodial account itability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 600 25 Total liabilities. Add lines 17 through 25 . 26 77,586 **26** 88,841 Organizations that follow SFAS 117 (ASC 958), check here ▶ Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 846,207 784,610 Temporarily restricted net assets . . . . 28 28 174,843 167,947 29 Organizations that do not follow SFAS 117 (ASC 958), check here > \_\_\_ and complete lines 30 through 34. 6 30 Capital stock or trust principal, or current funds . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 33 33 1,021,050 942,557 34 Total liabilities and net assets/fund balances . . 34

1,098,636

1.031.398 Form **990** (2013)

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Ear	n 99(	תכייות ו	14.47
run (			100

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		t Assets	Page 12
	a response or note to any line in this Part XI	ontains a response or note to any line in this Part XI	🗆
1	blumn (A), line 12)	rt VIII, column (A), line 12)	562,212
2	oiumn (A), line 25)	Part IX, column (A), line 25)	640,705
3	2 from line 1	ract line 2 from line 1	(78,493)
4	ing of year (must equal Part X, line 33, column (A))	at beginning of year (must equal Part X, line 33, column (A))	1,021,050
5	tments	on investments	
6			0
7		7	
8	· · · - · · · · · · · · · · · · · · · ·	8	0
9	alances (explain in Schedule O)	or fund balances (explain in Schedule O)	0
	of year. Combine lines 3 through 9 (must equal Part X, line	at end of year. Combine lines 3 through 9 (must equal Part X, line	
10	10	10	942,557
	eporting	and Heporting	
<u> </u>	a response or note to any line in this Part XII	ontains a response or note to any line in this Part XII	<u> </u>
lain in	od of accounting from a prior year or checked "Other," explain in	repare the Form 990: Cash Accrual Other its method of accounting from a prior year or checked Other," explain in	
2	ments compiled or reviewed by an independent accountant?  atte whether the financial statements for the year were compiled or dated basis, or both:  basis Both consolidated and separate basis ments audited by an independent accountant?	its method of accounting from a prior year or checked "Other," explain in clai statements compiled or reviewed by an independent accountant?	
2	ements compiled or reviewed by an independent accountant?  atte whether the financial statements for the year were compiled or dated basis, or both:  basis Both consolidated and separate basis ments audited by an independent accountant?  atte whether the financial statements for the year were audited on a	its method of accounting from a prior year or checked "Other," explain in clai statements compiled or reviewed by an independent accountant?  to indicate whether the financial statements for the year were compiled or consolidated basis, or both:  olidated basis   Both consolidated and separate basis	
iled or 2	ements compiled or reviewed by an independent accountant?  ate whether the financial statements for the year were compiled or dated basis, or both:  basis	its method of accounting from a prior year or checked "Other," explain in cial statements compiled or reviewed by an independent accountant?  to indicate whether the financial statements for the year were compiled or consolidated basis, or both:  cial statements audited by an independent accountant?  2th consolidated basis Both consolidated and separate basis considered by an independent accountant?  2th consolidated by an independent accountant?  2th consolidated by an independent accountant?  2th consolidated by an independent accountant?  2th consolidated by an independent accountant?	
iled or 2  i on a 2  prolight tant? 2	ements compiled or reviewed by an independent accountant?  ate whether the financial statements for the year were compiled or dated basis, or both:  basis	its method of accounting from a prior year or checked "Other," explain in claim statements compiled or reviewed by an independent accountant?  to indicate whether the financial statements for the year were compiled or consolidated basis, or both:  claim statements audited by an independent accountant?  to indicate whether the financial statements for the year were audited on a basis, or both:  clidated basis	
iled or 2 i on a 2 irrsight tant? 2 itain in 2	ements compiled or reviewed by an independent accountant?  ate whether the financial statements for the year were compiled or dated basis, or both:  basis Both consolidated and separate basis ments audited by an independent accountant?  ate whether the financial statements for the year were audited on a both:  basis Both consolidated and separate basis enlattion have a committee that assumes responsibility for oversight its financial statements and selection of an independent accountant? oversight process or selection process during the tax year, explain in the organization required to undergo an audit or audits as set forth in	its method of accounting from a prior year or checked "Other," explain in clai statements compiled or reviewed by an independent accountant?  to indicate whether the financial statements for the year were compiled or consolidated basis, or both:  olidated basis	
iled or  iled or  ion a  resight tant?  alain in  orth in  30 the	ements compiled or reviewed by an independent accountant?  atte whether the financial statements for the year were compiled or dated basis, or both:  basis Both consolidated and separate basis ments audited by an independent accountant?  atte whether the financial statements for the year were audited on a both:  basis Both consolidated and separate basis anization have a committee that assumes responsibility for oversight its financial statements and selection of an independent accountant? oversight process or selection process during the tax year, explain in A-133?  the required audit or audits? If the organization did not undergo the	its method of accounting from a prior year or checked "Other," explain in claim statements compiled or reviewed by an independent accountant?  to indicate whether the financial statements for the year were compiled or consolidated basis, or both:  claim statements audited by an independent accountant?  to indicate whether the financial statements for the year were audited on a basis, or both:  clidated basis	

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

### **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.

20**13** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	HWAYS FOR CHA	NGE, INC.							on A	NOT TOURIDER
	Reasor	for Public Ch	arity Status (All org	anizatio	ns must	comple	te this p	art.) See	instruct	0591724 rions
The	organization is th	ot a private found	lation because it is: (f	-or lines :	1 through	11. chec	k only or	ie boy \		
1	LI A Church, co	onvention of chui	ches, or association o	of church	es descri	bed in <b>s</b> e	ction 17	D(b)(1)(A)	M.	
2	□ A SChool de	Scribed in sectio	n 170(b)(1)(A)(l). (Att	ach Sche	dule E.)				· \-7-	
3	Li A hospitai o	r a cooperative h	ospital service organi:	zation de	scribed b	section	170(b)(1	)(A)(tii).		
4	hospital's na	isearch organizat ime, city, and sta	tion operated in conju ate:	nction wi	ith a hosp	ital desci	ribed in s	ection 1		
5	An organiza section 170	tion operated for <b>(b)(1)(A)(Iv).</b> (Cor	r the benefit of a coll nplete Part II.)	ege or u	niversity	owned o	operate	d by a g	overnme	ntal unit described in
6 7		tion that normali	ernment or government y receives a substant	ial part o	lescribed of its succ	in <b>sectio</b>	л <b>170(b)</b> (	(1)(A)(v).	init or fee	on the conord public
	GOOGINGED IN	section trotoli	nitalitair (Combiete El	art II.)			- <b>9</b> -1-11		44L OF 11C	un ole general public
8	A community	y trust <b>descri</b> bed	in section 170(b)(1)(	<b>A)(vi).</b> (Cd	omplete F	art II.)				
9	📖 An organizat	tion that normally	v receives: (1) more ti	nan 331/s	% of its :	support f	rom conti	ributions.	. member	iship fees, and omes
	support from	n gross investm	ent income and unr	stions—sa elated bu	ubject to usiness t	certain e exable in	exception occupation	s, and (2 se sooth	2) BO MO	to then 931/404 at the
**			after June 30, 1975. S							
10 11	☐ An organizat	ion organized an	d operated exclusivel	y to test t	for public	safety. S	ee sectio	on 509(a)	<b>(4)</b> .	
,,	purposes or	one or more pu	and operated exclusion blicly supported organical control of the c	mizations	: describe	ed in sec	tion 509/	(a)(1) or s	ection 5	09(a)(2) See section
	509(a)(3). Cr		describes the type of							-
_	a ☐ Type			iii-Functi	onally into	egrated	d 🗆	Type III-	Non-fund	tionally integrated
•	other than for section 50	undation manag	that the organization ers and other than or	is not co se or moi	re publici	directly o	r indirect ted organ	ly by one Izations	or more describe	disqualified persons d in section 509(a)(1)
f	If the organi		a written determinati	ion from	the IRS	that it is	а Туре	I, Type	II. or Ty	pe ili supporting
g	Since Augus	t 17, 2006, has	the organization acce						 B	
	following per (I) A person	who directly or	indirectly controls, eli	ther alone	e or toge	ther with	persons	describe	ciin (ii) a	nd Yes No
	(iii) below	, the governing b	ody of the supported	organiza	tion?					1190
	(ii) A family n	nember of a pers	on described in (i) abo	ove?						11g(ii)
	(iii) A 35% co	introlled entity of	a person described in	n (i) <i>or</i> (ii)	above? .					11g(iii)
h		oliowing informat	ion about the support	ted organ	ization(s)					
(i) i	länne of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) ii	organization isted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	(vii) is the (viii) Amount of mor regarization in col. support 0.5.?	
				Yes	No	Yes	No	Yes	No	Ť
(A)										
(B)					<u> </u>				<u> </u>	
		<u> </u>						<del></del>	ļ	
(C)										
(D)			1			<del>} ·</del>	1			
_										
(E)										
(E) Total	1 MITTER 17 M			1870.4	allamatika Kesalayan					

Page 2 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) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 81,946 494,063 1,170,385 591,068 548,800 2,886,262 revenues levied for organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 81,946 494,063 1,170,385 591,088 548,800 2,888,262 The portion of total contributions by each person (other than a governmental unit OF publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 968,115 Public support. Subtract line 5 from line 4. 1,918,147 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . 494,063 81,948 1,170,385 591,068 548,800 2,886,262 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . (5.743)(5,597)机电压器 经未经证 经特别债券的现在分词 Total support. Add lines 7 through 10 2.880,665 Gross receipts from related activities, etc. (see instructions) 12 12 82,164 First five years. 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 stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) % Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 % 331/a% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this 331/2% support test--2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more. check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . 17a 10%-facts-and-circumstances test-2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. 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 stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	Support Schedule for Organiza	tions Desc	ribed in Sect	ion 509(a)(2)	:at at		
	(Complete only if you checked the if the organization fails to qualify						jer Part II.
Secti	on A. Public Support	original drip in	representation of the second	, p	ompioto i airi		····
	dar year (or fiscal year beginning kı) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5					-	
ь	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						
8	Add lines 7a and 7b						
	on B. Total Support				(50040	/-\ 0040	40
	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(7) Total
9 10a	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				·		
c	Add lines 10a and 10b						
11	Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				:		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her			id, third, fourth			n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2013 (line 8	, column (f) d	ivided by line 1			15	<u>%</u>
16	Public support percentage from 2012 Sch	edule A, Part	III, line 15		<u> </u>	16	<u>%</u>
	on D. Computation of Investment Inc	ome Perce	un (8 chidad b	w line 13 colu	mp (fl)	17	%
17 18	investment income percentage for 2013 (I Investment income percentage from 2012 331/3% support tests—2013. If the organi	Schedule A.	Part III, line 17	·		18	96
19a	17 is not more than 331,8%, check this box a 331,3% support tests-2012. If the organize	and stop here	. The organizati	ion qualifies as:	a publicly supp	orted organizat	ion . 🟲 🖂
ь	line 18 is not more than 331/2%, check this b	ox and stop	here. The organ	ization qualifies	as a publicly s	upported organ	nization 🟲 🖂

Part IV	Page 4  Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and
	Page 4  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
····	
· · · · ·	

#### 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, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization Employer identification number								
	AYS FOR CHANGE, INC		90-0591724					
Organia	zation type (check on	e):						
Filers o	f:	Section:						
Form 99	90 or 990-EZ	2 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private for	ındation					
		☐ 627 political organization	•					
Form 990-PF								
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) texable private foundation							
Note. C	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  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.							
Genera	i Rule							
Ø		iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 ne contributor. Complete Parts I and II.	i00 or more (in money or					
Special	Rules							
	under sections 509(s	3) organization filing Form 990 or 990-EZ that met the 33½ % suppor )(1) and 170(b)(1)(A)(vi) and received from any one contributor, during 000 or (2) 2% of the amount on () Form 990, Part VIII, line 1h, or (ii) Fo 1 II.	the year, a contribution of					
	during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use <i>exclusively</i> for religious, cha ses, or the prevention of cruelty to children or animals. Complete Part	ritable, scientific, literary,					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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							
990-EZ	more during the year  **  **  **  **  **  **  **  **  **							

192 HEWITT STREET

PENSACOLA, FL 32503

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer Identification number PATHWAYS FOR CHANGE, INC. 90-0591724 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4  $\square$ Person 1 ESCAMBIA COUNTY BOARD OF COUNTY COMMISSION Payroli 140,000 Nonoash П 221 PALAFOX PLACE (Complete Part II for PENSACOLA, FL 32501 noncash contributions.) (c) (d) (a) Type of contribution **Total contributions** Ñο. Name, address, and ZiP + 4  $\square$ Person \_\_2 **DESTIN CHARITY WINE AUCTION FOUNDATION** Payroll Noncash 166,156 ш 215 GRAND BOULEVARD, SUITE 101 (Complete Part II for noncásh contributions.) MIRAMAR BEACH, FL 32550 (c) (<del>d</del>) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No.  $\square$ Person 3 DUGAS FAMILY FOUNDATION Payroll 75,000 Noncash 138 SECOND AVENUE NORTH, SUITE 200 (Complete Part II for noncash contributions.) NASHVILLE, TN 37201 **(d)** (C) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person  $\square$ NORTHEAST PENSACOLA SERTOMA 4 Payroli Noncash 10,447 830 VALLEY RIDGE CIRCLE (Complete Part II for noncash contributions.) PENSACOLA, FL 32514 (d) (o) **(b)** (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person  $\square$ ESCAMBIA COUNTY SHERIFF 5 Payroll Noncash 16,216 PO BOX 18770 (Complete Part II for noncesh contributions.) PENSACOLA, FL 32523 (c) Type of contribution **Total contributions** Name, address, and ZIP + 4 Ñο. Person  $\square$ 6\_\_ CHADBOURNE FOUNDATION, INC. Payroli

Noncash

(Complete Part II for noncesh contributions.)

15,000

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer Identification number PATHWAYS FOR CHANGE, INC. 90-0591724 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (e) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person 7 7 KURT AND DEE KRUEGER Payroll 5,000 Noncash 11 SUGAR BOWL LANE (Complete Part II for noncesh contributions.) PENSACOLA BEACH, FL 32561 (c) (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No.  $\square$ Person BEAR FAMILY FOUNDATION, INC. 8 Payroli 5,000 Noncash 72 HIGHPOINT DRIVE (Complete Part II for noncash contributions.) **GULF BREEZE, FL 32561** (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Ķ 9 JASON COMER Payroli 10,000 Noncesh П PO BOX 615501 (Complete Part II for noncash contributions.) ALYS BEACH, FL. 32461 (đ) (c) (8) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person  $\square$ 10 PCI GAMING AUTHORITY Payroll 10,000 Noncash **303 POARCH ROAD** (Complete Part II for noncesh contributions.) ATMORE, AL 36502 **(d)** (c) **(b)** (a) Type of contribution **Total contributions** Name, address, and ZiP+4No. Person Payroli Payroli Nonceeh (Complete Part II for noncash contributions.) (c) Type of contribution **Total contributions** Name, eddress, and ZIP + 4 No. Person Payroll Noncesh (Complete Part II for

noncash contributions.)

Name of organization **Employer identification number** PATHWAYS FOR CHANGE, INC. 90-0591724 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. from FMV (or estimate) Description of noncash property given Date received Part I (nee instructions) (a) No. (c) FMV (or estimate) (d) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (c) FMV (or estimate) (a) No. (d) from Description of noncash property given Date received (see instructions) Part I (c) FMV (or estimate) (see instructions) (a) No. (d) from Description of noncash property given Date received Part I (c) FMV (or estimate) (see instructions) (a) No. from Date received Description of noncash property given Part I

Name of or	genization		· ·	Employer identification number				
	S FOR CHANGE, INC.			90.0501724				
Part III	Exclusively religious, charitable, et that total more than \$1,000 for the For organizations completing Part III contributions of \$1,000 or less for the last displaced account of Part III if additional accounts of Part III if a	year. Complete columns , enter the total of exclusive pe year. (Enter this information of the pear of the columns of the pear.)	(a) through (e) and t e/v relicious, charita	)(7), (8), or (10) organizations he following line entry.				
(a) No.	Use duplicate copies of Part III if add	irrional space is needed.	· · · · · ·					
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held				
		(e) Transfer of g	ift					
	Transferee's neme, eddross, ar	nd ZIP + 4	Relationship of t	Relationship of transferor to transferee				
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(a) No. from Part !	(b) Purpose of gift	(d) E	escription of how gift is held					
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			······					
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		(e) Transfer of g	<u>i</u>	·				
		(a) transier or 3	116					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee				
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(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
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<u> </u>		(e) Transfer of g	<u> </u>					
ļ		(e) transies or 9	H.F.					
-	Transferee's name, address, an	id ZIP + 4	Relationship of t	ransferor to transferee				
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(a) No. from Part I	(b) Purpose of glft	(c) Use of gift	(d) D	escription of how gift is held				
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	<del></del>	/.\ <del></del>	<u> </u>					
}		(e) Transfer of g	π					
	Transferee's name, address, an	d ZIP + 4	Relationship of t	ransferor to transferee				
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#### SCHEDULE D (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Supplemental Financial Statements

> Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11e, 11b, 11c, 11d, 11e, 11f, 12a, or 12b,

> Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Name of the organization PATHWAYS FOR CHANGE, INC.

A	TO COMMON MC.	90-0591724
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year	
3	Aggregate contributions to (during year)	
_		
4 5	Aggregate value at end of year	
J	Did the organization inform all donors and donor advisors in writing that the assets if funds are the organization's property, subject to the organization's exclusive legal control.	
6	Did the empiration inform all growthers design and design advanced to the empiration inform all growthers design and design advanced to the empirical design and desi	ol? - Yes 🗆 No
۰	Did the organization inform all grantees, donors, and donor advisors in writing that gra- only for charitable purposes and not for the benefit of the donor or donor advisor, or t	nt funds can be used
	conferring impermissible private benefit?	
Par	Conservation Easements.	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation or	f an historiaelly beneather than the
		f a certified historic structure
	☐ Preservation of open space	a ceruneo nistoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	on in the form of a concentation
	easement on the last day of the tax year.	Held at the End of the Tex Year
а	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	
Q	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	- ·   2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	ninated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation easements it holds?	· · · 🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
	<b>&gt;</b>	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · 🔲 Yes 🛄 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes the
D	organization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Historical Treasures, or	Diller Blesser
- (11	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1-	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	
161	works of art, historical treasures, or other similar assets held for public exhibition, ec	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
В	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 7	<b>⊳</b> s
	(iii) Accete included in Form 990. Port Y	<b>.</b> \$
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these it	ems:
8	<del>-</del>	
b	Revenues included in Form 990, Part Vill, line 1	<b>-</b> \$

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Part	III Organizations Maintaining	Collections of A	irt, Histo	<u>ricai Treasun</u>	es, or Oth	er Similar Ass	ets (contil	nued)
	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner records	s, check any of	the follow	ing that are a sig	nificant us	e of Its
а	☐ Public exhibition		ત 🗀	Loan or excha	ange progra	ams		
ь	Scholarly research		e 🗆	Other				
c	Preservation for future generations					'		
	Provide a description of the organizati XIII.						t purpose	in Part
5	During the year, did the organization :	solicit or receive o	ionations :	of art, historica	l treasures	, or other similar		
	assets to be sold to raise funds rather	than to be maintai	ined as pai	rt of the organiz	zation's col	lection?	☐ Yes	□ No
Part	V Escrow and Custodial Arra	ngements.						
	Complete if the organization 990 Part X, line 21.							rm 
18	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other				other assets not	☐ Yes	∏ No
	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the follo	wing table:				
	n 100, onposition and agreement		-	ū		Am	ount	
c	Beginning balance				. 1c	_		
	Additions during the year				. 1d	<u> </u>	•	
	Distributions during the year				. 1e	· -	•	
	Ending balance				. 11	<u> </u>		
, An	Did the organization include an amoun	t on Form 990. Pa	rt X. line 2	1?			☐ Yes	□ No
2a 	If "Yes," explain the arrangement in Pa	ert XIII. Check bere	if the exp	lanation has be	en provide	d in Part XIII		
Part	V Endowment Funds.	C Mills College College			· ·			
1.511.4	Complete If the organization	answered "Yes"	to Form	990, Part IV. li	ine 10.			
	Complete in the eigenesser.	(*) Current year	(b) Prior	year (c) Two	years back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance	174, 843	1	07,368	102,996	34,252		
b	Contributions	46,196		71,702	813,516	68,744		34,252
	Net investment earnings, gains, and							
•	losses							
ai.	Grants or scholarships							
	Other expenditures for facilities and		•					
ø	programs	63,092		4,227	809.144			
	' -	03,032		-,,-				
T	Administrative expenses End of year balance	157,947		74,843	107,368	102,996		34,252
å	Provide the estimated percentage of the	he current vest en				ls:		
2_	Board designated or quasi-endowmer	nt 🕨	%	· · · · · · · · · · · · · · · · · · ·	,			
<b>a</b>	Permanent endowment	%						
ь	Temporarily restricted endowment	^~					•	
C	The percentages in lines 2a, 2b, and 2		n096					
-	Are there endowment funds not in the	o nossession of th	e organiza	ition that are he	eld and adı	ministered for the		
3a	organization by:	> poodooo					Ye	s No
							3e(i)	7
	(i) unrelated organizations						3a(II)	1
	(ii) related organizations	 Ivatiana lietod se r	oouinad on	Schedule 92			3b	
, b	Describe in Part XIII the intended uses	zanons usteo as r	ogunea on	ment funds.				
Part	W. Land Buildings and Equip	ment						
	Complete if the organization	answered "Yes	" to Form	990. Part IV.	line 11a. S	See Form 990, F	art X, line	: 10.
	Description of property	(a) Cost or of (investm	her basis   (	b) Cost or other ba (other)	rsis   (c) /	Accumulated opreciation	(d) Book va	ziue
		<del></del>			1 2 2			
1a	Land	•	<del></del>	798,4		58,711		739,762
ь	Buildings	•	<del></del>					
C	Leasehold improvements	·	<del>-</del>	80,9	375	28,422		52,553
d	Equipment	•			389	1,646		23,043
=	Other Add lines 1a through 1e. (Column (d) r.	nust equal Form 0	90 Part X					815,358
Total.	Add intes 18 through 18. (Colornia (d) fi	HOSE CHACLI CHILLS	<del>,</del>	1-74 111				

Investments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description of investment (b) Book value  (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity Interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
(3) Other (A) (B) (C) (C) (C) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	
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(C) (D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
(D) (E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
(ii) (iii) (ivi)	
(i) (ii) (iii) (iiiiiiiiiiiiiiiiiiiiiii	
(G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	
(F) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, (a) Description of investment (b) Book value  (1) (2) (3) (4) (5) (6) (9) (9) (1) (1) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	
Total. (Column (b) must equal Form 930, Part X, col. (B) line 12.)   Investments — Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, (a) Description of investment (b) Book value (c) Book value (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	
Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description of investment (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (1)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (1)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (1)  (1	
Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description of investment  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX  Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV,  line 25.  (a) Description of liability  (b) Book value  (1) Federal income taxes  (2) SECURITY DEPOSITS  (60)  (6)  (6)	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities,  Complete if the organization answered "Yes" to Form 990, Part IV, line 25.  (b)  (c)  (c)  (d)  (e)  (e)  (f)  (e)  (f)  (e)  (e)  (e	
(1) (2) (3) (4) (5) (6) (7) (e) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lins 13.) P  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) SECURITY DEPOSITS 600 (3) (4) (5) (6)	
(2) (3) (4) (5) (6) (7) (e) (9) (fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities,  Complete if the organization answered "Yes" to Form 990, Part IV, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) SECURITY DEPOSITS 800 (3) (4) (5) (6)	(c) Method of valuation: Cost or end-of-year market value
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX  Complete if the organization answered "Yes" to Form 990, Part IV, (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) SECURITY DEPOSITS (40) (5) (6)	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) P  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV,  line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) SECURITY DEPOSITS 800 (3) (4) (5) (6)	
(5) (6) (7) (e) (9) (9) (7) (9) (9) (1) (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (8) (9) (9) (10) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	
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Part IX Complete if the organization answered "Yes" to Form 990, Part IV,  (a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (7) (8) (9) (8) (9) (7) (8) (9) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	The state of the s
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(a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (g) De	line 11d. See Form 990, Part X, line 15.
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line 25.  L. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) SECURITY DEPOSITS 600  (3)  (4)  (5)	line 11e or 11f. See Form 990, Part X,
(1) Federal income taxes (2) SECURITY DEPOSITS 600 (3) (4) (5) (6)	10 10 10 10 No. 11 10 No.
(2) SECURITY DEPOSITS 800 (3) (4) (5)	
(3) (4) (5) (6)	
(4) (5) (6)	
(5) (6)	
(6)	
	시민들의 등 시간하고 한 이번 모든 화가.
(8)	[변경] [1] 그를 맞는 한 불 사람이 되었다.
(9) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
otal. (Column (b) must equal Form 990, Part X, coi. (B) line 25.) ➤	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text	

Schedu	ie D (Form 990) 2013			Page 4
Part		ments With R	evenue per Return.	
	Complete if the organization answered "Yes" to Form 990		2a.	
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12:	40		
a	Net unrealized gains on Investments	. 2a		
þ	Donated services and use of facilities	. 25		
Ç	Recoveries of prior year grants	. <u>2c</u>		
ď	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1	. ,	· · · ·   3	
4_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
8	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С 5	Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. Ili	20 12)	· · · ·   4c	
Part				
r ar t	Complete if the organization answered "Yes" to Form 990			
1	Total expenses and losses per audited financial statements	, runtiv, mic, r	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		AA	
a	Donated services and use of facilities	. 2a	344	
b	Prior year adjustments	. 2b		
	Other losses	. 2c	17/20	
d	Other (Describe In Part XIII.)	. 2d	<i>3</i> 753	
e	Add lines 2a through 2d	. <del></del>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		(7,72)	
а	investment expenses not included on Form 990, Part VIII, line 7b .	. 48		
b	Other (Describe in Part XIII.)	4b		
c			4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	
	XIII Supplemental Information.			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lin	es 15 and 25; Part V, line 4; Pa	art X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pe	art to provide any	acadona informadon.	
INTEN	DED USE OF ENDOWMENT FUNDS	<u>.</u>		
SCHE!	DULE D, PART V, LINE 4			
			DOMANOU V INVOLUNIO	
REST	RICTED FUNDS WILL BE USED TO OPERATE VARIOUS PROGRAMS OF THE	- ORGANIZATION	, PRIMARILY INVOLVING	
THE FA	AMILY CENTER AND THE MEN'S RESIDENTIAL TREATMENT PROGRAM.			
	MANUTOTIC MANUFACTION AND AND AND AND AND AND AND AND AND AN			
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SCHEOLIS D (FOR	Supplemental Information (continued)	ige S
Part XIII	Supplemental Information (continued)	_
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#### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization enswored "Yes" to Form 890, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.goviform990.

Name of the organization PATHWAYS FOR CHANGE, INC. Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 90-0591724 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yess ☑ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name and address of individual (III) Did fundreiser have (iv) Gross receipts from activity (or retained by) fundraiser listed in (vi) Amount paid to (ii) Activity custody or control of contributions? or entity (fundraiser) (or retained by) organization col. (i) Yes No 2 3 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

P	art II	Fundraising Events. Co than \$15,000 of fundrais gross receipts greater th	ing event contributions	ion answered "Yes" to and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(o) Other events	(d) Total events
m			(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	101,991			101,991
_	2	Less: Contributions Gross income (line 1 minus	(27,000)		<u> </u>	(27,000)
		line 2)	74,991			74,991
	4	Cash prizes	500			500
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
NA.	7	Food and beverages	5,440			5,440
Direct	8	Entertainment	600			600
	9	Other direct expenses .	75,400			75,400
	10 11	Direct expense summary. As Net income summary. Subtr	id lines 4 through 9 in ca act line 10 from line 3, c	olumn (d) olumn (d)		81,940 (6,949)
P۶	rt III	<b>Gaming.</b> Complete if the than \$15,000 on Form 9		ed "Yes" to Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (e) through col. (c))
퓹	1	Gross revenue	,			
88	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_						
	5	Other direct expenses .				
	5 6	Other direct expenses	☐ Yes%	☐ Yes%	☐ Yes%	
	6	7 "1	□ No	□ No		
	6	Volunteer labor	No No dd lines 2 through 5 in co	No No Diumn (d)	□ No ►	
8	6 7 8 Ent	Volunteer labor	id lines 2 through 5 in cory. Subtract line 7 from liner	No  No  No  ne 1, column (d)  ning activities: in each of these states	□ No	· · · · Yes · No

SCHEOL	ив G (нотп выс ок 990-EZ) 2013			1
11	Does the organization operate gaming activities with nonmembers?	$\overline{}$	Vee	Page :
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership as attacks.	_		
13	torned to administer charitable gaming?		Yes	□ No
in N	Indicate the percentage of gaming activity operated in:	l		_
b	The organization's facility  An ordanization facility			96
14	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address►			
15a	Does the organization have a contract with a third party from whom the owner that			
b	revenue?  If "Yes," enter the amount of gaming revenue received by the organization   and the	□ Y	/es [	_ No
_	amount of gaming revenue retained by the third party > \$ and the			
Ġ	If "Yes," enter name and address of the third party:			
	The same and the same planty.			
	Name ►			
	Address►			
16	Garning manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	is the organization required under state law to make charitable distributions from the garning proceeds to			
	ratain the state gamiles licensed	□ Y <sub>2</sub>	Г	1 14.
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	<b>□</b> *	98 L	) NO
Part l		id (v), any	and	
	778444444444444444444444444444444444444			
		<del></del>		<del></del>
			·	
	,			

#### 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.

► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization	Employer identification number
PATHWAYS FOR CHANGE, INC.	90-0591724
ORGANIZATION'S MISSION	
QRQANIZATON 3 MISSION	
FORM 990, PART I, LINE 1	
THE ORGANIZATION OFFERS SERVICES TO ASSIST WITH THE PREVENTION,	
INTERVENTION, TREATMENT, AND AFTERCARE OF SUBSTANCE ABUSE.	
	*
FORM 990 REVIEW PROCESS	
FORM 990, PART VI, SECTION B, LINE 11	
INFORMATION WAS PROVIDED TO AN INDEPENDENT TAX PREPARER FOR THE	
WOOD HOW WAS TO AS THE LEWIS TAKEN THE TAKEN TO THE	
PREPARATION OF THE RETURN. A DRAFT OF THE RETURN WAS THEN PROVIDED TO	
MANAGEMENT PERSONNEL FOR REVIEW. ALL VOTING BOARD MEMBERS RECEIVED AN	
MANAGEMENT PERSONNELL FOR REVIEW. ALE VOTING BUARD MEMBERS RECEIVED AN	
ELECTRONIC COPY FO THE FORM 990 FOR THEIR REVIEW BEFORE FILING WITH THE	
IRS. ALSO, THE BOARD MEMBERS WERE INFORMED THAT A PAPER COPY OF THE FORM	
990 WAS AVAILABLE AT THE ORGANIZATION'S PRINCIPAL OFFICE.	
MONITORING OF CONFLICT OF INTEREST POLICY	
FORM 990, PART VI, SECTION B, LINE 12C	
BOARD MEMBERS AND OFFICERS RECEIVE CORRESPONDENCE EACH YEAR THAT MUST BE	
COMPLETED AND SIGNED CONFIRMING THAT THEY WILL DISCLOSE ANY CONFLICTS	***************************************
THAT VIOLATE THE ORGANIZATION'S POLICY. THE BOARD REVIEWS ALL CONFLICTS	
AND DETERMINES IF FURTHER ACTIONS NEED TO BE TAKEN.	
COMPENSATION REVIEW	
FORM 990, PART VI, SECTION B LINE 15	
THE ORGANIZATION'S INDEPENDENT BOARD REVIEWS THE CURRENT MARKET VALUE OF	

SCHOOLS O (FORTH SEC OF SEC-EX) (2013)	Page 2
Name of the organization PATHWAYS FOR CHANGE	Employer Identification number 90-0591724
THE RELATED POSITION AND IDENTIFIES THE APPROPRIATE RANGE OF SALARY AND	
BENEFITS BASED ON THE MARKET ANALYSIS AND OTHER ECONOMIC CONDITIONS.	
AVAILABILITY OF DOCUMENTS	
FORM 990, PART VI, SECTION C, LINE 19	
THE ORGANIZATION HAS ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST	·
POLICY, AND THE ANNUAL FINANCIAL STATEMENTS ON FILE AT THE ORGANIZATION'S	
PRINCIPAL LOCATION. ALL DOCMENTS ARE AVAILABLE UPON REQUEST.	
ADDITIONAL COMPENSATION INFORMATION	
FORM 990, PART VII, SECTION A	· · · · · · · · · · · · · · · · · · ·
THE ORGANIZATION CONTRACTS WITH AN EMPLOYEE LEASING COMPANY TO HANDLE ALL	
	77 77 77 77 77 77 77 77 77 77 77 77 77
COMPENSATION AND BENEFITS. THEREFORE, THE ORGANZIATION DOES NOT DIRECTLY	
ISSUE W-2'S TO THE INTERNAL REVENUE SERVICE. INSTEAD, ALL EMPLOYEE	
COMPENSATION IS REPORTED USING THE LEASING COMPANY'S TAX IDENTIFICATION	
NUMBER.	

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: OCT 08 2010

PATHWAYS FOR CHANGE INC 901 W MORENO ST PENSACOLA, FL 32501

Employer Identification Number: 90-0591724 DLN: 17053250313000 Contact Person: L. WAYNE BOTHE ID# 31462 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: July 7, 2010 Contribution Deductibility: Addendum Applies: No

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

#### PATHWAYS FOR CHANGE INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely.

Lois G. Lerner

Director, Exempt Organizations

Enclosure: Publication 4221-PC

### TABLE OF CONTENTS PAGE 7 OF 9

Gen	eral Fund	Amount Requested	Tab
Avai	<u>ilable Funding: \$1,425,082</u>		
a.	ACTS (Another Chance Transitional Services)	\$ 20,000	1
b.	BARC (Bay Area Resource Council)	\$ 5,000	2
c.	BRACE	\$ 250,000	3
d.	Council on Aging	\$ 50,000	4
e.	Escambia Community Clinics	\$ 525,000	5
f.	Early Learning Coalition of Escambia County	\$ 300,000	6
g.	211 (First Call for Help)/United Way	\$ 35,000	7
h.	Foundations for the Future		No Request Submitted
i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
j.	Human Relations Commission	\$ 84,265	8
k.	Lakeview Center	\$ 46,498	9
1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	11
n.	Florida Green Finance Authority (PACE)		No Request Submitted
0.	Panhandle Equine Rescue, Inc.	\$ 20,000	12
p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	13
q.	Pensacola Caring Hearts	\$ 13,500	14
r.	Pensacola Humane Society	\$ 25,000	15
s.	Pensacola Promise/Chain Reaction	\$ 19,000	16
t.	United Way	\$ 95,750	17
u.	Utility Assistance Program	\$ 50,000	BCC Program
v.	Veteran's Services		No Request Submitted
w.	WFL Regional Planning Council	\$ 20,342	18
x.	Wildlife Sanctuary	\$ 30,951	19



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Pensacola Caring Hearts, Inc.

Agency Address:

1501 W Avery St., Pensacola, FI 32501

Program Name:

Pensacola Caring Hearts Mobile Food Pantry

Program Contact:

Fannie Finkley

Contact Email:

ferlissafinkley@pensacolacaringhearts.org

+

Contact Phone:

850-375-1838

25-Word Description of Program:

We provide mobile food pantry twice a month throughout Escambia and Santa Rosa counties. We also maintains a food pantry available 24/7 when needed.

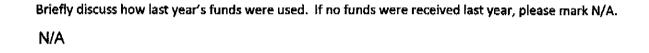
Amount Requested:

13,500.00

Amount Received Last Year, if applicable:

0.00





Briefly discuss how the funding you are currently requesting will be used.

Pensacola Caring Heart feeds anybody in need of food We facilitates the distribution of 10,000 - 20,000 pounds of food each month in various locations throughout Escambia and Santa Rosa counties. The organization also maintains a food pantry that is accessible to those in need 24 hours a day/7 days a week. Pensacola Caring Hearts facilitates pick up and delivery of food and individuals who are in need of transportation to food distribution sites. The organization's volunteers also provide transportation for the elderly and homeless who are in need of food.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Pensacola Caring Hearts partners with local churches and community organizations to help co-sponsor truck. Members of the organization also pool together to pay for a truck when needed. The oganization have fundraisers to help pay for the truck and the food for the food pantry.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

N/A

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

Our primary goal is to reduce poverty and hunger in the varies communities throughout Escambia and Santa Rosa counties.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three,

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

The number of families we feed will help offset the need for the SNAP program and to help families in need who do not qualify for the SNAP program funded by the government.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

The number of families we feed will successfully help reduced hunger and educate families on nutrition.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	0.00	0.00	0.00
Programmatic Income	0.00	0.00	0.00
County Funding	0.00	0.00	0.00
City Funding	0.00	0.00	0.00
State Funding	0.00	0.00	0.00
Federal Funding	0.00	0.00	0.00
Memberships	0.00	275.00	275.00
Investment Income	0.00	0.00	0.00
Other Income	0.00	17,000.00	43,200.00
Total Income	100.00	17,000.00	43,200.00



**Expenses** 

	Most Recently Completed Budge	Current It Year Budget Year	Proposed Budget Year
Total Staffing	0.00	11.00	11.00
Salaries and Wages	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00
Professional Services	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00
Travel Expenses	0.00	0.00	0.00
Rentals and Leases	0.00	7,200.00	7,200.00
Communication	0.00	0.00	0.00
Postage and Freight	0.00	0.00	0.00
Repair and Maintenance	0.00	0.00	0.00
Printing and Binding	0.00	1,920.00	3,840.00
Marketing and Promotion	0.00	1,000.00	2,000.00
Fuel	0.00	320.00	640.00



#### Expenses (cont.)

•	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	0.00	1,200.00	2,400.00
Capitalizable Assets	0.00	18,000.00	27,000.00
Total Expenses	0.00	29,640.00	43,080.00
Net Income	0.00	-12,640.00	-120.00

Please explain any capitalizable asset contained in your request.

It cost us 750.00 per mobile food truck. Currently we do 2 food trucks per month. Next year we hope to do three trucks per month.

Date:

MAY 1 3 2015

PENSACOLA CARING HEARTS INC 1501 W AVERY ST PENSACOLA, FL 32501-1807 Employer Identification Number:

46-3609660

DLN:

17053346342004

Contact Person:

MS. D. JAMES

ID# 52423

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

March 10, 2014

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter \*4221-PC\* in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Piace
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Pensacola Humane Society

Agency Address:

5 N Q Street

Pensacola, Fl. 32505

Program Name:

Low Income Spay & Neuter

Program Contact:

Sarah Humlie

Contact Email:

director@penascolahumane.org

Contact Phone:

850-466-3945

25-Word Description of Program:

To provide subsidized spay and neuter surgles to pets of qualified Escambia County households making \$35,000 or less a year.

Amount Requested:

25,000,00

Amount Received Last Year, if applicable:

25,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A. We have yet to receive, but when we do they will be used to provide subsidized spay and nueter surgeries to pets of qualified Escambia County households making \$35,000 or less a year.

Briefly discuss how the funding you are currently requesting will be used.

The funds will be used to provide low cost spay and neuter surgeries to low income Escambia County pet owners. The funds will subsidize the price of surgery down to \$15 for a cat neuter, \$20 for a cat spay, \$25 for a dog neuter, and \$30 for a dog spay. The funds will be used for surgery and pain medications only and not for vaccines or other services.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

We will offset the difference of funding with private donations and money raised through fundraising. We will also seek grants from national organizations.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

N/A

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1) to prevent unwanted litters in low income housholds.
- 2) To reduce the burden of animals being cared for and being euthanized at the County animal shelter

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1) Number of animals admitted from Escambia residents and spayed/neutered using County funding.
- 2) To see a reduction in owner surrenders to the County shelter over a twelve month period.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1) the number of animals altered from Escambia residents and spayed/enutered in pervious fiscal year.
- 2) The number of dogs and cats admitted to Escambia county animal shelter in previous fiscal year.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### income

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	542,155.00	249,800.00	249,800.00
Programmatic Income	71,585.00	73,700.00	73,700.00
County Funding	0.00	25,000.00	25,000.00
City Funding	0.00	0.00	0.00
State Funding	0.00	0.00	0.00
Federal Funding	0.00	0.00	0.00
Memberships	5,010.00	6,000.00	6,000.00
Investment Income	21,857.00	24,000.00	24,000.00
Other Income	174,694.00	168,270.00	168,270.00
Total Income	815,301.00	546,770.00	546,770.00



<u>Expenses</u>

	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing	169,777.00	230,056.0	0	230,056.00
Salaries and Wages	169,777.00	230,056.0	0	230,056.00
Employee Benefits	0.00	0.00		0.00
Professional Services	18,299.00	40,110.00		40,110.00
Contractual Services	0.00	4,000.00		4,000.00
Travel Expenses	6,684.00	1,600.00		1,600.00
Rentals and Leases	37,102.00	37,880.00		37,880.00
Communication	5,222.00	3,480.00		3,480.00
Postage and Freight	2,641.00	3,444.00		3,444.00
Repair and Maintenance	10,000.00	10,000.00		10,000.00
Printing and Binding	14,966.00	15,056.00		15,056.00
Marketing and Promotion	6,459.00	12,000.00		12,000.00
Fuel	6,675.00	5,000.00		5,000.00



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	200,560.00	164,144.00	164,144.00
Capitalizable Assets	12,294.00	20,000.00	20,000.00
Total Expenses	490,679.00	546,770.00	546,770.00
Net Income	324,622.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

We anticipate purchasing stainless steel cage banks in the current budget year, which will be depreciated over their lifetime of 10+ years.

Mona Jackson, CPA, LLC 376 West Chase St. Pensacola, FL 32502 Phone: (850) 437-9870 Fax: (850) 437-5745 mona@mjacksoncpa.com

December 16, 2014

Humane Society of Pensacola 5 N. Q Street Pensacola, FL 32505

Dear Board of Directors,

I have prepared your 2013 Form 990 based on the information you provided. Please review the enclosed copy for Humane Society of Pensacola, then sign the IRS e-file Signature Authorization Form 8879-EO and return it to me. When I receive the signed authorization, I will e-file your return.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Humane Society of Pensacola's tax situation during the year, please do not hesitate to call me at (850) 437-9870. I appreciate this opportunity to serve you.

Sincerely,

Ramona Jackson Mona Jackson, CPA, LLC

#### **Privacy Notice**

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

#### Federal Tax Return

**Humane Society of Pensacola** 

2013

Mona Jackson, CPA, LLC 376 West Chase St. Pensacola, FL 32502 Phone: (850) 437-9870 Fax: (850) 437-5745 mona@mjacksoncpa.com

### IRS e-file Signature Authorization for an Exempt Organization

	3~		
/1	2013, and ending	9/30	on 14

Department of the Treasury

For calendar year 2013, or fiscal year beginning 10/1 . 2013, and ending 9/30 . 20 14

Do not send to the IRS, Keep for your records.

Name of exempt organization Humane Society of Pensacola			v/form8879eo.	
Humane Society of Pensacola		· ]	Employer identification r	number
	AU.,		59-600	2691
Name and title of officer				
Shirley Brougham	15.		_President	
	nd Return Information (Whole Dolla			
If you check the box on line 1a, 2; form was blank, then leave line 1t	thich you are using this Form 8879-EO and a, 3a, 4a, or 5a, below, and the amount on b, 2b, 3b, 4b, or 5b, whichever is applicabl n the applicable line below. <b>Do not</b> comple	that line for the return ! e, blank (do not enter -	being filed with this 0-). But, if you enter	
1a Form 990 check here 🕒 🔀	<b>b Total revenue</b> , if any (Form 990, F	Part VIII, column (A), lin	e 12) 1b	768,332
2a Form 990-EZ check here 🕨	b Total revenue, if any (Form 99			
3a Form 1120-POL check here	b Total tax (Form 1120-POL,			
4a Form 990-PF check here 🕨	b Tax based on investment inc			
5a Form 8868 check here 🕨 🔙	b Balance Due (Form 8868, Part I, I			
Part II Declaration and S	Signature Authorization of Officer			
organization's return to the IRS and to transmission, (b) the reason for any of the U.S. Treasury and its designated institution account indicated in the tax and the financial institution to debit the Agent at 1-888-353-4537 no later that involved in the processing of the elec-	ny Intermediate service provider, transmitter, or or receive from the IRS (a) an acknowledgement delay in processing the return or refund, end (c Financial Agent to initiate an electronic funds or preparation software for payment of the organie entry to this account. To revoke a payment, the payment (settler tronic payment of taxes to receive confidential	nt of receipt or reason for ) the date of any refund, I withdrawal (direct debit) e nization's federal taxes ow must contact the U.S. Tr nent) date, I also authorize information necessary to	rejection of the fapplicable, I authoriz ntry to the financial yed on this return, easury Financial e the financial institute answer inquirles and	
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#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

nd ending	9/30	20 14	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2013, or fiscal year beginning 10/1, 2013, and ending 9/30, 20, 14 Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number

Humane Society of Pensacola 59-6002691 Name and title of officer Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part i. 1a Form 990 check here 🕨 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ► 3a Form 1120-POL check here ▶ 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) Form 8868 check here 🕨 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only l authorize to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

12/16/2014

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Officer's signature -

ERO's signature 🕒

#### Form 8879-EO

#### IRS e-file Signature Authorization for an Exempt Organization

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,	10/1	2013, and ending	9/30	20.14	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2013, or fiscal year beginning Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization Employer identification number Humane Society of Pensacola 59-6002691 Name and title of officer Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part i. b Total revenue, if any (Form 990, Part VIII, column (A), line 12). 1a Form 990 check here 🕨 ! **b** Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . . 2a Form 990-EZ check here -Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22). . . . . . . . . . . . . . . . Form 990-PF check here 🕨 b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here 🐎 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen, Officer's signature 🕨 12/16/2014 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IR\$ e-file Providers for Business Returns. ERO's signature 🕒 Date -

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

### Form 990

#### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury temal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 10/1/2013 and ending 9/30/2014 C Name of organization Check if applicable: Humane Society of Pensacola D Employer identification number Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 59-6002691 Name change 5 N. Q Street E Telephone number Initial return City or town ZIP code (850) 432-4250 Pensacola FΙ 32505 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 984.203 F. Name and address of principal officer: Application pending H(a) is this a group return for subordinates? X No Sarah Humlie 5 N Q Street, Pensacola, FL 32505 H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( If "No," attach a list. (see instructions) ) 🖪 (insert no.) 4947(a)(1) or J Website: www.humanesocietyofpensacola.org H(c) Group exemption number 🕨 X Corporation K Form of organization: Trust Association Other 🕨 L Year of formation: M State of legal domicile: ĖΙ Part I Summarv Briefly describe the organization's mission or most significant activities; Operate and maintain a NO KILL shelter Activities & Governance and adoption center for homeless animals on private donations and fundraising activities. We receive no city, state or federal government funding. Our staff cares for the abandoned Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of independent voting members of the governing body (Part VI, line 1b) . . . . 13 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . . . . . 5 ō 6 Total unrelated business revenue from Part VIII, column (C), line 12 . . . . 7a Q Net unrelated business taxable income from Form 990-T, line 34. 7ь 0 **Current Year** R Revenue 269.575 547,165 9 45.648 71,585 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . . 10 23,963 69,030 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 43,657 80,552 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). . . 12 382,843 768,332 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 14 0 Ö Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 122,399 169,777 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . 197,195 320,414 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . 319,594 490,191 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 278,141 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . . . . . . 1,274,541 1,067,009 21 31,920 33,809 Net assets or fund balances. Subtract line 21 from line 20 22 1,240,732 Signature Block 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 Signature of officer

Sign Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid Check X

Ramona Jackson 12/16/2014 Ramona Jackson self-employed P00642261 Preparer Firm's name Mona Jackson, CPA, LLC Firm's EIN > 20-8140540 **Use Only** Firm's address - 376 West Chase St., Pensacola, FL 32502 (850) 437-9870 Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . . . . . . .

Νo

X Yes

	990 (2013)	Humane Society of Pensacola	59-6002691	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		describe the organization's mission:		
		e and maintain a NO KILL shelter and adoption center for homeless animals on private		
		ons and fundraising activities. We receive no city, state or federal government	<b></b>	
		. Our staff cares for the abandoned or neglected animals until they go to good	••••	
	homes.			
2		organization undertake any significant program services during the year which were not listed on		<del></del>
		or Form 990 or 990-EZ?	Үөб	X No
		* describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		_
	service	s?	· · · L Yes	X No
		" describe these changes on Schedule O.		
4	Descrit	be the organization's program service accomplishments for each of its three largest program service	es, as measured by	
	expens	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others,	
	the tota	el expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 171,689 including grants of \$ ) (Reve	nue \$ 71,	585 )
	Found	homes for unwanted pets. Bathed dogs at bathe-in.		
			•••	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		***************************************		
			<b>-</b>	
4b	(Code:	) (Expenses \$ 257,533 including grants of \$ ) (Rever	nue \$	
	maintai	ned a no kill shelter to house unwanted cats and dogs.		/
	******	A		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Rever	¢	
•	/4000.	) (Rever	me 2	}
			•	
		***************************************		
		***************************************		••••
		***************************************		
	04:-			
4d		rogram services. (Describe in Schedule O.)		
4-	(Expens		0 )	<u> </u>
4e	rotal pr	ogram service expenses 🕨 429,222		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
	candidates for public office? If "Yes," complete Schedule C, Part I.	3	<u> </u>	×
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Х
Ĭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
9	complete Schedule D, Part III	8		Х
IJ	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.			V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	9		X
11		10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		Ų.	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11a	×	~
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11¢		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX.	11d		х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		x
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			-1-
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments velved at \$100,000 or many 2 f EVos / correlate Sabadulo 5. On to April 10.		I	٠.
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ĺ	.,
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	-	X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17	х	
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	40	٦	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
	If "Yes," complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

#### Checklist of Required Schedules (continued) Part IV Yes Nφ Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . . 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.............................. 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. а Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal Income tax purposes? If "Yes," complete Schedule R, Part 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. . . . . .

Par				ugo u
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Karana da k	15 11/1/2	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ean see y	1000	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	200	8.33	1/50
	gaming (gambling) winnings to prize winners?	1c	Ιx	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	15 21 21	33.50	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	Any -		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,	X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		П
4a	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)?	4a		Х
þ	If "Yes," enter the name of the foreign country: ▶	(3.00 mm) (1.00 mm)	Specific)	27030
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		a sykvi	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7. GY	7	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	25-75 25. 	0.00	
	and services provided to the payor?	7a		_ X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		. 1	
_	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	in the	2(10)	TPX.ig
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	C 0		ر 24 - 2 <sub>0</sub> م از کو بازی
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		N. Hawaii	
9	organization, have excess business holdings at any time during the year?	_8		
a		*4,21,094 -4,21,405	Levalia.	
b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a	$\longrightarrow$	
0	Section 501(c)(7) organizations. Enter:	9b	ا دد ین وروست	San San a
8			§	(a)
ь	Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	NAME:	4 N	. W-1974
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		100	78X3
b	Gross income from other sources (Do not net amounts due or paid to other sources	\$ 12°		
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	625 6560 D	197117.464
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-7 7-	Jan Jankson	50,000
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	£87.4		A
a	1- 41	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	5 777274	37/05	Jacks 1
ь	Enter the amount of reserves the organization is required to maintain by the states in which	odo Pieto Oso Pieto		Bul
	the organization is licensed to issue qualified health plans	The state of		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
C	Enter the amount of reserves on hand	Walter Addition	38	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	IC III / II for a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la file a la f	14b		

Part VI (

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sec	ion A. Governing Body and Management					
		l .			Yes	No
1a		1a	<u>13 </u>	#0.40 3.00	137.50	7 (27)
	If there are material differences in voting rights among members of the governing body, or		2///	7.0	mgaynaya Sidasida	
	if the governing body delegated broad authority to an executive committee or similar		7.5			12,177
	committee, explain in Schedule O.		2.0		3,40	
þ	Enter the number of voting members included in line 1a, above, who are independent		<u>13</u>	37457	(149) A.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		- L.			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	- ( :	3	ſ	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	es filed?		4	$\neg$	$\overline{\mathbf{x}}$
5	Did the organization become aware during the year of a significant diversion of the organization's	issets?		5	一	X
6	Did the organization have members or stockholders?			6	一	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or			_	$\neg$	
	one or more members of the governing body?		17	a	хİ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	stockholders, or persons other than the governing body?		٦	ъ	х	
8	Did the organization contemporaneously document the meetings held or written actions undertake		9.70	7.	1000	11 11 11 A
	the year by the following:	daning	/ \\ (- \)	V4		ministrati
а	The governing body?			la l	X	
b	Each committee with authority to act on behalf of the governing body?			<u></u>	χÌ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		۲	<del>"</del>	<del>^</del>	
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	eached		.		v
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Devenue			1	<u> </u>
	The second of this second is requests information about policies not required by the	<u>ıntarnar M</u> eyende	· COC		Yea	No
10a	Did the organization have local chapters, branches, or affiliates?		11	0a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		Н.	<del>"</del>	$\dashv$	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		14,	ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before			ta	$\overline{x}$	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	re ming the forms.			<del>-                                    </del>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2			;
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	rive rise to conflicte O	1	2a	ΧŢ	
ç	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	give rise to connicts?	17.2	2b	X	
*	describe in Schedule O how this was done	7 <del>0</del> 8,	١.,	_ [	νl	
13					X	
14	Did the organization have a written whistleblower policy?		1	3	X	
15	Did the organization have a written document retention and destruction policy?		1	4		<u> X</u>
,,	Did the process for determining compensation of the following persons include a review and appro		1.30		I	27 7 1 27 20 1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO. Executive Director, or ten management official.	and decision?			nanc.	
b	The organization's CEO, Executive Director, or top management official			5a	<del>X</del>	
	Other officers or key employees of the organization		7.0	5 <b>b</b>	X	. 802
16a			14.00	43. K		
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	emeni	NA		ZZSSEC .	
h	with a taxable entity during the year?		70	5 <b>a</b>	77 July 20	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in injut year transfer and the procedure requiring the organization to evaluate the following the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the procedure requirement of the					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe the organization's exempt status with respect to such arrangements?	juaro	344			
Soct	ion C. Disclosure		110	8b		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Cartina E01/a)	(2)-			
	available for public inspection. Indicate how you made these available. Check all that apply.	7-1 (Section 50 ((C)	(U)S C	лиу)		
		plain in Schedule C	31			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			and	ı	
-	financial statements available to the public during the tax year.	wound or interest b	onoy,	ant	'	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the				
-	organization: Ramona Jackson, CPA	850-437-9	870			
	376 West Chase Street, Pensacola, FL 32502					

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D). (E), and (F) if no compensation was paid.  List all of the organization's fourment key employees, if any. See instructions for definition of "key employee."  List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (Ke)  (A)  Name and Title  (B)  Average hours per week (list any hours for related organizations from the organizations from the organizations from the organizations from the organizations from totaled organizations pelowed dotted dotted of organizations from the organizations from the organizations from the organizations from totaled organizations from the organizations from the organizations from the organizations from the organizations from the organizations from totaled organizations from totaled or	Part VII	Humane Society of Pensacola Compensation of Officers	\	_	<u> </u>						59-600	2691 Pa
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P	art VII	Section A. Officers, Directo	ors, Tru	stees, Key Em	ploye	08,	and	iH b	ghes	t C	ompensated En	iployees (c	ontini	ıed)		age v
		(A) Name and title		(B) Average			Pos neck		than i		(D) Reportable	(E)	le l	Es	(F)	d
				hours per week (list any hours for related organizations below dotted line)		er an	d a d	irect	Highest compensated employee	<del>(00</del> )	compensation from the organization (W-2/1099-MISC)	compensat from relate organizatio (W-2/1099-M	ion ed ns	com fr orga and	other pensate om the anization relate	of tion on od
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1b c	Total from	π continuation sheets to Par d lines 15 and 1c).	t VII, Se	ction A					, .	٠	32,577 0 32,577		0			0
2	Total num	nber of individuals (including bus compensation from the organ	it not lin	nited to those lis	ted a	bov	e) w	/ho	recei	ved	more than \$100	,000 of	<u> </u>			<u> </u>
3	Did the or	ganization list any former officion line 1a? If "Yes," complete	er, direc	ctor, or trustee,	key e	mpl		e, o	r high	nest	compensated				Yes	No X
4	For any in	ndividual listed on line 1a, is the ization and related organization	sum of	f reportable com	pens	atio	n ar s," (	nd o	ther o	Sc.	npensation from hedule J for such	h		945) 4	val. 1	X
5	Did any po	erson listed on line 1a receive as rendered to the organization	or accru	ue compensation	n fron	n an	y ur	nrela	ated (	orga	anization or indiv	idual	8	788A P		Arraginalis (a. plaja johin) (a. protestin)
Sec	tion B. Ind	ependent Contractors	11 H 16	a, complete ac	neuu	9 4	içii	SUCI	ı per	80//	<u> </u>			5		X
1	Complete	this table for your five highest ation from the organization. Re	comper port con	nsated independ npensation for t	lent c he ca	ontr	acte lar y	ors i year	hat r	ece ng	ived more than \$ with or within the	100,000 of organization	n's ta	ix		
		(A) Name and busin		988							(B) Description of serv	rices	Cc	(C) impens		
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		······································							-							0
												<del>-  </del>				0
2	Total num	ber of independent contractors \$100,000 of compensation fro	includ	ling but not limite	ed to	thos	se li	stec	abo	v <del>e</del> )	who received	:\$\! \$\!				///

Part VIII Statement of Revenue

		Check If Schedule O contains	s a response or	note to any line is	n this Part VIII			,
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>2</b> 2	1a						764 SAUSA (845)	
Contributions, Giffs, Grants and Other Similar Amounts	þ							All very with the
9. A	C						And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
<u> </u>	d						The second	
Sin.	e	Government grants (contribution		• 0			No.	
¥ 2	1	All other contributions, gifts, gran		ĺ				
충		similar amounts not included abo			Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Commit			
8 8	g	Noncash contributions included in I		82,718			Magazina da da da da da da da da da da da da da	
	h	Total. Add lines 1a-1f		<u> </u>	547,165			SEMMERS -
흌	_			Business Code				
¥	2a	Pet Adoptions		900099	71,585	71,585		
ž	þ					)		
Ğ	C			•		-		
Š	4				(	· .		
Ē								
Program Service Revenue	1	All other program service revenu	e	<u> </u>		<u></u>		
	<u>g</u>	Total. Add lines 2a–2f		<u> </u>	71,585	· Andrews Constitute	<b>阿德尼尼</b> 斯特人	
	3	Investment income (including div				.}		
	4	other similar amounts)			21,857			
	5	Income from investment of tax-ex	kempt bona pro	ceeds				
	,	Royalties	(N) Bear	(ii) Personal	C	e area		
	6a	Gross rents	(I) Noai	(II) rersonal				A April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 April 19 A
	b	Less: rental expenses		<del></del>	0.7			
	c	Rental income or (loss)	ļ					
	ď	A1-4			A Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Comm			mental and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s
	7a	Gross amount from sales of	(i) Securitles	(ii) Other	ombanica ma e delli i anchanicate a m	i i visio no respensa della collisi della collisi	a motor to account to the second	
	, .	assets other than inventory	251,620			the William		
	ь	Less: cost or other basis	231,020	<u>'                                     </u>				
		and sales expenses	204,447	ا,	The second of the second	10.23 to \$ 00.34		
	c	Gain or (loss)	47,173		2 (2) to 1 (2) (2)			
	d	Net gain or (loss)		,,	47,173		Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Commit
·	-	(10194), , , , , , , , , , , , , , , , , , ,			47,173	Villand automasta esta esta esta.	annan marka ar ar ar ar ar ar ar ar ar ar ar ar ar	Automoti (1995) productivo mentro de la constanta
une	8a	Gross income from fundraising				344		106 A. W.
. O		events (not including \$	<u>0</u>			San Francisco		1 Ta
اق		of contributions reported on line 1			3 - 12 1 T. S. S. S. S. S. S. S. S. S. S. S. S. S.	A CONTRACTOR	AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	
<u> </u>		See Part IV, line 18	<b>a</b>	91,976		Sale Sale Sale Sale Sale Sale Sale Sale		
Other Rev	þ	Less: direct expenses	b	11,424				
٥١	¢	Net income or (loss) from fundral	sing events		80,552	Samuel Sec.	The Miller of the State of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr	i Karista en siene en sistemature en militar etais i
	9a	Gross income from gaming activity	ties.				Marie Parte July 18 18 18 18	SA CLARON CARSON INC.
Í		See Part IV, line 19	, , a	o			33.2	
	þ	Less: direct expenses	b	0				
	C	Net income or (loss) from gaming	activities		0	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	PARTICIPATE NAME - 10, 4-44 CT / WARRING W. T.	Carron St. 17. a Praticional English de Carron de Carron Carron
	10a	Gross sales of inventory, less						98487875 February
		returns and allowances		0	ur ayan balan ak			
ĺ	b	Less: cost of goods sold		0	Andrew Committee			
	c	Net income or (loss) from sales o	finventory	🗩	0			
ļ		Miscellaneous Revenue		Business Code			AJAKA CAMBUAN	ABENING KOO
- 1	11a		• • • • • • • • • • • • • • • • • • • •		0			
	b				0			
	C	All			0			
	d	All other revenue			0		about any and a second	
	42	Total. Add lines 11a-11d.  Total revenue. See instructions.			0			AND THE PARTY OF THE PARTY OF THE
	12	<u>ı otal r</u> averiuş, 300 instructions, .			768.332	93,442	·	n

### Part IX Statement of Functional Expenses

JOU	Check if Schedule O contains a response or note				
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				Tall You of the Physical Control
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				MANUAL REPORT OF THE PROPERTY OF THE
	United States. See Part IV, line 22	Q	<u></u> _		The State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S
3	Grants and other assistance to governments,			PARTICLE STREET STREET REPORT A COMPANY OF THE	Part of the second second
	organizations, and individuals outside the			(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Priv Mort 43/12
	United States, See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		Marie Carlos No.	
5	Compensation of current officers, directors,		"		
	trustees, and key employees	32,577		32,577	
6	Compensation not included above, to disqualified		· .		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	137,200	137,200		
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits .	0			
10	Payroll taxes	0		<u> </u>	
11	Fees for services (non-employees):			·	
а	Management	0			
ь	Legal	0			
c	Accounting	6,830	6 930		
ď	Lobbying	0,830	6,830	-	
ė	Professional fundraising services. See Part IV, line 17		Marian da da da da da da da da da da da da da	SCHOOL STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE	
f	Investment management fees	11,469		STATES AND SECURITION OF SECULOR	
g	Other. (If line 11g amount exceeds 10% of line 25, column	11,409	11,469		
-	(A) amount, list line 11g expenses on Schedule O.)	27.740	00.400		
12	Advertising and promotion	37,749	30,199	7,550	
13	Office expenses	6,459	6,459		
14	Information technology	5,220	4,437	783	
15	Information technology	- 0			
16	Royalties	0			
17	Occupancy	37,102	31,537	5,565	
18	Travel	6,684	5,681	1,003	
10	Payments of travel or entertainment expenses	_			
19	for any federal, state, or local public officials	<u>0</u>			
	Conferences, conventions, and meetings	0			,
20	Interest	0			
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization	12,294	12,294	0	0
	Insurance	12,187	10,359	1,828	
24	Other expenses, Itemize expenses not covered			3288485	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TO STOREST STORES	
a	Newsletter	17,607	14,966	2,641	
Ь	Shelter supplies	18,109	18,109		· · ·
C	Shelter repairs and maintenance	6,497	5,522	975	
đ	Veterinary Supplies and Service	105,816	105,816		
е	All other expenses	36,391	28,344	8,343	
25	Total functional expenses, Add lines 1 through 24e	490,191	429,222	61,265	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	i			
	from a combined educational campaign and	ļ			
	fundraising solicitation. Check here 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet Check if Schedule O contain

·		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	86,477	1	50,964
2			2	186,576
3			<del></del>	0
4	Accounts receivable, net	- 0	<del></del>	0
		Andrew Antonio Company	11.00 h	Charles of the Alexander of the
	trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	-A	5	
Assets	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
7   تو		0	7	. 0
-   6	Inventories for sale or use	<u>,                                     </u>	8	
9	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7,032	9	8,320
10			0.022 (3.1.2) (2.002 (3.1.2)	
	other basis. Complete Part VI of Schedule D 10a 329,971	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR		
	b Less: accumulated depreciation			143,833
11	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	817,372	11	884,848
12		0	12	0
13	military programme programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme and the programme a	0	13	0
14		0	14	0
15	Other assets. See Part IV, line 11	. 0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,067,009		1,274,541
17	Accounts payable and accrued expenses	2,385		5,854
18	Grants payable		18	
19	Deferred revenue	29,535	_19	27,955
20	Tax-exempt bond liabilities ,		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u> </u>
8 22			3.74.78	
悪	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	. 0
25	Other liabilities (including federal income tax, payables to related third			
- 1	parties, and other liabilities not included on lines 17-24). Complete			
	Part X of Schedule D	. 0	25	0
26	Total Ilabilities. Add lines 17 through 25	31,920	_26	33,809
S	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34,			
듄   27	Unrestricted net assets	379,592	ાંતવાડાં <b>27</b>	614,403
富   28	Temporarily restricted net assets	655,497	28	626,329
면 29	Permanently restricted net assets	000,407	29	020,028
Net Assets or Fund Balances 25 25 25 25 25 25 25 25 25 25 25 25 25	Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.	- 10 (10 (10 (10 (10 (10 (10 (10 (10 (10		
# 30	Capital stock or trust principal, or current funds	ENTERNICATION OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTR	30	n se commentación Commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación de la commentación d
<b>2</b> 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
급   32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	-
ž   33	Total net assets or fund balances	1,035,089	33	1,240,732
34	Total liabilities and net assets/fund balances	1,067,009	34	1,274,541
				Form <b>990</b> (2013)

	aso (2015) Humane Society of Pensacola	59-600;	2691	Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1		1		768	3,332
2	Total expenses (must equal Part iX, column (A), line 25)	2			0,191
3	Revenue less expenses. Subtract fine 2 from line 1	3			3,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,089
5	Net unrealized gains (losses) on investments	5			0,637
6		6			2,718
7	Investment expenses	7			
8		8			
9	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	9			-417
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10		1,240	732
Part	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			.	
	· · · · · · · · · · · · · · · · · · ·		$\neg$	Yea	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	ſ	STAGE C	Z.W. V.	21, 5.22
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			293.A.	ofference of
	Schedule O.		388 <b>5</b> 8E		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		0.000	7. Jan 19. 19. 1	110 33
	reviewed on a separate basis, consolidated basis, or both:		1000	93.77	2000
	X Separate basis			93	Special A
b	Were the organization's financial statements audited by an independent accountant?	ľ	2b	ARMON T	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	· · · ·	20	1,121,11	×
	separate basis, consolidated basis, or both:	J,	44/		100
	Separate basis Consolidated basis Both consolidated and separate basis		or of the P	ks 80	
_		ľ	0.302	3000 (1000)	47
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ļ.	(930) C	X200	200
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	· ·	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		13.0	402	100
<b>3</b> -	Schedule O.			74.77. 74.77.	1000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		I		
	the Single Audit Act and OMB Circular A-133?	٠. إ	3a		Χ
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
	·		Form 5	990 (	2013)

#### 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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Humane Society of Pensacola 59-6002691 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a ∐ Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(II) 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (Iv) is the organization (v) Did you notify (vi) is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your organization in col. the organization in above or IRC section governing document? col. (i) of your (I) organized in the (\*\*\* instructions)) support? U.S.7 Yes No Yes No Yes No (A) (B) (C) (D) (E)

٥

Total

(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.)  Section A. Public Support  Calendar year (or fiscal year beginning in)    (a) 2009    (b) 2010    (c) 2011    (d) 2012    (e) 2013    (f) Total    (f) Total    (glis, grants, contributions, and membership flees received. (Do not include any funusual grants)    2 Tax revenues leveled for the organization's benefit and either paid to or expended on is behalf.  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total Add lines 1 through 3    5 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.  5 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)    6 Public support do organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization meets the facts and circumstances test.—2012 if the organization of incomes from 2012 Schedule A. Part II, line 14    10 Public support percentage form 2012 Schedule A. Part II, line 14    10 Public support percentage form 2012 Schedule A. Part II, line 14    10 Public support percentage form 2012 Schedule A. Part II, line 14    10 Public support percentage form 2012 Schedule A. Part II, line 14    10 Public support percentage for 2012 Schedule A. Part II, line 14    10 Public support pe	Par							
Section A. Public Support  Calendary year (or fiscal year beginning in)    (a) 2009    (b) 2010    (c) 2011    (d) 2012    (e) 2013    (f) Total  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants").    2    Tax revenues levide for the organization's benefit and either poid to or expended on its behalf.  3    The value of services or facilities furnished by a governmental unit to the organization without charge.    4    Total. Add lines 1 through 3    5    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).  6    Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)    7    Amounts from line 4.  9    O    O    O    O    O    O    O								under
Calendar year (or fiscal year beginning in)	Sect		quality drider	trie testa liste	sa pelow, piec	124 combieré	ran iii.)	
Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  Tax revenues levide (for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 3.  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).  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Occurrence).  A mounts from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(a) 2009	(b) 2010	(c) 2011	(4) 2012	(n) 2012	/f) Total
membership fees received. (Do not include any "unusual grants").  2 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  3 The value of services or facilities  4 Total. Add lines 1 through 3 .  5 The portion of total contributions by each person (other than a governmental unit to the organization without charge.  5 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).  6 Public support a governmental unit or publicly supported organization in the state of the services of the amount shown on line 11, column (f).  7 Amounts from line 4.  9 O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(8) 2000	(5) 2010	(0) 2011	(u) 2012	(e) 2013	(r) rotal
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supported organization		Part IV how the organization meets the "facts	-and-circumstar	nces" test. The	organization of	Jalifles as a pul	olicly	111
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								🕨 🗀
	18							
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#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 👚 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	158,446	426,617	232,194	269,575	464,447	1,551,279
2	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	76,932	57,215	82,131	100,685	<u>1</u> 64,015	480,978
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						O
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						. 0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	235,378	483,832	314,325	370,260	628,462	2,032,257
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		3,958				3,958
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ļ					
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						0
8	Add lines 7a and 7b	0	3,958	O Charles Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Commit	0	O)	3,958
	Public support (Subtract line 7c from line 6.)						2,028,299
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	235,378	483,832	314,325	370,260	628,462	2,032,257
10a	Gross income from interest, dividends,		ĺ				
	payments received on securities loans,						
	rents, royalties and income from similar sources	13,924	12,607	26,77 <u>2</u>	20,390	21,757	95,450
b	Unrelated business taxable income (less						·
	section 511 taxes) from businesses	1		· .			
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	13,924	12,607	26,772	20,390	21,757	95,450
11	Net income from unrelated business	}					
	activities not included in line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						<u> </u>
12	loss from the sale of capital assets (Explain in Part IV.)		1				
13	Total support. (Add lines 9, 10c, 11.	<del></del>	·				
	and 12.) , , , , , , , , ,	249,302	406 420	244 007	200 050	050.040	0.407.707
14	First five years. If the Form 990 is for the organize		496,439	341,097	390,650	650,219	2,127,707
							□
Sect	tion C. Computation of Public Support			<del></del>			
<u>560,</u> 15	Public support percentage for 2013 (line 8, column		. 12 . aslumn (f)			46 1	05 220/
16	Public support percentage from 2012 Schedule A,					15 16	95.33%
	ion D. Computation of Investment Inco	me Percenta	<u> </u>			18	94.95%
17	Investment income percentage for 2013 (line 10c, or			mn (f)\		17	4.49%
18	Investment income percentage from 2012 Schedule	:Olumin (r) αίνιαθα a Δ. Part III line *	1 Dy ame 13, Colur 17	mn (1)) , , , ,	• • • • • •	18	4.49%
19a	33 1/3% support tests—2013. If the organization						7.0470
	not more than 33 1/3%, check this box and stop he						▶ 🗵
b	33 1/3% support tests-2012. If the organization						· · · - 🗠
	line 18 is not more than 33 1/3%, check this box an						▶□
20	Private foundation. If the organization did not che						

	n 990 or 990-EZ) 2013 Humane Society of Pensacola	<u>5</u> 9-6002691	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, lin	e 10; Part II, line 17a o	r 17b;
	and Part III, line 12. Also complete this part for any additional information. (S	ee instructions).	
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### 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Humane Society of Pensacola	59-6002691						
Organization type (check one	a):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (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	n					
	501(c)(3) taxable private foundation						
Check if your organization is o	overed by the General Rule or a Special Rule.						
<b>Note.</b> Only a section 501(c)(7) instructions.	, (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. Ses					
General Rule							
For an organization fill property) from any one	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or me contributor. Complete Parts I and II.	nore (in money or					
Special Rules							
sections 509(a)(1) and	) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 170(b)(1)(A)(vi) and received from any one contributor, during the year, a color of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	contribution of the greater					
the year, total contribu	), (8), or (10) organization filing Form 990 or 990-EZ that received from any stions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scient or the prevention of cruelty to children or animals. Complete Parts I, II, and	tific, literary, or					
the year, contributions total to more than \$1,0 year for an exclusively applies to this organize	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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						
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file So at answer "No" on Part IV, line 2, of Its Form 990; or check the box on line H certify that It does not meet the filing requirements of Schedule B (Form 990	of its Form 990-EZ or on its					

Name of organization Employer identification number
Humane Society of Pensacola 59-6002691

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Tommy Moree  2810 E Cervantes St  Pensacola FL 32503  Foreign State or Province:  Foreign Country:	\$295,239	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>2</b>	STOA Architects  121 E Government St  Pensacola FL 32502  Foreign State or Province:  Foreign Country:	\$8,350	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Pen Air Federal Credit Union  1495 E Nine Mile Rd  Pensacola FL 32514  Foreign State or Province:  Foreign Country:	\$7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Kathleen Gordon  2598 Yates Ave  Pensacola FL 32503  Foreign State or Province: Foreign Country:	\$7,300	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Artel Inc PO Box 704 Pensacola FL 32591 Foreign State or Province: Foreign Country:	\$ 6,931	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	Marie Coe  101 Mcabee Ct, Unit 109  Gulf Breeze FL 32561  Foreign State or Province:  Foreign Country:	\$ 6,852	Person X Payroll Noncash (Complete Part II for noncash contributions.)

<u>H</u>

lame of organization	•	Employer identification	n number
lumane Society of Pensacola		59-600269	1

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	reeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Jane Kugelman  1424 E Lakeview Ave Pensacola FL 32503  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Chadbourne Foundation  192 Hewitt Street Pensacola FL 32503 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Dailey Communications Inc  323 2nd Street N  St Petersburg FL 33701  Foreign State or Province: Foreign Country:	\$4,390	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Pedigree 6885 Elm St McLean VA 22101 Foreign State or Province: Foreign Country:	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Cat Country 98.7 7251 Plantation Rd Pensacola FL 32504 Foreign State or Province: Foreign Country:	\$7,900	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Ballinger Publishing 41 N Jefferson St Pensacola FL 32502 Foreign State or Province: Foreign Country:	\$ 5,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 2 Name of organization Employer Identification number Humane Society of Pensacola 59-6002691 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Lamar Advertising 13 Person 141 N Tarragona Payroll Pensacola FL 32502 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) · (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country; noncash contributions.) (a) (b) (c) · (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Foreign State or Province:

Foreign Country:

(Complete Part II for

noncash contributions.)

Person Payroli Noncash Name of organization

Employer Identification number

**Humane Society of Pensacola** 59-6002691 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b)
Description of noncash property given (d) from FMV (or estimate) Date received Part I (see instructions) Architect Services ...2 \$ 8,350 (a) No. (C) (b)
Description of noncash property given (d) from FMV (or estimate) Date received Part I (see instructions) Pet Supplies ...10 (a) No. (c) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 11 7,900 10/5/2013 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 12 5,000 12/31/2013 (a) No. (c) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) Advertising . 13 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

	rganization ociety of Pensacola		Employer identification number					
Part III	Exclusively religious, charitable, etc., In	dividual contributions to section	59-6002691					
	total more than \$1,000 for the year. Com	olete columns (a) through (e) and t	be following line entry					
	For organizations completing Part III, enter	the total of exclusively religious c	haritable etc					
	contributions of \$1,000 or less for the year	(Enter this information once. See						
	Use duplicate copies of Part III if additional		instructions.) > \$					
(a) No.			<u> </u>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti	- "		· · · · ·					
	******							
		(e) Transfer of gift	<u> </u>					
		(o) Transfer of gitt						
	Transferee's name, address, and Z	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
		<u> </u>	original or manageror to translates					
	For. Prov. Country							
(a) No. from	(1) 0							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and Z	IP + 4 Relation	onship of transferor to transferee					
•			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	For, Prov. Country		~~~~~					
(a) No.	For, Prov. Country	<u> </u>	<u> </u>					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		<del></del> :						
	***************************************	***************************************						
	<u> </u>	(e) Transfer of gift						
		(c) Hallston of gut						
	Transferee's name, address, and Z	IP + 4 Relatio	onship of transferor to transferee					
			or transfer to transfer ee					
	For Prov. Country							
(a) No. from	(b) Purpose of gift	/-> II // I/A						
Part I	(o) Furpose or gist	(c) Use of gift	(d) Description of how gift is held					
		· .						
J		(e) Transfer of gift						
İ								
·	Transferee's name, address, and Z	IP + 4 Relation	nship of transferor to transferee					
	***************************************	••••••						
ļ	For Prov		•					

### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization			Employer identification number
Hum	ane Society of Pensacola			59-6002691
Pai	Organizations Maintaining Don	or Advised Funds or Q	ther Similar Fu	inds or Accounts.
	Complete if the organization answ	vered "Yes" to Form 990	Part IV, line 6.	,
		(a) Donor advised for		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	onor advisors in writing that t	he assets held in	donor advised
	funds are the organization's property, subject			
6	Did the organization inform all grantees, done	ors, and donor advisors in w	riting that grant fo	inds can be
	used only for charitable purposes and not for			
	purpose conferring impermissible private ber	efit?		· · · · · · · · · · Yes · No
Par	t II Conservation Easements.			
ζ.		rored "Vee" to Form 000	Doet N. Gran 7	
1	Complete if the organization answ Purpose(s) of conservation easements held to	vered res to Form 990,	Part IV, line 7.	<u></u>
•				
	Preservation of land for public use (e.g., recr	eation or education)	_	of an historically important land area
	Protection of natural habitat	<b>L</b>	Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizate	tion held a qualified conserva	ation contribution	in the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements , ,		<i></i>	. Za
þ	Total acreage restricted by conservation easi	ements		2b
C	Number of conservation easements on a cert	tified historic structure includ	led in (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06	and not on a	
	historic structure listed in the National Registe	er		.   2d
3	Number of conservation easements modified	, transferred, released, extin	guished, or termin	nated by the organization
	during the tax year	·	•	· · · · <b>,</b> · · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·
4	Number of states where property subject to c	onservation easement is loc	ated 🕨	
5	Does the organization have a written policy re	egarding the periodic monito	ring, inspection, h	nandling of
	violations, and enforcement of the conservation	on easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitori	ing, inspecting, and enforcin	g conservation ea	asements during the year
	<b>P</b>			_ ,
7	Amount of expenses incurred in monitoring, is	nspecting, and enforcing cor	nservation easem	ents during the year
	<b>*</b> \$	_		<b>3 7</b>
8	Does each conservation easement reported of	on line 2(d) above satisfy the	requirements of	section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .			Yes No
9	In Part XIII, describe how the organization rep	ports conservation easemen	ts in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the	text of the footnote to the or	ganization's finan	cial statements that describes
	the organization's accounting for conservation	n easements.		
Par		ections of Art, Historica	l Treasures, o	r Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), not	to report in its rev	venue statement and belence sheet
	works of art, historical treasures, or other sim	ilar assets held for public ex	hibition, education	D. Or research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financi	al statements that	t describes these items
b	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), to re	enort in its revenu	ie statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public ex	hibition, education	n or research in furtherance
	of public service, provide the following amoun	its relating to these items		., or received in landle alloc
	(I) Revenues included in Form 990, Part VIII,			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of a	urt, historical treasures, or of	her similar assets	for financial gain, provide the
	following amounts required to be reported und	der SFAS 116 (ASC 958) rei	ating to these ite	ms:
а	Revenues included in Form 990, Part VIII, line	a 1		<b>. ▶ S</b>
ь	Assets included in Form 990, Part V			· · · · · · · · · · · · · · · · · · ·

Sched	ule D (Form 990) 2013 Humane Society of F	ensacola					59-6002	691		Page 2
Part	III Organizations Maintaining (	Collections of	Art, His	torical T	reasures, c	r Oth	er Similar Asse	ts (co	ntinue	d)
3	Using the organization's acquisition, acc		records,	check any	of the follow	ing tha	at are a significant			
	use of its collection items (check all that	apply):		_						
а	Public exhibition		d [	Loan	or exchange	progra	ıms			
b	Scholarly research		e [	Other	•					
c	Preservation for future generation	s	_	_						
4	Provide a description of the organization		evolein k	now they fi	other the ara	anizati	ion's avamet nume	oo in		
•	Part XIII.	o conconons and	explain	iow uicy it	artilei tile olg	41114411	on a exempt purpo	S <del>e</del> III		
5	During the year, did the organization soli	icit or receive don	etions of	art bietori	cal treasures	or oth	var elmitar			
-	assets to be sold to raise funds rather th								es 🗀	l No
Pari			us pu	10111001	gonizadon o c	, on o		<u>'</u>	E3  _	J 140
a	Complete if the organization a		to Form	000 Pa	et IV. line O			<b>.</b>		
	990, Part X, line 21.	iliswereu res	to Porti	1990, Fai	rt iv, line 9,	or tek	ported an amour	t on F	orm	
1a	Is the organization an agent, trustee, cus					41				
ıa	included on Form 990, Part X?							$\Box$		1
ь	If "Yes," explain the arrangement in Part							Y	es	No
~		Am and complete	s une lond	wing table			1 .			
c	Beginning balance					-		mount		0
d	Additions during the year						ä			
	Distributions during the year						<u> </u>			
f	Ending balance						f			0
2-						_	_			<del></del>
2a	Did the organization include an amount of							_	es 🔀	No
b	If "Yes," explain the arrangement in Part	XIII. Check here	If the exp	lanation ha	as been provi	ided in	Part XIII			<u> </u>
Part										
	Complete if the organization a	nswered "Yes"	to Form	<u>990, Par</u>	t IV, line 10	<u>)                                    </u>				
		(e) Current year		ior year	(c) Two years	back	(d) Three years back	(a) Fi	our years	, back
1a	Beginning of year balance	0	,	Q.		0				
ь	Contributions									
C	Net investment earnings, gains,									
	and losses ,							Ī.		
d	Grants or scholarships									
8	Other expenditures for facilities						•			
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0				0
2	Provide the estimated percentage of the	current year end	balance (	line 1g, co	lumn (a)) hel	d as:				
а	Board designated or quasi-endowment	<b>•</b>	<b>%</b>							
þ	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	<u></u> %								
_	The percentages in lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the po	ssession of the o	rganizatio	on that are	held and adr	niniste	red for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		<u> </u>
ь	If "Yes" to 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses o		s endow	ment funds	S					
Part						_				
	Complete if the organization a					a. Se	<u>e Form 990, Par</u>			
	Description of property	(a) Cost or ott			st or other		) Accumulated	(d) B	ook valu	0
4	1	(investm		basis	s (other)		depreciation			
1a	Land	·	<u> </u>	<u> </u>	. 0					0
b	Buildings		0		266,971		153,963		11	<u>800,8 </u>
c	Leasehold improvements		0		0		0			0
d	Equipment	•	0	<u> </u>	52,201		5,896		2	24,706
e Total	Other Add lines 1a through 1e. (Column (d) mu	.   .at any -1 Fares 22	0 0 0 0		10,799		4,680			6,119
, viai	<u> 799 mies ia unough 18. (C<i>qiumn (a) mu</i></u>	isi eduai Porm 99	u. ran X.	column (L	э). IINO TUCC).	1	📂 📗		14	13.833

Part VII	Investments—Other Securities Complete if the organization ans	s. wered "Yes" to Form	990. Part IV. line	e 11b. See Form 990, P	art X, line 12.
(a)	Description of security or category (Including name of security)	(b) Book value	1	(c) Method of valuation: Cost or end-of-year market value	
			_	Cost or end-or-year market value	
	lerivatives , ,	<del>:</del>	- 0	· -	
	ld equity interests		0		<del></del> -
3) Other					<del></del> -
		. "	<u> </u>		
(B)			···	.,	
(C)				,	111
<u>(D)</u>	<del>-</del>				
<u>(E)</u>				···	
(F)	·				
(G)		<del></del> -			
<u>(H)</u>	must equal Form 990, Part X, col. (B) line 12.)	<del></del>	0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000		<u> </u>
				Marie Carlotte Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan	
Part VIII	Investments—Program Relate Complete if the organization and	swered "Yes" to Forn	n 990, Part IV, lin		a <u>rt X, line 13.</u>
	(a) Description of Investment	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	, , ,
(1)					<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					<u> </u>
(7)					
(8)			_	1.	· · ·
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Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.) 🕒	<u> </u>	Olympia 1 - 0 44 0 94	ay madangkan militar ng kaping pambananan	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
Part IX	Other Assets.  Complete if the organization an	owered "Vee" to Form	n 990 Part IV lin	ne 11d. See Form 990. F	Part X. line 15.
		) Description	11 550, 1 are 14; III	(b	) Book value
(1)			" ' ' '		
(2)					
(3)					<u> </u>
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			-11		<u> </u>
Total. (Colur	nn (b) must equal Form 990, Part X, co	I. (B) line 15.)	<u> </u>	<u></u>	
Part X	Other Liabilities.  Complete if the organization and line 25.	swered "Yes" to For	m 990, Part IV, lii	ne 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value			
	Income taxes		O // # 3 % in #		100 m 1
(2)					
(3)	• •				chille i sa.
(4)					Egings (S. C. S. S. S. S. S. S. S. S. S. S. S. S. S.
(5)			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	[6] Add A. Oldand, M. Martin, M. College and Martin, Phys. Lett. 5, 112 (1997), p. 1997, p. 1997.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
(6)				and the second	
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(8)					
(9)					asing side a
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 25.)		0 0000000000000000000000000000000000000		a, very transport (f <sub>el</sub> ting to the first till).
2. Liability for	uncertain tax positions. In Part XIII, provi	e the text of the footnote	to the organization's	manciai statements that rep	in Port VIII
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740), Check	nere if the text of the	a rootnote has been provided	III Fatt Alli.

Schedu	le D (Form 990) 2013 Humane Society of Pensacola	59-6002691	Page 4
Part			, ago v
	Complete If the organization answered "Yes" to Form 990, Part IV, line 12a.	11000111	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	layer jer	
а	Net unrealized gains on investments	Property Section 1	
b	Donated services and use of facilities	1,902,000,00 0,004,002,00	
c	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d		^
3	Subtract line 2e from line 1	2e	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	e vegazijas	. 0
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	7 ( 1 % ( 3 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1	
b	Other (Describe in Part XIII.)	ASSESS (FO)	
	Add lines 4a and 4b	Datawa.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part			0
Fait	Complete if the expenses per Audited Financial Statements with Expenses per	er Return	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	- 1	
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	(* 17. gr) (g) (* 17. gr)	
	Donated services and use of facilities		
	Prior year adjustments	1	
	Other losses		
	Other (Describe in Part XIII,)	A CONTRACTOR	
•	Add lines 2a through 2d	20	0
3	Subtract line 2e from line 1	3	0
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		•
	Other (Describe in Part XIII.)	1. (2007) 1. (1)	
_ c	Add lines 4a and 4b	4¢	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	l V, line 4; Part X, I	ine
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	tion.	
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Schedule D (Form		Humane Socie	ty of Pensacola				<u>59-600</u>	2691	Page 5
Part XIII	Supple	emental Infori	nation (contin	ued)			'	_	
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### SCHEDULE G (Form 990 or 990-EZ)

or entity (fundraiser)

Department of the Treasury

### Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, fine 6a.

(or retained by)

organization

0

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

(II) Activity

Open to Public Inspection

(or retained by) fundraiser listed in

col. (1)

from activity

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization Employer identification number Humane Society of Pensacola 59-6002691 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Х Mail solicitations Solicitation of non-government grants 0 х ь Internet and email solicitations Solicitation of government grants X C Phone solicitations g X Special fundraising events d Х In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (vi) Amount paid to (iv) Gross receipts

custody or control of contributions?

Nο

Yes

2				_	_	
3				0	<u></u>	0
4		_		0	0	0
<u> </u>				0	0	
5 				0	0	0
6						
7						
8		-		0		0
				0		0
9				0	0	•
10						0
Total , ,			▶	. 0		0
List all states in which the or registration or licensing.  FL	ganization is register	red or license	d to solicit	····		xempt from
						<del>-</del>
	<b></b>					
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						•
	/					

	Enter the state(s) in which the organization operates gaming activities:
a b	Is the organization licensed to operate gaming activities in each of these states?
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sched	ule G (Form 990 or 990-EZ) 2013 Humane Society of Pensacola	59	<u>-600</u> 2691	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	, .	Yes	— ∏ No
13	Indicate the percentage of gaming activity operated in:	ł		_
a		13a	<u> </u>	%
ь	An outside facility , , , , , , , , , , , , , , , , , , ,	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►	<b>-</b>		
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	!	Yes	□N₀
b	If "Yes," enter the amount of gaming revenue received by the organization \$\ \bigs \\$ and the amount of gaming revenue retained by the third party \$\ \bigs \\$ 0			
c	If "Yes," enter name and address of the third party:			
	Name ►			
	Address •			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation   \$0			
	Description of services provided			
	□ Director/officer     □ Employee     □ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<u>·</u>
L	retain the state gaming license?	[	Yes	☐ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
Part	or spent in the organization's own exempt activities during the tax year  Supplemental Information. Provide the explanations required by Part I, line 2b, columns	: (iii) s	nd (v) :	0 boo
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to p	rovid	anv	ai iQ
	additional information (see instructions).		J. W. 1.	
		••		

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

### 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Humane Society of Pensacola	59-6002691
Form 990, Part VI, Section B, Line 12c: Conflict of interest policy disclosure certification	
disbursed and signed annually	
Form 990, Part VI, Section C, Line 19: No requests for corporate documents. Thus, not supplied	
to anyone during the year	****
Form 990, Part VI, Section B, Line 11: President receives and reviews return and gives copy to	*******
all board members and director. Upon final review and board approval form 990 is	
electronically filed by CPA	
Form 990, Part XI, Line 9: Immaterial payroll expense accrual from prior year	
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Humane Society of Pensacola	59-6002691
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### SCHEDULE M (Form 990)

### Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Humane Society of Pensacola

Employer Identification number

59-6002691 Part I Types of Property (c) (B) (b) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q 1 Art-Works of art . . . . . . 2 Art-Historical treasures . . . Art—Fractional interests . . . Books and publications . . . . er (brovik) beland om kelk die leifenste als h Clothing and household goods . . . . . , , , , , 6 Cars and other vehicles . . . 7 Boats and planes . . . . . . Intellectual property . . . , , 8 Securities-Publicly traded, , 9 10 Securities—Closely held stock Securities—Partnership, LLC, 11 or trust interests . . . . . . 12 Securitles-Miscellaneous . . . Qualified conservation contribution—Historic 14 Qualified conservation contribution-Other . . . . . Real estate-Residential . . . 15 16 Real estate—Commercial . . . Real estate—Other . . . . . 17 18 Collectibles . . . . . . . . . Food inventory . . . . . . . 19 20 Drugs and medical supplies . . 21 Historical artifacts . . . , , 22 23 Scientific specimens . . . . . Archeological artifacts . . . . 24 Other ► ( Advertising ) 25 Х 64,318 Donor advice Other > ( Architecture servici) 26 Х 8,350 Donor advice 27 Other ► ( Tools and supplies ) Х 50 Donor advice Other ► (Pet supplies 28 X 10.000 Donor advice 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . . . . . . . . . . . 29 0

		·		Yes	N
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 -	28,	3000		900 B
	that it must hold for at least three years from the date of the initial contribution, and which is not				2.43-47
	required to be used for exempt purposes for the entire holding period?		30a		Х
þ	If "Yes," describe the arrangement in Part II.		14.30		3. C. S. W.
31	Does the organization have a gift acceptance policy that requires the review of any non-standard		1927 (1927) 1944 (1947)		454000000 19770 (* 1
	contributions?,		31		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell				
	noncash contributions?		32a		Χ.
b	If "Yes," describe in Part II,				Will No
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is	3	10 m 10 m		rins, c
	checked, describe in Part II.	-	#100 00 mb		Section 1

Schedule M (F	orm 990) (2013) Humane Society of Pensacola	59-6002691 Page <b>2</b>
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, the organization is reporting in Part I, column (b), the number of contributions, the or a combination of both. Also complete this part for any additional information.	32b, and 33, and whether
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash_	Noncash
)	Federated Campaigns	1	
!	Membership dues	2 5	010
	Fundraising events	3	
	Related organizations	4	
	Government grants (contributions)	5	<del></del>
	All Office Confedutions diffs drapts and similar amounts not included above:		
	All other contributions, gifts, grants, and similar amounts not included above:  Contributions	459	437 82,716
		459,	437 82,716
			437 82,718

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

					_					_	i	1
								Description of		coet	cost	cost
									Depreciation			
Cost, other	basis and expenses	204,447	Û	Φ.	Expense	of sale and	ळहार्व	іпргоме-	ments			
SS	basis and					her basis	field only)	Domated	yahe			
şş	88	251,620	0	0		Cost or other basis	(Enter one field only)		Š	88.634 253	16,725	880,68
Gross	32 TS							Gross sales	price	000'26	27,000	127,620
		Total Public Securities:	Total Non-Public Securities:	Total Other Sales:				Date	sold	8/4/2014	5/27/2014	12/12/2013
		Total Pub	okal Non-Pub	Tota				Acquisition	method	purchase	purchase	purchase
			_					Calle	acquired	8/1/2013 purchase	5/1/2013 purchase	12/1/2010 purchase
									Purchaser			
						Check if	purchaser	isa	Kusiness			
					Check if Check if	gainloss is gainloss is	from sale from sale of purchaser	of public non public	securities securities			
					Checkif	gainnoss is	from sale	of public	securities	X	×	×
				i					CUSIP#			
									Description	1 RBC Capital Markets LLC	2 RBC Capital Markets LLC	3 RBC Capital Markets LLC

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

Tarton, Eme 22 (000) - Bobiociation,	Dopiotion, an	<u>u Allioitization</u>	<u> </u>	
	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
1 Depreciation	12,294	12,294		
2 Depletion	0			' "
3 Amortization	0			
4 Total 4	12,294	12,294	0	

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

l								Total:	351,570	173,844	186,138	-21,599	156,128	143,833
				Leasehold			Check if	Check iř		Beginning	Ending			
				прточе-			Investment	Assei	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	ments	Equipment	Officer	Assel	Disposed	Basis		Depreciation	Adjustments	Balance	Balance
-	Building & Improvements		×	İ					266,971	145,488	153,963		121.483	
~	Vehicles					×			10,799	2,520	4,680		8.279	1
~	Other Equipment				×				73,800	25,836	27,495	-21,599	26,366	24,706

Part X, Lines 11 and 12 (990) - Investments - Securities

				lotal:	0	817,372	884,848
	Check if		Checkiff			Beginning	Ending
	Publicly	Check if	Check if Closely-Held	Number	Value	Balance	Balance
		Financial	Equity	of Shares/	at Time of	Book Value	Book Value
Description	Securities?	Securities? Derivatives	_	Face Value	Donation	FMV	FMV
1 Publicly traded Securities	×					817,372	884,848

Internal Revenue Service District Director Department of the Treasury

Date:

SEP 1 6 1980

The Humane Society of Pensacola, Florida, Inc. P. O. Box 407 Pensacola, Florida 32592 Employer identification Number: 59-6002691

Accounting Period Ending: September 30

Form 990 Required: 🕱 Yes 🔲 No

Person to Contact: F. Dewey Contact Telephone Number: 904-791-2636

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) & 170(b)(1)(A)(vi)

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990. Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income (ax returns urless you are subject to the tax on unrelated business income under section 513 of the Codo. If you are subject to this tax, you sust file an income tax return on form 990-T. In this letter, we are not determining whether any of your present or proposed notivities. Are unrelated trade or business as dofined in section 513 of the Gode.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be abeigned to you and you will be advised of it. Please use that Service.

Recause this initer could belp resolva any questions about your exempt status and foundation status, you should keep it in your persanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Popular E Apula Errope Organisation Specialist

C.C. Robert A. Benz.



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Pensacola's Promise DBA Chain Reaction

Agency Address:

1301 East Gadsden St Pensacola, FL 32501

Program Name:

Program Contact:

Kristin Fairchild

Contact Email:

KFairchild@mychainreaction.org

Contact Phone:

850-202-0691

25-Word Description of Program:

Our mission at Chain Reaction is to empower teens to learn through service. In a safe, fun and empowering environment, our teens discover their innate strengths and untapped abilities; unite

Amount Requested:

19,000.00

Amount Received Last Year, if applicable:

19,000.00

### Escambia County Grant 2015-2016

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

The Escambia County Grant will be used as match for the Volunteer Fiorida grant and the AmeriCorps VISTA from Florida Campus Compact

- In 2014-2015, Escambia County grant was used to match the Volunteer Florida Volunteer Generation Fund and Chain Reaction was awarded \$10,000. This is a 1:1 match ratio. Chain Reaction will apply again in 2015-2016 and will use Escambia County grant as a match.
- In 2014-2015, the Escambia County grant was used to match the AmeriCorps VISTA Project from Florida Campus Compact for a full-term AmeriCorps VISTA and two AmeriCorps Summer VISTA Associates valued at \$40,000. This is a 4:1 match ratio. Chain Reaction will apply again in 2015-2016 and will use Escambia County grant as a match.
- Chain Reaction also receives yearly funding from United Way. While United Way does not require a match, Escambia County Grant funds and United Way funds are used in conjunction.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County."

Chain Reaction is the local teen leadership institute for youth ages 14-18 in Escambia and Santa Rosa counties. Chain Reaction's mission is to empower teens to learn through service. Chain Reaction has gained a reputation as the premier teen leadership institute for teens. Education through applied service learning and civic projects teaches the CR teens important life skills, identity, and character development. Chain Reaction's curriculum lays the foundation that prepares teens for the real world and is recognized as a proven force for creating a positive, measurable impact for teen success.

In the article Education, skill-set are key to closing the gap in wealth, Dr. Rick Harper states "The takeaway is that there is an income gap and there is an even more pronounced wealth gap. They are both growing and the winners in the 21st century job market will be those with more education, jobrelated skills and competencies. He goes on to state "Transitioning lower-and middle-income children into well-educated higher earning adults is not an easy task." Harper ends the article by saying, "...Which means that tomorrow's winners will clearly be those with the best skills." Chain Reaction students find their passions by learning beyond the traditional classroom. Chain Reaction provides hundreds of volunteer opportunities, combined with leadership and skill set training outside of school. A study by the National Center for Education Statistics shows extracurricular activities centered on volunteerism correlates with successful education, with sixty percent of students that volunteer maintaining an "A" average.

Chain Reaction addresses the issues of high school by impacting academic achievement through servicelearning and leadership development. The NIH states, "A strong need for peer approval may entice a young person to try dangerous feats, or part in risk taking behaviors." Chain Reaction has found that all adolescents are at risk regardless of different backgrounds of socioeconomic status, race, and ethnicity.

The highest crime rate during the week is between the hours of 3:00 and 7:00 p.m. (National Dropout Prevention Center). Providing youth with high-quality "out-of-school" programs is necessary to reduce risk-taking behavior such as vandalism, drug and alcohol abuse, and bullying. The Chain Reaction center is open Monday through Friday from 3:30 to 5:30 pm and provides teens with a safe, fun, and inclusive environment through service experiences. 300 CR teens will develop positive connections to the local community, thus avoid engaging in risky behavior, and become productive teen citizens in 2015-2016.

The three primary goals of Chain Reaction are:

- 1. Increase teens' service and their connection to their community.
- 2. Increase workforce development.
- 3. Increase teens' college preparedness.

Students will get more out of their high school careers by discovering their passions through service, successfully graduating high school and being confident about their next steps whether that be college, military, or workforce.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

Chain Reaction will use the following three performance measures to measure the success of the program.

Performance Measure #1: The Positive Youth Development assessment and tracking the number of teen service hours contributed to Escambia County will prove CR has increased 300 teens' connection to their community through service.

The Positive Youth Development (PYD) assessment was created by Tufts University to measure youth development. Youth development is characterized through 5 C's:

- Connection: Positive bonds with family, school, peers, and community
- Character: Respect for societal and cultural norms, possession of standards for correct behaviors, a sense of right and wrong (morality), and integrity
- Caring: A sense of sympathy and empathy towards others
- Competence: Regarding scholastic and social competence
- Confidence: A sense of positive self-worth and self-efficacy

A higher score on the 5 C's lowers the chances of teens engaging in risky behavior and an increase in chances for life success. Chain Reaction assesses teens' PYD scores in the fall and spring.

Chain Reaction tracks the number of service hours completed by CR teens and determine their dollar value to the community. Chain Reaction's teen service projects partner with local non-profits in Escambia County to collaboratively improve community issues. As a result, Chain Reaction teaches teens how to contribute as teen citizens and connect with their local community, which will lead to them contributing to their community as adult citizens in the future. For example, this summer CR teens contributed 6,250 hours of service as camp counselors at Pensacola State College's Kids College summer enrichment program valued at \$50,316 if each teen was paid minimum wage.

Chain Reaction will enroll 300:14-18 year olds in the CR program. These members participate in fourteen pre-designed service projects that have specific learning objectives and follow the 24 elements. The Chain Reaction Center is open Monday to Friday from 3:30 to 5:30 pm during the school year, and 12:00-2:00 pm during summer hours. Chain Reaction's service projects are offered in 6-week sessions on Tuesdays, Wednesdays, and Thursdays.

Performance Measure #2; Completing 300 work resumes and placing 35 teens in internships will prove that Chain Reaction is increasing teen workforce development.

Chain Reaction offers three leadership opportunities for teens throughout the year. Leadership courses provide teens with time to reflect on their service experiences and teaches skills necessary to be successful in future employment. Skills include budgeting, goal-setting, decision-making, and communication skills. Upon completion of any of these leadership courses, teens will complete a resume. Chain Reaction has a resume-writing program which is accessible to all members. Resumes will be reviewed and evaluated by local employers/ professionals in the community who will certify that the CR teens is a qualified candidate for employment on the basis of his or her resume. CR teens will be equipped to submit a job application, college application, and/or scholarship application.

Chain Reaction proves the impact of the program by teens qualified and obtaining internships within the CR program as well as in the community. Internships acquire communication skills, decision making skills, responsibility, and commitment and planning. A minimum of 35 teens will be selected based on their performance in the CR program to lead their own service projects and/or be a representative on the CR Teen Council as a decision maker for the entire program. Through resume completion and CR internships, Chain Reaction provides teens with ample workforce development opportunities.

Performance Measure #3: Obtaining over 1.5 million dollars in college scholarships will prove college preparedness in Chain Reaction teens.

Chain Reaction will assist teens in applying for college scholarships and track the number and dollar value of in-state and out-of-state scholarships received by the graduating class of 2016 including the Bright Futures Scholarship,

Chain Reaction's program helps teens identify passions, discover purpose, and propel leadership skills to teens to become the best versions of themselves. This is key to success in college preparedness and college success.

For the past 12 years Chain Reaction has examined how teen volunteer service, youth development and youth leadership contributes to success in a teen's education. CR has qualitative stories on how CR contributed to teen's educational successes by building one of the 24 CR elements (outlined in quotation marks). For one CR teen it was 'self-confidence' that led to studying abroad in college, others improved 'ownership' in their education that resulted in improving grades. Many teens improved their 'interview skills' that resulted in receiving full tuition scholarships, while some developed 'decision-making' skills that resulted in them selecting the best college environment for their educational needs. Others teen learned 'conviction' and understood their passions that resulted in them pursing their desired career.

Chain Reaction has realized that all teens come into Chain Reaction needing something different. CR's curriculum on the 24 elements will be used on Mondays through Fridays so that teens will fulfill their individual needs and gain individual growth.

### Please list the baseline statistics for the performance measure(s). Maximum of three.

The baseline statistics for the performance measures in 2014-2015 were:

- Performance Measurement #1:
  - Chain Reaction worked with 270 teens. PYD scores were greater for all 5 C's after teens completed the CR program.
  - CR teens acquired over \$1 million dollars in college scholarships. Chain Reaction teens contributed 8,805.5 hours of service to Escambia County.
- Performance Measurement #2:
  - Chain Reaction teens placed 22 teens in Internships where they completed service projects benefitting the community.
  - All 270 teens made 5-80% progress in completing their work resume.
- Performance Measurement #3:
  - CR teens reported obtaining 14 scholarships with a total dollar value \$1,040,876 in instate and out-of-state scholarships other than Bright Futures.
  - All 270 teens made a 5-80% progress towards fulfilling the Bright Future Scholarship service requirements.

### Positive Youth Development Assessment Detailed Results

Chain Reaction administered the PYD to in the fall 2014 and spring 2015. Spring and fall scores were compared. This was the first year Chain Reaction administered the PYD. 137 teens took the PYD in fall 2014. Their results were:

o Character: 76.38

Competence: 73.55Caring: 77.57

Connection: 67.76Confidence: 65.66

Spring 2015 results were:

Character: 83.41Competence: 73.89

o Caring: 79.87

o Connection: 71.78
o Confidence: 67.69

### Briefly discuss how last year's funds were used.

In the last fiscal year, Chain Reaction worked with 270 teens. These CR teens acquired over \$1 million dollars in college scholarships. Chain Reaction teens contributed 8,805.5 hours of service to Escambia County which is worth \$70,884.28 at minimum wage. Over 100 teens completed leadership training that resulted in improvement of skills such as budgeting, goal-setting, commitment, communication, and decision-making skills. Chain Reaction improved its performance measurement methods by implementing the PYD, a standardized assessment created by Tufts University, to evaluate the effectiveness of the program. Chain Reaction teen service projects benefitted C.A. Weis Elementary, Legal Services, Autism Pensacola, Westminster Village, and Pensacola Kids College. Chain Reaction completed other service projects that will benefit Pensacola MESS Hall, Council on Aging, Pensacola Humane Society, and many others.

Last year's funds were used to fund staff salaries, specifically the Executive Director (ED) and a full-time AmeriCorps VISTA and two AmeriCorps VISTA Summer Associates. The role of the Executive Director is not exclusively managerial in role. The Executive Director also serves as the CR Program Director. The Executive Director's roles as the CR Program Director includes writing program curriculum, assist teens with the development of new service projects, managing CR Council, and establishing systems, policies, and procedures for CR internships and CR council.

The role of AmeriCorps VISTA and summer VISTAs are a programmatic role. The AmeriCorps VISTAs works with the teens during center hours, assists with leadership programs, communicates with parents and teens to maximize teens' Chain Reaction experience, social media promotion, and recruitment of teens to serve.

### Briefly discuss how the funding you are currently requesting will be used.

Funds will be used in the same manner as in the previous year to ensure that 300 teens will be accepted into the CR program. The funds will be used towards staff salaries to run the Chain Reaction program.

### If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Chain Reaction operates on a fiscal year. If Escambia County funding can only fund a portion of Chain Reaction's request, CR will immediately have to reduce being open five days a week to three days a week. This will result in a reduction of service hours contributed to the community, a reduction in the number of resumes completed and number of internship available, a reduction in college scholarships acquired, as well as a reduction in CR membership from 300 to 208.

The \$19,000 requested in this grant application makes up approximately 11-12% of Chain Reaction's total operating budget but will have a much greater impact due to the matching funds received from Volunteer Florida and AmeriCorps VISTA. Chain Reaction is always doing its best to increase funds through fundraising, donor events, and additional grants; however, this takes time.



### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	92,094.31	118,779.00	91,300.00
Programmatic Income	13,999.00	5,750.00	5,750.00
County Funding	19,000.00	19,000.00	19,000.00
City Funding		,	
State Funding	•		
Federal Funding	5,162.61		
Memberships	8,871.00	14,879.00	10,500.00
Investment Income		•	
Other Income	26,071.72	21,729.97	25,000.00
Total Income	165,198.64	180,137.97	151,550.00



## <u>Expenses</u>

	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing	14,221.44	14,079.99	)	13,100.00
Salaries and Wages	86,064.21	101,125.0	)2	80,950.00
Employee Benefits	2,716.35	2,532.00		2,600.00
Professional Services	251.21	3,786.00		600.00
Contractual Services	6,104.73	9,338.50		8,600,00
Travel Expenses				
Rentals and Leases	7,879.83	4,350.00		3,600.00
Communication	2,276.17	2,340.00		1,500.00
Postage and Freight	744.00	1,014.00		500.00
Repair and Maintenance	4,600.15	4,522.00		2,500.00
Printing and Binding	2,868.25	2,916.00		2,400.00
Marketing and Promotion	5,967.40	8,305.00		2,000.00
Fuel	815.65	1,140.00		600.00



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	23,728.95	22,972,20	32,600.00
Capitalizable Assets			
Total Expenses	158,238.34	178,420.00	151,550.00
Net Income	6,960.30	1,717.26	0.00

Please explain any capitalizable asset contained in your request.

Not Applicable

# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

ОМВ No. 1545-1156

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.co.//armon/

Open to Public Inspection

For the 201s calendar year, or taxyear beginning   OCT 1, 2013   and ending   SEP 30, 2014	سيه			990.	Inahecriou
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The third databases of fund datances at end of year. Combine lines 18 through 20	!	20	other changes in her assets of fund balances (explain in Schedule O)	20	
HA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	Ш		iver assets or jung balances at end of year, Combine lines 18 through 20		
	HΑ	For	Paperwork Reduction Act Notice, see the separate instructions.		

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Form 990-EZ (2013)

BOARD MEMBER

JONATHAN GRIFFIN BOARD MEMBER

For	m 990-EZ (2013) PENSACOLA'S PROMISE, INC		20.6		70		
<u>P</u>	art V Other Information (Note the Schedule A and personal benefit contractions for Part V) Check if the organization used Sch. O to response	ct stater and to ar	ment requirer ny question i	ments ir n this P	1 the art V	<del></del>	Page X
33	Did the progration engage in any eta-idean and the					Yes	Ñ
-	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a cactivity in Schedule Q	detailed des	cription of each	Г			Г
34	activity in Schedule 0  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			🚨	33		X
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O	CODY Of the	amendad				
35 :	1 Old the organization have unrelated business gross income of \$1,000 or more during the year from business	(see instru	ctions)	3	34		X
	on lines 2, 6a, and 7a, among others)?	activities (	such as those rep	orted	- 1		l
t	on lines 2, 6a, and 7a, among others)?  of "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sci			3	6a		X
(	' The the Crystallication a Scotton ou I(C)(4), 503(C)(5), or 503(C)(R) progression cubical to ception \$633(c) and	ataa			5b	N/	<u>A</u>
	requirements during the year? If "Yes," complete Schedule C, Part IXI  Did the organization undergo a liquidation, discourting, termination, or pignificant discourting, the property of the p	uce, reporu	ng, and proxy tax	1.	_		7,7
36	The state of the s	irina tha i.a.	4-73 IS IN/ =		5c	_	_X
	complete applicable parts of Schedule N		airii res,	١.	6	- 1	x
37 a	· sittle difficult of political cappillations, differ of indiffer as described in the instructions	07-1		_ ~ _	╬┼		<u> </u>
U	the the organization file Form 1120-POL for this year?			<del>~`</del>	7b	ı	х
38 a						$\dashv$	
	in a prior year and still outstanding at the end of the tax year govered by this return?			8	8a	ļ	x
20	i ree, complete sendicie E, rait ii and enter the total amount involved	38b	N/A			$\dashv$	
39	Section 501(c)(7) organizations. Enter:		"			1	٠. ٠
a h	Initiation fees and capital contributions included on line 9	39a	N/A	ŀ			
40 a	Gross receipts, included on line 9, for public use of club facilities	39ь	N/A		1	- [	• •
704	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under;				1	ı	
· b	1 4911 D • ; section 4912 D • ; section 4955 D • ; section 4955 D • ; section 4955 D • ; section 4955 D • ; section 4958 excess benefit transaction during the					_ [	٠.
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its p	it transactio	on during the		ı		
	If "Yes," complete Schedule L. Part I	rior Forms	990 or 990-EZ?				
¢	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			40	<u> </u>	4	X
	or disqualified persons during the year under sections 4912, 4955, and 4958	_	1	0.			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			<u>°-</u>   -		.	•
	organization	_		o.		H	
ė	An organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			<del>"</del>	١.,		
	transaction? If "Yes," complete Form 8886-T			40		1	х
41	cist the states with which a copy of this return is filed NONE.			, 40	<u></u> -		<del></del>
42 a	The organization's books are in care of PAM MCKINNEY	Telepho	пе по. ▶ 850-	-202-	069	71	_
h	Located at > 1301 E. GADSDEN STREET, PENSACOLA, FL			<b>►</b> 325			_
·	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)?				Ye	98	Νo
	if "Yes," enter the name of the foreign country:		***************************************	421	叿		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank an				ja sav	٧.,	ay hebrid
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	id Financia	l Accounts.	1:	4		
					<del></del>		<u> </u>
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	_		<u> </u>			$\neg$
	and enter the amount of tax-exempt interest received or accrued during the tax year	••••••	<b>▶</b>   43	N/Z		-	
			10	14/4	<u> </u>		
4	Did she assessment as the second seco				Ye	s I	No
41	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed	instead of		7	+-	5)	9978
ь	Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes " Form 990 must be sometime."	•••••	-17811186	442			X
				166	J. v.	7 ( )	
_ :	of Form 990-EZ			448	. [	- 1	X

Form 990-EZ (2013)

rum 990-c	EZ (2013) PENSACOLA S PE	ROMISE, INC			<u>2</u> 0-59669	578		Page 4
AC DIA (b)	an avanni-ati			•			Yes	No
40 DRIE	s organization engage, directly or indirectly, in	political campaign activities	s on behalf of or in oppositi	on to candidates for p	ublic office?			.: :
Part VI	Section 501/c)(3) organization					46		X
1 Total number of other employees paid over \$100,000   NONE   Service   (a) Name and title of each employees   NONE   (b) Agentation   NONE   (c) Total number of other employees and over \$100,000   NONE   (c) Normalization   NONE   (d) Name and business address of each independent contractors   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   (e) Total number of other independent contractors each receiving over \$100,000   NONE   NON								
	Check if the organization used School	st answer questions 47-4	490 and 52, and comple	te the tables for line	es 50 and 51,			$\overline{}$
6 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 1  As Section 501(c)(3) organizations only  All section 501(c)(3) organizations used Schedule C to respond to any question in this Part V.  Old the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes; complete Sch. C, Part III 47  Is the organization as atnowled seconded in section 170(b)(1)(4)(0)? If Yes; complete Schedule E and the organization as atnowled seconded in section 170(b)(1)(4)(0)? If Yes; complete Schedule E and the organization as atnowled seconded in section 170(b)(1)(4)(0)? If Yes; complete Schedule E and the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization or the organization of the organization organi		<u> </u>						
47 Oid th	ie organization engage in lobbying activities or i	nave a section 501(h) electi	ion in effect during the tay u	par? If "Vec " camplet	a Sah A Bastu F		Yes	
40 is the	organization a school as described in section 1	70(b)(1)(A)(li)? If "Yes " co	molete Schodula E		r	$\overline{}$		
ASS DICK	Did the organization engage, directly or indirectly, in political campaling activities on behalf of or in opposition to candidates for public office?   Hires, complete Schedule C, Part I   48							
O II I GŞ	expanization engage, directly or indirectly, in political campalign activities on behalf of or in opposition to candidates for public office?  **Yes** No. 1.  **Section 601(6)(3) organizations only  At asection 501(6)(3) organizations must answer questions 47:49b and 52, and complete the tables for lines 50 and 51.  **Check if the organization used 50-bedule O to respond to any question in this Part VI.**  **Learning of the behalf of program activities on laws a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47							
vv oomp	Did the organization engage, directly or indirectly, in political campa (1 'Yes," complete Schedule C, Part I  LY Section 501(c)(3) organizations must answer que Check if the organization used Schedule O to response to the organization as chool as described in section 170(b)(1)(A)(ii) did the organization as chool as described in section 170(b)(1)(A)(ii) did the organization make any transfers to an exempt non-charitable 1 'Yes," was the related organization's five highest compensated than \$100,000 of compensation from the organization. If there is no (a) Name and title of each employee  NONE  NONE  All number of other employees paid over \$100,000 omplete this table for the organization's five highest compensated in reganization. If there is none, enter "None."  NONE  Otal number of other independent contractors each receiving over \$ dithe organization complete Schedule A? Nota. All section 501(c)(c) arritable treaty, received that never complete Schedule A? nota. All section 501(c)(c) arritable treaty, received the representation of the organization complete Schedule A? Nota. All section 501(c)(c) arritable treaty, received than officed in based on all information of which prepare in the organization of the organization of the organization. The organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization.  Exercic Complete Schedule A? Nota. All section 501(c)(c) arritable treaty, received the organization of t	. compensated employees (	(other than officers, director	s, trustees and key er	nployees) who ear	ch rec	eived r	nore
than \$	s 100,000 of compensation from the organization	n. If there is none, enter "No	one."				·	
	(a) Name and title of each employe	16		(C) Reportable	(d) Health benefits.	(e)		
	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  If Yes, complete Schedule C, Part I  All accition 501(c)(3) organizations and Y  All accition 501(c)(3) organizations and Y  All accition 501(c)(3) organizations and Y  All accition 501(c)(3) organizations and Schedule O to respond to any question in this Part VI  Did the organization as about as described in service of 100(x)(1)(x)(y) II'ves, complete Schedule E  Did the organization mede any transfers to an example and-ordanization enlated organization in the Part VI  Did the organization mede any transfers to an example and-ordanization enlated organization?  If Yes, "was the related organization is five highest compensated employees (other than officers, directors, trustees and key employees) with the lable for the granization is five highest compensated employees (other than officers, directors, trustees and key employees) with them \$100,000 of compensation from the organization is five highest compensated information from the properties of	l employes benefit	amo					
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for it Yes, complete Schedule C, Part I  Part VI Section 501(c)(3) organizations only  All section 501(c)(3) organizations and Schedule O to respond to any question in this Part VI  All section 501(c)(3) 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(f)) election in effect during the tax year? If Yes, complete is the organization aschool as described in section 170(b)(1)(A)(8)? If Yes, complete Schedule E  48 Did the organization aschool as described in section 170(b)(1)(A)(8)? If Yes, complete Schedule E  49 Did the organization and a described in section 170(b)(1)(A)(8)? If Yes, complete Schedule E  40 If Yes, 'was the related organization as section 52 organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key than \$100,000 of compensation from the organization. If there is none, enter None.  (a) Name and title of each employees  (b) Average hours per week devoted to position  (b) Type of service  (c) Percentation organization. If there is none, enter None.  (a) Name and business address of each independent contractor  (b) Type of service  (c) Percentation organization complete Schedule A? Nate. All section 501(c)(3) organizations and 4947(a)(1) nonexempt and the organization complete Schedule A? Nate. All sections 501(c)(3) organizations and 4947(a)(1) nonexempt before the organization of the independent contractor is not a property organization. The property is not a property or the property of the organization of the firm's table a complete Schedule A? Nate. All sections 501(c)(3) organizations and 4947(a)(1) nonexempt before the organization of the firm's page of the organization of the firm's page of the firm's table organization organization as the property of the firm's table or the	compensation	compensatio		ition 				
		<del>-</del> -		<del> </del>		<u> </u>		
						1		
			·	<del>                                       </del>		—-		
'	Did the organization engage, directly or indirectly, in political campaign activities on behald of or in opposition to candidates for public officia?  If 'rec,' complete Schedule C, Part I   46    All section 501(c)(3) organizations must answer questions 47.49b and 52, and complete the tables for fines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Check if the organization used Schedule C to respond to any question in this Part VI   Check if the organization asked as section 170(b)(1)(A)(II) / III / Vec,' complete Schedule E   44    a bid the organization make any transfers to an exempt one charitable related organization in action 2010(a)   49   bid 'rec,' was the related organization section 52 organization. If there is now, enter related organization asked as section 52 organization. If there is now, enter related organization as section 52 organization. If there is now, enter related organization. If there is now, enter related organization as section 52 organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter related organization. If there is now, enter the organization of the propagation of the propagation of the propagation of the propagation of the propagation. If there is now, enter the propagation of the propa							
		inization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public cilica?    Action 501(c)(3) organizations used answer questions 47.49b and 52, and complete the tables for fines 50 and 51.   Action in the organization and schedule O to respond to any question in rifled during the tax year? If "es," complete Sch. C, Part II   47   X   X   X   X   X   X   X   X   X						
	a organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  **Complete Schedule C, Part    All section SO1(o)(3) organizations must answer questions 47-49b and 52, and complete the tables for fines 50 and 51.  **Check if the organization used Schedule to to respond to any question in this Part V.  **Check if the organization used Schedule to to respond to any question in this Part V.  **Type of the part of the							
		iniciation engage, directly or indirectly, in political campaign activities on behalf of in opposition to candidates for public office?    Ves No						
Treat   complete Schedule, C   pot								
f Total n	number of other employees paid over \$100,000					'		_
51 Compl	lete this table for the organization's five highest	compensated independent	contractors who each recei	ved more than \$100,0	000 of compensat	ion fro	m the	
organi	a organization engage, directly or indirectly, in political campalgn activities on behalf of or in opposition to candidates for public offices?    Section 501(c)(3) organizations must answer questions 47.49b and 52, and complete the tables for fines 50 and 51.   Check If the organization used Schedule O to respond to envy question in hist Part VI							
Old the organization engage, directly or indirectly, in political campalgn activities on behalf of or in opposition to candidates for public office?  If 'Yes', complete Schedule C, Part I Part VI Section 501(c)(3) organizations may a complete schedule of to respond to any question in this Part VI All section 501(c)(3) organizations used Schedule O to respond to any question in this Part VI  70 Did the organization supple in behalf so these a section 501(f)) election in effect during the tay year? If 'Yes', complete Sch. C, Part II is the unqualization as people in behalf so the area a section 170(c)(11)(A)(f)) if 'Yes', complete Schedule E  19 a Did the organization as the area as a section 170(c)(11)(A)(f)) if 'Yes', complete Schedule E  19 a Did the organization as described in section 170(c)(11)(A)(f)) if 'Yes', complete Schedule E  19 a Did the organization as action 527 organization?  10 bit the organization make any transfer to an exampt non-diminisher leaded organization?  10 bit the organization shall be the organization in the life to the organization of the individual as action 527 organization. If there is mone, unter 'None:  (a) Name and title of each employees paid over \$100,000  11 Complete this table for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization or the highest compensated independent contractors who each received more than \$100,000 of compensation organization. It there is none, enter 'None:  11 Total number of other employees paid over \$100,000  12 Complete this table for the organizations who each independent contractors who each received more than \$100,000 of compensation organization the organization organization organization. The organization organiz	mpen	isation						
					•			
•							_	
"		<u> </u>						
_								
f Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of conganization. If there is none, enter "None." NONE  (a) Name and business address of each independent contractor  (b) Type of service  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt contractors trust must state hat completed Schedule A?  Contracted in trusts must state hat completed Schedule A.  Declaration of preparer (other than officer) la based on all informetion of which preparer has any knowledge.  Sign  Here  KRISTIN FATRCHILD. EXECUTIVE DIRECTOR								
			····	·				
d Total n	umber of other independent contractors each re	eceiving over \$100,000		<b>&gt;</b>			_	
52 Did the	organization complete Schedule A? Note. All s	ection 501(c)(3) organization	ons and 4947(a)(1) nonexe	mpt				_
charitat moer penantes	Die trusts must attach a completed Schedule A		***************************************		<b>&gt;</b> 🕱	] Yes		No
Declaration of p	preparer (other than officer) is based on all information of	which preparer has any knowle	dge.	Bt of my knowledge and I	cellar, it is true, corre	ct, and	compia	<del>.</del> .
1		e, C. Part I  (c) (3) organizations only  (c) (3) organizations must answer questions 47-49b and 52, and complete the tables for fines 50 and 51.  particulation used Schedule 0 for respond to any question in this Part VI  (a) and described in serion 1700()11(A)(P) election in effect during the tax year? If Yee, "complete Sch. C, Part II  (b) and described in serion 1700()11(A)(P) election in effect during the tax year? If Yee, "complete Sch. C, Part II  (c) (a) organization and section 1700()11(A)(P) election in effect during the tax year? If Yee, "complete Sch. C, Part II  (d) a x described in section 1700()11(A)(P) (P) election in effect during the tax year? If Yee, "complete Sch. C, Part II  (d) a x and a section 1700()11(A)(P) (P) (P) (P) (P) (P) (P) (P) (P) (P)						
Here	KRISTIN PATROUTIN	BYBOUNTIES D	TRECEOR		Cate -/- /			
[]	Type or print name and title	EXECUTIVE D	IRECTOR	<u> </u>				
	Print/Type preparer's name	Preparer's cignature	Data	Chash   ""	1 1 5 <del>*</del> · · ·			
امنط	2	1 tobates a siduatifica	Date					
	.			sen- employ	ea			
-	ki/m'e name »		<u> </u>	Figure 500				
d Total numbers of proper paragraph of proper Use Only	<u> </u>				<u> </u>			-
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May the IRS o	discuss this return with the preparer shown abo	ve? See Instructions				Vac	$\neg$	Na
					For		0-EZ (2	
					101			/

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**2013** 

Open to Public Inspection

Employer identification number PENSACOLA'S PROMISE, INC 20-5966578 Pärt 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 11, check only one box.) 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(i) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) 11g(lii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify the (vi) is the organization in col. (i) organized in the U.S.? (vii) Amount of monetary organization In col. (i) listed in your (described on lines 1-9 organization in col. support above or IRC section governing document? (I) of your support? (see instructions)) Yes No Yes Νo

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

Schedule A (Form 990 or 990-EZ) 2013

Total

## Schedule A (Form 990 or 990 EZ) 2013 PENSACOLA'S PROMISE, INC 20-59665 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.)

Se	ction A. Public Support		· = 40		<del></del>		
Çal	endar year (or fiscal year beginning in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 0040	T	
	Gifts, grants, contributions, and	(47,2000	(0) 2010	(6) 2011	(d) 2012	(e) 2013	(f) Total
	membership fees received. (Do not	i		1	1	]	1
	include any "unusual grants.")		1			f	
2	Tax revenues levied for the organ-		<del>                                     </del>	ļ			
_	ization's benefit and either paid to	İ	ļ	İ		1	
	or expended on its behalf		i				
3							
~	furnished by a governmental unit to	·			•		
	the organization without charge						
7	Total. Add lines 1 through 3						
5	The second of th			,			
	by each person (other than a						
	governmental unit or publicly				1 1		
	supported organization) included		·				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	indar year (or fiscal year beginning in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4						
8	Gross income from interest,		i				
	dividends, payments received on	;					
	securities loans, rents, royalties				l	1	
	and income from similar sources				]	Ĭ	
9	Net income from unrelated business					"""	
	activities, whether or not the				]		
	business is regularly carried on				1		
10	Other income. Do not include gain				<u> </u>		
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)	İ		,			
11	Total support, Add lines 7 through 10		7.7	"	-	<del></del>	
12	Gross receipts from related activities,	etc. (see Instructio	ns)	<u> </u>	·	12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	fourth or fifth to	v	FO1/-1/0)	
	organization, check this box and ston-	here					
Sec	tion C. Computation of Public	c Support Per	centage			·····	
14	Public support percentage for 2013 (lin	e 6. column (f) div	vided by line 11, c	olumn (fi)		14	
15	Public support percentage from 2012 t	Schedule A. Part I	I. line 14		***************************************	16	
	AA WAW AANDALL FRANCE SO 10' II THE OL	ganization did not	Check the hox on	line 13, and line 1	1.4 io 3.7 1/204 or ma	بران والمعام ومور	<u>%</u>
	stop here. The organization qualifies a:	s a publicly suppo	rted organization	mire very containing	. 4 .4 00 1707B Q1 11B	ore, citeck trus pox	and _
_	AT ILLAND GODDOLL (GOC - NO 15' IL ILIÓ OL	ganization did not	Check a box on III	16 13 or 16s. and	line 15 ie 33 1/394	or more, chask this	- b
	and stop here. The organization qualifit	es as a publicly s	upported organiza	tion		or more, check this	s cox
17e	10% -facts-and-circumstances test	- 2013, If the oras	nization did not al	eck a box on line		ad line 14 is 100/ -	<b>-</b> -
	and it the organization meets the "facts	s-and-circumstanc	es" test, check th	s box and stop be	ere Evolain in Part	IV how the ement	-ation
	meets the "facts-and-circumstances" to	est. The organizati	ion qualifies as a r	ublick supported	arar copialir in Fall.	44 DOM THE OLDSVIC	zaucii ,
b	10% -facts-and-circumstances test	- 2012. If the oras	nization did not at	eck a boy on the	i Organication , 13 16a 165 e 1	2n and lie = 15 :- 4	
	more, and if the organization meets the	facts-and-circum	nstances" test ich	ack this have and a	: 10, 104, 100, 01 1 )	ra, and ime 15 is 1 - Pod Whall	U% Or
	organization meets the "facts and circu	mstances* test T	he organization of	inlified as a minimi	stop nere, Expiain i	n Part IV Now the	
8	Private foundation, if the organization	did not check a h	ov on line 19 16=	zamios as a public - 165-170-02 t**!	ay supported organ	iization	
			AVAILABLE TO 109	Light Ival of 17D	, check mis box an	o see instructions	

## Schedule A (Form 990 or 990 EZ) 2013 PENSACOLA'S PROMISE, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only If you checked the box on line 9 of Part I or if the organization failed to qualify under Part II, If the organization fails to

Section A. Public Support  Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 201  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 103, 294. 106, 386. 108, 959. 135, 787. 111, 1  2 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 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  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization.	
membership fees received. (Do not include any "unusual grants.")  2 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  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization of the or	75. 565,601.
include any "unusual grants.")  2 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  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organ-	75. 565,601.
2 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organ-	75. 565,601.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ-	
iness under section 513  4 Tax revenues levied for the organ-	
4 Tax revenues levied for the organ-	
ization's benefit and either paid to or expended on its behalf	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	
6 Total, Add lines 1 through 5	75
7a Amounts included on lines 1, 2, and	75. 565,601.
3 received from disqualified persons b Amounta Included on lines 2 and 3 received	0.
from other than disqualified persons that exceed the greater of \$5,000 or 196 of the emount on line 13 for the year	0.
c Add fines 7a and 7b	<u> </u>
8 Public support (Subjecting 7: forming 5)	565,601.
Section B. Total Support	1000,002.
Galendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	74) T+4-1
9 Amounts from line 6 103, 294, 106, 386, 108, 959, 135, 787, 147, 35	(f) Total 75. 565,601.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3. 303,001.
b Unrelated business taxable income	<del></del>
(less section 511 taxes) from businesses acquired after June 30, 1975	
c Add lines 10a and 10b	
11 Net Income from unrelated business sctivities not included in line 10b,	
whether or not the business is regularly carried on	
whether or not the business is regularly carried on 12 Other income, Do not include gain	
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support	
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3,306. 3,723. 4,655. 11,039. 48,22 Total support. (Add fines 9, 10c, 11, and 12.) 106,600. 110,109. 113,614. 146,826. 159.40	4. 636 553
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add sines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization and stop here.	4. 636 553
whether or not the business is regularly carried on the form of loss from the sale of capital assets (Explain in Part IV.) 3,306. 3,723. 4,655. 11,039. 48,22 Total support, (Add fines 9, 10c, 11, and 12.) 106,600. 110,109. 113,614. 146,826. 159,40  First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization to the check this box and stop here	4. 636 553
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3,306. 3,723. 4,655. 11,039. 48,22 Total support. (Add sines 9, 10c, 11, and 12.) 106,600. 110,109. 113,614. 146.826. 159,40 the first five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage	4. 636,553. ganization,
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add sines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	4. 636 553
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support, (Add sines 9, 10c, 11, and 12.)  14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)  16 Public support percentage from 2012 Schedule A. Part III, line 15	4. 636,553. ganization,
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 70tal support. (Add sines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)  16 Public support percentage from 2012 Schedule A, Part III, line 15  17 Investment income percentage for 2013 (line 10 as the percentage)	88.85 %
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	88.85 %
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  17 Investment income percentage from 2013 (line 10c, column (f) divided by line 13, column (f))  17 Investment income percentage from 2012 Schedule A, Part III, line 17	88.85 %  .00 %
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support, (Add fines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  17 Investment income percentage from 2013 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17	88.85 %  800 %
whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3,306. 3,723. 4,655. 11,039. 48,22 104 support, (Add fines 9, 10c, 11, and 12.) 106,600. 110,109. 113,614. 146,826. 159,40 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2012 Schedule A, Part III, line 15 16 16 17 18 Investment income percentage from 2013 Schedule A, Part III, line 17 18 18 19 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and if more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	88.85 %  88.85 %  00 %  ine 17 is not
whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support, (Add fines 9, 10c, 11, and 12.)  14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization C. Computation of Public Support Percentage  15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2012 Schedule A, Part III, line 15  17 Investment income percentage from 2013 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17  18 Investment income percentage from 2012 Schedule A, Part III, line 17	88.85 %  88.85 %  000 %  ine 17 is not

Sart MT C Love and L. C	20-5966578 Page
Part: IV Supplemental Information. Provide the explanations required by Part II, line 10; Part	rt II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Name of the organization

Employer identification number

Organization type(check	PENSACOLA'S PROMISE, INC	20-5966578
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
Note. Only a section 501(c	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a confiling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or a plete Parts I and II.	
Spocial Rules	prete maits I and II.	
Sos(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test (b)(1)(A)(vi) and received from any one contributor, during the year, a contributi (i) Form 990, Part VIII, line 1h, or (li) Form 990-EZ, line 1, Complete Parts I and I	ion of the greater of (4) \$5,000 as (6) bec
TOTAL OUT THE TOTAL	(c)(7). (8), or (10) organization filing Form 990 or 990-EZ that received from any or a of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, liter cruelty to children or animals. Complete Parts I, II, and III.	one contributor, during the year, ary, or educational purposes, or
if this box is check purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any ouse exclusively for religious, charitable, etc., purposes, but these contributions of ked, enter here the total contributions that were received during the year for an omplete any of the parts unless the <b>General Rule</b> applies to this organization the, etc., contributions of \$5,000 or more during the year	did not total to more than \$1,000.
TO OUR WINDS AND OUR	hat is not covered by the General Rule and/or the Special Rules does not file S I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ o I the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Schedule B (Form 990, 990, F7, et 990 BB

Name of organization
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Employer identification number

PENS.	ACOLA'S PROMISE, INC	20-5966578			
Part I	Contributors (see instructions), Use duplicate copies of Part I if addition	nal space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS		Person X		
	221 PALAFOX PLACE, PO BOX 1591	s19,000	<del>-</del>		
	PENSACOLA, FL 32591-1591		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	PSC KIDS COLLEGE		Person X		
	1000 COLLEGE BLVD.	\$5,750	<u>-                                       </u>		
	PENSACOLA, FL 32504		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	YOUTH LEAP	,	Person X		
	P. O. BOX 12585	\$5,100	Payroll		
	PENSACOLA, FL 32591-2585		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	UNITED WAY OF ESCAMBIA COUNTY		Person X		
	1301 W. GOVERNMENT STREET	\$26,072.	<b>-</b>   · · · · · · · · · · · · · · · · · ·		
	PENSACOLA, FL 32502		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	VOLUNTEER FLORIDA		Person X		
	THE ELLIOTT BUILDING, 401 S. MONROE ST.	\$5,162.	Payroli		
	TALLAHASSEE, FL 32301		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution		
6	BEAR FAMILY FOUNDATION		Person X		
	6120 ENTERPRISE DR	s10,000.	Payroll Noncash		
2450 10 04	PENSACOLA, FL 32505		(Complete Part II for noncash contributions.)		

Employer Identification number

### PENSACOLA'S PROMISE, INC.

Part II	Noncash Property (see instructions), Use duplicate copies of	Part II If additional space is peeded	<u>0-5966578</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	. (d) Date received
		\$	
(a) No. rom art I	(b) Description of noncesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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a) lo. om	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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o. om rt i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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o. m	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-   <del>-</del>		s	

ame of organ			
			Employer identification number
ENSAC	DLA'S PROMISE, INC		20-5966578
Part III	year. Complete columns (a) through (e) and	ryidual contributions to section 501(c)(7), ( the following line entry, For organizations co	(8), or (10) organizations that total more than \$1,000 for the impleting Part III, enter (88). (Enter this information once.)
	the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for the y	Bal'. (Enter this information once.)
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		_,,	
-		<del></del>	
			•
	1111	(e) Transfer of gift	
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	:		
_			
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
T-			<u> </u>
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		(e) Transfer of gift	
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee
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e) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
] <u> </u>			
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		(e) Transfer of gift	
	Transferee's name, address, ar	od 71D + 4	Delation of the second
		III ANT THE	Relationship of transferor to transferes
í –			
i) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
MILI .			1-1
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-			
		(e) Transfer of gift	

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury Attach to Form 990 or Form 990-EZ. Open To Public Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.cov/form 990 Inspection Name of the organization Employer identification number PENSACOLA'S PROMISE, INC 20-5966578 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Meil solicitations e Solicitation of non-government grants Internet and email solicitations  $\square$  Solicitation of government grants Phone solicitations g X Special fundraising events In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundralsing services? □ No Yes b If "Yes," list the ten highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (i) Name and address of individual (vi) Amount paid (Iv) Gross receipts (ii) Activity or entity (fundraiser) to (or retained by) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sch	edu art		ne organization answere	d "Yes" to Form 990, Pa	rt IV. line 18. or reported	-5966578 Page 2
		of fundralsing event contributions and gr	oss income on Form 99	0-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1 PENSACOLA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (e) through
a)	ĺ		EGGFEST - GF (event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	48,229.		(10 to 112 (100))	48,229.
_	2	Less: Contributions				
	з		48,229.			10.00
	-	Gross income (line 1 minus line 2)	40,229		<u>"-</u>	48,229.
	4	Cash prizes				
ű	5	Noncash prizes	1,597.			1,597.
Direct Expenses	6	Rent/facility costs	2,179.			2,179.
Sirect E	7	Food and beverages	303.			303.
ш	8	Entertainment	1,300. 7,236.			1,300.
	9	Other direct expenses	7,236.			1,300. 7,236.
	10	Direct expense summary. Add lines 4 through	1 9 in column (d)			12,615.
Pe	7	Net income summary. Subtract line 10 from it Gaming. Complete if the organization	ne 3, column (d)		<u></u>	35,614.
•		\$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or	reported more than	
		\$10,000 Giff Giff 550-E2, lifte 6a.	"	(b) Pull tabs/instant	<del>-</del>	(an = and an an an an an an an an an an an an an
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						(-)
-	1	Gross revenue				
		·				
nses	2	Cash prizes			·	
Eppe	3	Noncash prizes		,	<u>.</u>	
Direct Expenses	4	Rent/lacility costs			<u> </u>	
	5_	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary, Add lines 2 through	5 in column (d)	***************************************		
	8	Net gaming Income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	,
9	Ente	er the state(s) in which the organization operat		-		<del></del>
a	ls th	ne organization licensed to operate gaming ac	tivities in each of these s	itates?		Yes No
U		lo," explain:				
10a	Wer	e any of the organization's gaming licenses re	voked evenended exte			
Ь	If "Y	es," explain:			/oar /	Yes No
				<u> </u>		
3208	2 09-	12-13		<u>-</u>	Schedule G (For	m 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990 EZ) 2013 PENSACOLA'S PROMISE, INC 20-5	966	578	Page 3
11	Does the organization operate gaming activities with nonmembers?	_	Yes	U No
12	to the organization a grantor, denoticiary or trustee of a trust or a member of a partnership or other entity formed	_	100	
	to administer charitable gaming?		Yes	□ No
13	molecular the percentage or gaming activity operated in:	l	1	
a	The organization's facility	120		
	An odraide lacility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
	2 1,			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ves	 No
		_		
D	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	or daming tevende retained by the third barty 🟲 2			
. с	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Nama In			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer			
17	Mandatory distributions:			
	*			
- 1	s the organization required under state law to make charitable distributions from the garning proceeds to			_
b l	etain the state gaming license?	У	es.	LI No
(	inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year.			
Parl	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line	- 0. 6		
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	<b>ខម</b> ,ម	יטר, סו	5, 156,
	The state of the s			
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2083	99-12-13	00	000 1	771 00 40
2083	99-12-19 Schedule G (Form 9	90 or	990-1	=Z) 201

### 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PENSACOLA'S PROMISE, INC

Employer Identification number 20-5966578

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#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

information about Schedule O (Form 990 or 990-FZ) and its instructions is at house irs gov/form 990

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number PENSACOLA'S PROMISE, INC 20-5966578 LIFE, THE LIFE THEY AS A TEENAGER HAS CHOSEN WITH THE GUIDANCE OF THEIR FAMILY, FRIENDS, AND COMMUNITY. CHAIN REACTION ENABLES TEENS TO DISCOVER THEIR INDIVIDUAL GIFTS AND TALENTS, UNITES THEM AS A TEAM, SHOWS THEM TO BELIEVE THAT EVERYTHING IS POSSIBLE TOGETHER, AND BUILDS THEM TANGIBLE RECORDS OF LIFE SUCCESSES. AS A RESULT, TEENS BECOME PART OF THE BIGGER CR FAMILY THAT HAS 2,006 MEMBERS. THIS NETWORK AND RESOURCE DOES NOT ONLY SERVE THEM IN THEIR HIGH SCHOOL EDUCATION BUT FAR INTO THEIR COLLEGE EDUCATION AND YOUNG PROFESSIONALISM THAT HAS BEEN PROVEN BY OUR CHAIN REACTION ALUMNI. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

### 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at your irs govilon 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PENSACOLA'S PROMISE, INC	Employer Identification number 20-5966578
SALES TAX PAYABLE	2. 0.
TOTAL TO FORM 990-EZ, LINE 26	4. 1,433.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - OUR VISIO	N IS TO GIVE
EVERY TEEN THE OPPORTUNITY TO MAKE A DIFFERENCE THROUGH V	OLUNTEERISM
COMBINED WITH CHARACTER EDUCATION. AS A RESULT, WE AS A	COMMUNITY WILL
OPEN THE DOOR TO THE FUTURE FOR ALL TEENS AND EXPOSE THEM	TO A WORLD OF
POSSIBILITIES. THERE ARE THREE CORE COMPONENTS TO THE TE	EN VOLUNTEER
CENTER: "QUALITY VOLUNTEER OPPORTUNITIES" THAT ALLOW TEEN	S TO BE
CONTRIBUTING MEMBERS OF OUR SOCIETY, "LEADERSHIP TRAINING	S AND
OPPORTUNITIES" THAT ALLOW TEENS TO DISCOVER THEIR POTENTI	AL AS LEADERS
AND APPLY THEIR NEW FOUND TALENTS BY SERVING IN LEADERSHI	P POSITIONS,
"CIVIC ACTION PROJECTS" WHERE TEENS IDENTIFY ISSUES FACING	G OUR
COMMUNITY AND DEVELOP PROJECTS TO CREATE SOLUTIONS.	
	•
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
THE CHAIN REACTION PROGRAM IMPACTS ACADEMIC ACHIEVEMENT	
THROUGH VOLUNTEERISM COMBINED WITH CHARACTER EDUCATION.	
STUDENTS WILL GET MORE OUT OF THEIR HIGH SCHOOL CAREERS BY	· · · · · · · · · · · · · · · · · · ·
DISCOVERING THEIR PASSION THROUGH VOLUNTEERING, SUCCESSFUI	LLY GRADUATE
HIGH SCHOOL AND BE CONFIDENT ABOUT THEIR NEXT STEPS. CHAI	
THE VEHICLE THAT ALLOWS TEENS TO ACCOMPLISH WHAT THEY WANT	DURING THEIR
HIGH SCHOOL CAREER. IT GIVES TEENS THE OPPORTUNITY TO USE	THEIR IME IN
A WAY THAT SERVES THE COMMUNITY AS WELL AS SERVING THEMSE	VES. CR DOES
NOT BRIBE TEENS WITH THE PROMISE OF REWARDS YET INSTEAD IN	SPIRES THEM
TO INVEST IN THEMSELVES. THE RESULT IS AN EASIER PATH TO	A SUCCESSFUL

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

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

### Form **8868**

(Rev. January 2014)

Department of the Treesury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

<ul><li>If you s</li></ul>	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			X
■ If you a	ere filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this form	).	
Do not co	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed F	orm 8868.	
Electroni	c filing (e-file) . You can electronically file Form 8868 if	you need	a 3-month automatic extension of ti	me to file	(6 months for a cor	rporation
required t	io file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically	file Form 8	3868 to request an	extension
of time to	tile any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	Transfers	Associated With C	Certain
Personal	Benefit Contracts, which must be sent to the IRS in pay	per format	(see Instructions). For more details	on the ele	ctronic filing of this	s form.
VISIT WWW	.irs.gov/eille and click on e-file for Charities & Nonprofit	5.				
Part 1		e, Only ։	submit original (no copies ne	eded).		
A corpora	ition required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and	complete		
Part I only	/ ,,					
All other o	rorporations (including 1120-C filers), partnerships, REN	IICs, and	trusts must use Form 7004 to reque	st an exter	nsion of time	_
to nie ince	ome tax returns.				er's identifying nu	umber
Type or	Name of exempt organization or other filer, see instr.	otions.			r identification nun	
print					· roommone.	, <del>, , , , , , , , , , , , , , , , , , </del>
File by the	PENSACOLA'S PROMISE, INC				20-59665	78
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	scurity number (SS	
filing your return, See	1301 E. GADSDEN STREET					• • •
instructions.	City, town or post office, state, and ZIP code. For a fe	oreign add	dress, see instructions.			
	PENSACOLA, FL 32501					
Enter the	Return code for the return that this application is for (file	э <b>а</b> зөрага	te application for each return)	•••••		0 1
Application	on	Return	Application		<u>.                                    </u>	Return
ls For		Code	Is For	'		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			Code
Form 990	BL	02	Form 1041-A	·		07
Form 4720	) (individual)	03	Form 4720 (other than individual)			08
Form 990-	PF	04	Form 5227		••••	09
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			
	T (trust other than above)	06	Form 8870			11
	PAM MCKINNEY	44		•		12
The bo	oks are in the care of Name 1301 E. GADSDEN	STRI	EET - PENSACOLA F	r. 325	0.1	
Telepho	one No.▶ 850-202-0691		Fax No.	<u> </u>	<u></u>	
If the o	rganization does not have an office or place of business	in the Lie	ited States check this how			
If this is	for a Group Return, enter the organization's four digit (	Group Exe	motion Number (GEN)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• 🗀
20х 🕨 🗆	. If it is for part of the group, check this box	and atta	ch a list with the pares and Ellip of	cunsis (o	the whole group,	Check this
1 Ireq	uest an automatic 3-month (6 months for a corporation	required t	of the Form 990-Th extension of time	an memb	ers the extension is	B tor,
	MAY 15, 2015 to file the exempt	Organizat	tion return for the organization name	uriur dabaya	<b>71.</b>	•
is for	the organization's return for:	. 4. 34 <b>e</b> u	to the organization right	d above,	rne extension	
▶□	calendar year or					
<b>▶</b> □	tax year beginning OCT 1, 2013	and	ending SEP 30, 2014			
					<b>-</b> ·	
2 If the	tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: 🔲 Initial return 🔲 f	inal retun	_	
	Change in accounting period	iook road	midal restati	-inai retun	1	
3a if this	s application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069 4	enter the tentative tex less any			
nonn	efundable credits. See instructions.		windowe tax, less any	0.		0.
	application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a	\$	<u> </u>
estin	nated tax payments made. Include any prior year overp	avment all	owed as a credit	3ь	\$	0.
c Bala	nce due. Subtract line 3b from line 3a. Include your pa	ment with	this form if required		Ψ	<u> </u>
by us	sing EFTPS (Electronic Federal Tax Payment System). S	ee instru	ctions.	30		0.
aution. If	you are going to make an electronic funds withdrawal	direct det	off) with this Form 8868, see Form 9	463.EO ~~	wd Form 9970 FO 4	DE DOUBLANT
	2	AUGUST COL	which was a controposal see Louis Or	+いひ・ピレ 名厂	ra coun ¢\$\A-EO K	or payment

INTERNAL REVENUE SERVICÉ P. O. BOX 2508 CINCINNATI, OH 45201

Date: MAR 12 2007

PENSACOLAS PROMISE INC C/O KRISTIN FAIRCHILD 840 W MORENO ST PENSACOLA, FL 32501 DEPARTMENT OF THE TREASURY

Employer Identification Number: 20-59665784-TaxID # DLN: 17053019004027 Contact Person: DEL TRIMBLE ID# 31309 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: September 30 Public Charity Status: . 170(b)(1)(A)(v1) Form 990 Required: Yes Effective Date of Exemption: December 21, 2006 Contribution Deductibility: Yes Advance Ruling Ending Date: September 30, 2011

### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the affective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you form 8734. Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

### TABLE OF CONTENTS PAGE 8 OF 9

<u>Gen</u>	eral Fund	Amount Requested	Tab
<u>Avai</u>	ilable Funding: \$1,425,082		
a.	ACTS (Another Chance Transitional Services)	\$ 20,000	1
b.	BARC (Bay Area Resource Council)	\$ 5,000	2
c.	BRACE	\$ 250,000	3
d.	Council on Aging	\$ 50,000	4
e.	Escambia Community Clinics	\$ 525,000	5
f.	Early Learning Coalition of Escambia County	\$ 300,000	6
g.	211 (First Call for Help)/United Way	\$ 35,000	7
h.	Foundations for the Future		No Request Submitted
i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
j.	Human Relations Commission	\$ 84,265	8
k.	Lakeview Center	\$ 46,498	9
1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	11
n.	Florida Green Finance Authority (PACE)		No Request Submitted
0.	Panhandle Equine Rescue, Inc.	\$ 20,000	12
p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	13
q.	Pensacola Caring Hearts	\$ 13,500	14
r.	Pensacola Humane Society	\$ 25,000	15
s.	Pensacola Promise/Chain Reaction	\$ 19,000	16
t.	United Way	\$ 95,750	17
u.	Utility Assistance Program	\$ 50,000	BCC Program
v.	Veteran's Services		No Request Submitted
w.	WFL Regional Planning Council	\$ 20,342	18
х.	Wildlife Sanctuary	\$ 30,951	19



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

United Way of Escambia County

Agency Address:

1301 West Government Street

Pensacola, FL 32503

Program Name:

Human Service Appropriations Committee Inva

**Program Contact:** 

Andrea Krieger

Contact Email:

andrea@unitedwayescambia.org

Contact Phone:

850-434-3157

25-Word Description of Program:

United Way unites our community and leverages resources to improve lives by investing in programs that reduce improve self-sufficiency by creating sustainable change.

Amount Requested:

95,750.00

Amount Received Last Year, if applicable:

90,750.00



### Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Last year, HSAC funding was invested to create outcomes leveraged by sixteen program partners. These programs effectively supported local citizens in a manner that reduced the burden on Escambia County government's functional expenses and leveraged the monies invested to create the best possible outcomes for local citizens and the continuity at large. With the \$90,700 in funding received last year, an additional \$168,912 in thatching dollars was secured and used to address, impact, and/or reduce long term, chronic

By investing these funds through a highly monitored application and reporting process, we are able to ensure the funding results in positive outcomes that not needs across our entitle community. Last year, your funding supported children with developmental delays or disabilities through the provision of therapies that reduce lifelong challenges. It also ensured afterschool programming was available to reduce a child's exposure to negative influences. In some cases, at risk students were enrolled in a school environment that engaged girls in educational successes in math and reading. Like many of the programs funded, this increased potential for graduation from high school while decreasing the social costs associated with drop outs. For children aging out, legal services and case management helped decrease county costs associated with many of these kids who are

social rosts assessing with drop once. For uniners against the borneless or dependent on the foster care system.

Among those citizens who needed financial assistance, your funding helped provide with a survices at an affordable housing community, included legal services for veterans to help prevent or delay evictions and reduced entries into the homeless population and provided short term financial support that required citizens to complete financial literacy and life skills training.

literacy and Iffe skills training.

Our most vulnerable citizens were supported through programs that provided nutrition assistance to homebound senior citizens thereby decreasing county costs associated with expensive assisted living facilities. Diagnostic testing, medication and social service intervention for epileptics helped increase self-sufficiency and citizen's ability to be a productive citizen. Specialized beatthcare and therapy services helped low-functioning clients whose limited mobility would otherwise increase costs associated with ER visits and nursing home care. Therapy and relabilitation services and equipment also helped low-income patients who cannot afford the specialized care.

To reduce the pressure and catts to local law enforcement, your thriding provided shelter and social services for victures of domestic violence and provided legal representation for those on the Journey to financial independence. Additionally, housing and addiction recovery was provided through lettenive case management that enables addicts to become productive citizens. In times of disaster, emergency assistance including shelter and fixed services also reduced the burden on public servents. Finally, flunding reduced the dog and eat population that Escambia County Animal Services cannot currently serve. It also increased adoption, and the spay and neuter services provided by the Pensacola Humane Society will decrease the long-term burden on Animal Services.

### Briefly discuss how the funding you are currently requesting will be used.

If the \$95,700 is received, we will have partners apply to see where the funding can most effectively support local citizens while serving the community at large. United Way is an outcomes driven organization that is committed to leveraging funding through volunteer and engagement initiatives that encourage citizens and partners to participate in community success. In the area of education, our work centers around strengthening young people's readiness for success. We drive results by measuring change in a child's readiness for their school career. report card averages, high school graduation rates, and the transition from school to work. Our approach is truly a cradle to career support system that works with multiple business, government and community partners committed to community-wide success. While we start with education, success cannot be created in the field of education if children or citizens have health issues that limit their opportunities to fully engage in the public education system. Consequently, we work with partners who help citizens remove health or social barriers to success by engaging citizens in their own recovery and self-sufficiency. By engaging in proven therapies, we can reduce long-term costs associated chronic conditions or disabilities. Finally, by improving our community's health and focusing on educational success, we help citizens better meet their financial obligations as they prepare to more fully engage in a career that makes them a productive citizen.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

While we will attempt to raise funding through other sources, we will also maximize your funds through matches, in-kind gifts and volunteer labor. Any funding reduction, will mean fewer citizens are served which in turn provides a lower offset for the current county expenses.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Last year, we were able to secure a \$4.08 match for every dollar invested. We anticipate, we will be able to secure at least that same match for each dollar invested.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

- 1. The Primary goal of our education impact is to improve school readiness and grade level success for the children of Escambia County.
- 2. The primary goal of our health impact is to improve the health status of our community citizens.
- 3. The goal of our financial stability impact work is to move participants to self-sufficiency and moving families out of the cycle of poverty.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1. Increase in report card averages and school attendance rates for students who participate in funded partner programs under education impact area.
- 2. Increase in stable and/or independent living among participants of funded partner programs under health impact area.
- 3. Reduce number of citizens who are housing insecure through their participation with partner programs under financial stability impact area.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1. Annually, we will work to have a 1% increase in student success across the funded partner programs as measured by increase in report card averages and school attendance rates.
- 2. Annually, we will work to have a 1% increase in stable and healthy independent living across the funded partner programs as measured by a reduction in unhealthy behaviors and improvement in cognitive functions and mobility.
- 3. Annually, we will work to have a 1% increase in financial stability of citizens across the funded partner programs as measured by resolving eviction or foreclosure issues and participation in financial literacy training.



#### BUDGET

Total Income

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u> **Most Recently** Current Proposed **Completed Budget Year Budget Year Budget Year** Contributions from **Private Sources** Programmatic Income **County Funding** 90,750.00 90,750.00 95,750.00 City Funding State Funding Federal Funding Memberships Investment Income Other Income



Expenses

<u>Expenses</u>				
	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing				
Salaries and Wages				1,600.00
Employee Benefits				368.00
Professional Services				
Contractual Services	90,725.00	90,616.00		92,700.00
Travel Expenses				
Rentals and Leases				
Communication				
Postage and Freight				50.00
Repair and Maintenance				
Printing and Binding				150.00
Marketing and Promotion	25.00	134.00		500.00
Fuel				250.00



Expenses (cont.)

Most Recently Completed Budget Year

Current Budget Year

Proposed Budget Year

Supplies

132.00

Capitalizable Assets

**Total Expenses** 

90,750.00

90,750.00

95,750.00

Net Income

Please explain any capitalizable asset contained in your request.

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

AUG n 8 2005

UNITED WAY OF ESCAMBIA COUNTY INC 1301 W GOVERNMENT ST PENSACOLA, FL 32501 Employer Identification Number: 59-0651076 17053144033045 Contact Person: KAREN CHAO ID# 31003 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: August 14, 1974 Contribution Deductibility: Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

 $\mathbb{R} = \{ (\omega_{\mathcal{A}_{\mathcal{A}}}, \omega_{\mathcal{A}_{\mathcal{A}}}) \in \mathbb{R} : \mathcal{A}_{\mathcal{A}_{\mathcal{A}}} \in \mathbb{R} \}$ 

Letter 947 (DO/CG)

### UNITED WAY OF ESCAMBIA COUNTY INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G Lermer

Director, Exempt Organizations Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

### Form **990**

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Form **990** (2013)

Cat. No. 11282Y

$\overline{\mathbf{A}}$	For the	2013 calendar year, or tax year beginning July 1 , 2013, and er			mapeedidii
В		a 2013 calendar year, or tax year beginning July 1, 2013, and en applicable: C Name of organization United Way of Escambia County, Inc.	aing	June 30	, 20 14
Ō		change Doing Business As			loyer identification number
Ħ			- 1 1		59-0651076
7	Name of	. · · · I	ETelek	zhone number	
금	initial re				850-434-3157
岩	Termina				
片		d return Pensacola, FL. 32502	G Grọa	s receipts \$ 3,325,194	
Ш	Applicat	on pending F Name and address of principal officer:	H(a) is t	his a group return	for subordinates? 🔲 Yea 🔲 No
		Andrea Krieger, 1301 W Government St., Pensacola, Ft. 32502	H(b) A	re all subordin	ates included? 🔲 Yes 🔲 No
<u>.                                    </u>		mpt status: ☑ 501(o)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 521	7	If "No," attac	ch a list. (see instructions)
<u></u>	Website		H(o) G	roup exempt	ion number 🟲
		organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation: 7	944 M St	ate of legal domicile: FL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: To	unite the eff	orts and re	sources of Escambia
3		County with programs and initiatives that can create measurable and sustainable			
Activities & Governance		education, and financial stability.		W18452111111	
ê	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	ed of more i	han 25%	of its not assets
ğ	3	Number of voting members of the governing body (Part VI, line 1a)		Із	. 1
ď	4	Number of independent voting members of the governing body (Part VI, line	161		
8	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	,	5	
Ī	6	Total number of volunteers (estimate if necessary)		: :   <del>-  </del>	<u> </u>
Ş	7a	Total unrelated business revenue from Part VIII, column (C), line 12	, , ,	· · · <u> </u>	4,207
•	b	Not unrelated business taxable Income from Form 990-T, line 34		7	
Revenue	<del>                                     </del>	The Control of the Co	1 04	7t er Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			
	9	Dunman and the second of the second		3,504,32	
	10			53,08	
æ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,65	54 32,570
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,62	26 31,955
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,625,68	39 3,162,832
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,308,39	92 1,681,303
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
æ	15	Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)		835,49	916,236
Expenses	16a	Professional fundraising fees (Part IX, column (A), Ilne 11e)	i	11,92	
ĕ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	Toronto.	2.2	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		353,45	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,527,26	
	19	Revenue less expenses, Subtract line 18 from line 12		98,42	
2 8			Beginning c	d Current Yes	
nt Assets or nd Balances	20	Total assets (Part X, line 16)		3,830,54	3,409,087
컽	21	Total liabilities (Part X, line 26)		1.952.82	
žŽ		Net assets or fund balances. Subtract line 21 from line 20		1,877,72	
Pa	rt II	Signature Block		1,07.7,72	2,123,017
Unc	ier pensi	ties of perjury, I declare that I have examined this return, including accompanying schedules and at	etements, and	to the best o	of my knowledge, and heliaf it to
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	erer has eny ki	rowledge,	Thy knowledge and beller, it is
		7 84		1	10/15-
Sig	n	Signature of officer		Date	<del>2/1//0</del>
Hei	re	TOM HILTON, CFO			
		Type or print name and title			
D-:	:	Print/Type preparer's name Preparer's signature	Date		PTIN
Pai				Check	κ∐ #
	pare		1		mployed
U8	e Only			Firm's EIN	
May	the ID	Firm's address   S discuss this return with the preparer shown above? (see instructions)		Phone no.	
· · · · · · · · ·	, 410 111	o diodes and retain with the property shown abover (see instructions)			Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part	
	Check if Schedule O contains a response or note to any line in this Part III
•	Uniting our community and leveraging resources to improve lives. We create opportunities by serving as a safety net that leverages volunteer manpower, in-kind and financial contributions, and public awareness to support collaborative partnerships that effectively meet our community's health and human service needs.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	Community Investment programs - the principal objective is to effectively administer and distribute resources to local agencies and programs, with a focus on improving health, education, and financial stability in Escambia County. Of the \$1,881,303 set aside for distribution, over \$1,600,000 stayed locally in Escambia County, including over \$1,500,000 awarded or distributed to our partner agencies, primarily through an application process that uses community volunteers to assess partner applications. The application process focuses on measurable outcomes in the focus areas noted above. Local partner agencies apply for funding, host site visits, and have oral presentations to our volunteer panels to allow them to better assess program effectiveness. In addition, successful applicants must report quarterly on the results of their efforts for any funds awarded through the application process. In addition to this allocation process, donors can designate to specific agencies. United Way also participates in two local programs, Communities Caring at Christmas, and Cram the Van, that provide toys to local agencies for the benefit of their low income clients, and provide school supplies to the Escambia County School District to assist their low income students. Total funds raised for these two programs were \$49,320 and \$22,388, respectively.  (Code: 624200 ) (Expenses \$ 338,182 including grants of \$ 0) (Revenue \$ 389,041) 211 Northwest Fforida- During this year, the program continued its service to the 9 counties of northwest Fforida. 211 provides 24/7 comprehensive information and referral services to a population of nearly one million Individuals.  Over 40,000 callers connected with 211 In search of assistance with health and human services. For these callers, 211 Northwest Fforida provided over 81,000 referrals to programs that assist with utilities, rent/mortgage, and health related services. They maintained a 99% quality rating and managed a website (211nwfl.org) that experienced over 4,800 unique visits monthly.
	The program is integral to the health and human services community structure of providing support. In addition to its ongoing information and referrals to local citizens, 211 Northwest Florida has provided disaster case management to individuals whose homes were damaged by the floods of late April 2014.
4c	(Code: 624100 ) (Expenses \$ 122,149 Including grants of \$ 0) (Revenue \$ 225,105) The financial stability program is made up of three components: volunteer income tax assistance (VITA), MyFreeTaxes.com, and the MyFreeTaxes Helpline Center. The local VITA program was operated by 50 volunteers at six sites who provided over 3,000 donated hours to provide free tax preparation services to low income Individuals and families in Escambia and Santa Rosa Counties. In total, our volunteers helped return \$1.5 million in Earned Income Tax Credit (EITC) and more than \$3.3 million in refunds to 2,672 individuals and families in our community. The leveraged impacts and free services returned \$4.7M to our community. MyFreeTaxes.com provides individuals and households with an annual income of \$60,000 or less a way to file their taxes on line through this easy to use web application. United Way of Escambia County uses this program to compliment the VITA program by offering the community two options to file their taxes for free, online or in person. Last year 153 local returns were filed through MyFreeTaxes.com website. United Way Worldwide partners with United Way of Escambia County to fund the MyFreeTaxes Escambia Helplino, which is one of six call centers across the nation. Last year, our call center staff supported over 6,670 callers who had questions about various aspects of their tax returns.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 203,877 including grants of \$ 0) (Revenue \$ 148,865)

2,418,749

4e Total program service expenses -

Form 9	90 (2013)		<u>.                                      </u>	Page 3
Fallu	V Checklist of Required Schedules			1 41-
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u>~</u>	-
3	Did the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/
4	Section 501(c)(3) organizations. 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	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 601(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>v</b>
6	Old the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	e		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		·
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	•	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<b>✓</b>	-
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	<b>/</b>	77
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		<del></del>
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		<b>✓</b>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
f	Did the organization report an amount for other liabilities in Part X, tine 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116	,	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  Was the organization included in consolidated independent audited financial statements for the tax year? If "Yes," complete	11f 12a	<b>✓</b>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12a		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\overline{}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15 16		<u>√</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>√</u> √
18	Old the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Ilnes 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>*</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	·	<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	<del>-</del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Farm	990	(2013)

Part	Checklist of Required Schedules (continued)			-8-
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
<b>25a</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>√</b>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		١
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	***************************************	2000 -/
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<i>,</i>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>*</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	7	•
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_
	Part!	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Old the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I.	33	/	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Ť
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		•
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	90		
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	_	
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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V ,			<u></u>
		<del>-                                    </del>	Yes	No
18	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable   1a	3 MATERIA		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		) <u>2</u>	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Tc		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	8888		腔
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			圞
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	200	72310
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	A STATE OF THE STA		晔
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	·-·	_
4a	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	1 1		
	account)?	4a	V	_
b	If "Yes," enter the name of the foreign country:		ch cyllic	4
_	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts,	10.00	art velovije e	4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	v	_
C	If "Yes" to line 5a or 5b, did the organization file Form 8896-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
þ	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>_</u>
Ų	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	girts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6Ъ		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4		#
_	and services provided to the payor?			100
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	<del>/  </del>	_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		· <del></del>  -	_
	required to file Form 8282?	7c		,
d	If "Yes," Indicate the number of Forms 8282 filed during the year		anci la	135
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		99-0. /
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>-   `</del>	_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
40 40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ar.
10	Section 501(c)(7) organizations. Enter:			Ŧ
a b	Initiation fees and capital contributions included on Part VIII, line 12			J.
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:			
a	Gross Income from members or shareholders			
ь	Gross Income from other sources (Do not net amounts due or paid to other sources			4
	against amounts due or received from them.)			Š
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		684
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			巌
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	is the organization licensed to issue qualified health plans in more than one state?	13a		-16
	Note. See the instructions for additional information the organization must report on Schedule O.	7		<b>#</b>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	Partie!		H
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2013)	Form	990	(2013)	
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Page 6

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instructions.
Conti	Check if Schedule O contains a response or note to any line in this Part VI	<u>,, </u>
3600	ou v. governing body and inlanagement	Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year It there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	CONTROL OF THE PROPERTY OF THE PARTY.
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 🗸
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 🗸
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	120
a b 9	The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8a 🗸
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 V
		Yes No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a 🗸
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 🗸
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a ✓ 12b ✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c ✓
13 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13 ✓ 14 ✓
a b	The organization's CEO, Executive Director, or top management official	15a ✓ 15b ✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a ✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b
	on C. Disclosure	
17 18	List the states with which a copy of this Form 990 is required to be filed Florida  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s only)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest policy, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Tom Hilton, 1301 W. Government Street, Pensacola, FL 32502	of the

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	<u>-r</u>	age /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	•
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within	the
organization	n's tax year.	

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d arg	aniz	atic	n c	ompe	nse	ited any curren	t officer, director	. or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box, office	not cit unles	Pos neck sa pe d a c	C) Mion More More		one 1 an tea)	(D) Reportable	(E) Reportable compensation from related organizations W-2/1089-MISC)	<b>(F)</b> Estimated
		individue or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Sammons										
Chairperson		1		/						
(2) David Peadon		-	_	Ť	$\vdash$	_	$\vdash$			
Chair Elect	<b>}</b>	1		1						
(3) Bob Sanders	<u> </u>	<del>-</del>		Ť						
Treasurer	<del> </del>	1		1			1			
(4) Meri Asmar	···	Ė	_				-			
Secretary	†	1		/						
(6) Andrea Krieger	59			<del>                                     </del>						,
Chief Executive Officer	1			/				116,228	ļ	
(e) =	44				-			110,226		9,767
Chief Financial Officer	7			/				64,422		8,124
(7) Mark Faulkner	<u> </u>			Ť		$\Box$		0,442,5		0,124
Director		1							i	
(8) David Jones				_						· <del></del>
Pest Chair	1						1			
(9) Oliver Jones							Ė			
Director	}	1								
(10) Bob McLaughlin										
Director	1	1								
(11) Ted Kircharr										
Director							1			
(12) Yvette McLelian										
Director		✓				٠				
(13) Trip Maygarden								The state of the s		
Director		. ✓								
(14) Vaughn Nichols										
Director		1								

ęί	Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	3, 21	<u>nd b</u>	lighe	st C	ompensated E	mployees (co	ntinued)	
(A) Name and title		(B) Average hours per week (list any	box, office	untes er and	Pos veck sspe dad	rson Troch	then is both	ee)	Reportable compensation	(E) Reportable compensation from	(F) Eatimated om amount of	
		hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	compensation	
	alcom Thomas											_
Direct (16) v				Н				_				
Direct	athio Jeffcoat		1						1			
	Atrice Whitten		,	-	$\vdash$					····		—
Direct		***************************************	1						:			
(18) C	athy England							$\Box$	<u></u>			_
Direct	Of .		✓			_						
	al George								· -			
Direct			<b>✓</b>									
Direct	C Etheridge		1						ł			
			<u> </u>	-				_				
Direct	m Pulman or		/									
	avid Moore							—			<del>-  </del> -	
Direct	or		1						}			
(23) c	edric Durre										<u> </u>	_
Direct			<b>✓</b>									
(24) J	hn Floyd											
Direct	or		<b>v</b>					_				
(Sa) W	ichael Adamson		/									
Direct 1b	Sub-total		· · · · · · ·									
C	Total from continuation sheets to Part			•	•	• •	•		180,650		17,1	<u>891</u>
ď	Total (add lines 1b and 1c)			•	•	'	•		180,650			
2	Total number of individuals (Including but reportable compensation from the organic	not limited	to th	080	ilst	ed s	pove	) wi	no received mo	ore than \$100	,000 of	<u> </u>
3	Did the organization list any former off employee on line 1a? If "Yes," complete 5	ficer, direct	tor, o	r tru	uste Indik	e, l	cey e	mpi	loyee, or high	est compens		
4												
5	Did any person listed on line 1a receive or for services rendered to the organization?	r accrue co	npen omple	sati no S	ion : Sch	fron edu:	any ie J fo	unr unr	elated organiz uch person	ation or indivi	dual 5	
Section	on B. Independent Contractors							_	<del></del>		······································	_
1	Complete this table for your five highest of compensation from the organization. Rep year.	ompensate ort comper	ed ind nsatlo	lepe n fo	nde r th	ent c	ontra denda	icto ar y	rs that receive ear ending with	d more than \$ n or within the	100,000 of organization's tax	_
	(A) Name and business addr	-BAB							(B) Description of se	rvices	(C) Compensation	_
None												_
												_
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ve) who		

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		_ · wayo :
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employee	s. and
	Independent Contractors	-,

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	at ch	Pos leck is de	C) Itlon more reon		77 <b>4</b>	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related criganizations (W-2/1099-MISC)	(F) Estimated
		individue or directo		Officer	Kay employee	Highest compensated employee	Form			
(1) Tammy Davies Director		<b>√</b>								
(2) Jack Lowrey Director	! !	✓								
(3) Michelle Scaglione		/								
(4) Oliver Sumlin Director		✓_								
(5)										
(6)										
(7)										
(8)										
.(9)										
[10]										
(11)										
(12)										
(13)										
(14)										

Par	art VIII Statement of Revenue							
		Check if Schedule C		oonse or note to	any lina in this	Part VIII		_
			O Mario a 103		(A) Total revenue	(B) Belated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue oxcluded from tax under sections 512-514
<b>5</b> 5	18	Federated campaigns	s 1a	8,361		Albert Helligher	Provide Labertaines	COLUMN TO SERVICE OF STREETS AND THE STREETS AND THE SERVICE OF TH
Grants nounts	b	Membership dues .	16					
Ö, Ĕ	c	Fundraising events ,	1c	68,605				
Giffs, ilar Ar	d	Related organizations		05/000				
S E	۰	Government grants (con		156,711				1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
ë ë	f	All other contributions, gi		10,0[7,1]				
喜舞		and similar amounts not inc	cluded above 1f	2,777,830				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions Includ		50,963				
2 2	h	Total. Add lines 1a-1			3,011,507			
			, , , , , , , , , , , , , , , , , , ,	Business Code				
룓	2a	Non Profit Training Ser	minacs	624200	13,825	13,825		Land Charles Mark Carles Mark
至	ь	Escambia 211 Serving		624200	37,969	37,969		
.8	c	Emergency Food Shelt		624200	2,293			
8	d	Designation Fee Incom		900099	24,793	2,293		
E		Subsidized Agency Re	.========	624110	;	24,793		
Program Service Revenue	ť	All other program ser		924110	7,920	7,920		
8	g	Total. Add lines 2a-2			86,800	Waliotaliwa Marikata	n waran kanané én d	C 1000-140-150-150-150-150-150-150-150-150-150-15
	3	Investment income				<u>12 Sept Miller (Sept. 1997)</u> (1994)	14,413 Y14 14 14 14 14 14 14 14 14 14 14 14 14 1	en en e
		and other similar amo			32,570	32,570		
	4	Income from investmen	•	and proceeds	32,370	az <sub>i</sub> 370		
	5	Royalties		<b>-</b>				"-
	_	, , , ,	(I) Real	(II) Personal	r Roginson english		ngalag pakatan ya	1 t 3 - 2 d 2 d 2 d 1 d 2 d 2 d 2 d 2 d 2 d 2 d
	6a	Gross rents	"		\$ **			
	ь	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (		>			8 (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	5
	7a	Gross amount from sales of	(1) Securities	(fi) Other	opengaran ang		1997 11997 11	en i ng nasa saganat salawasgi
		assets other than inventory	156,137	· ''			***	
	ь	Less: cost or other basis	150,157					
	_	and sales expenses .	127 200					
	c	Gain or (loss)	135,706 20,431					
	ď	Net gain or (loss)	20,431		20,431	20.494	*	F 1 1 1 2 2 2 2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	_			• • • • •	20,431	20,431	, cog to a construct the first	
evenue	8a	Gross income from fu events (not including \$ of contributions reports						
Other Re			· · · · a	27,375				
ŧ	þ	Less: direct expenses		26,338				and the second
	c	Net income or (loss) fi	rom fundraising	events . 🕨	1,037			1,037
	9a	Gross Income from ga						
		See Part IV, line 19 .	a					
	b	Less: direct expenses				<u> 1848</u> (* 1844 )	te variation and	
	С	Net income or (loss) fa		vities . 🕨				
1	10a	Gross sales of in						
		returns and allowance	33 a	305				
	ь	Less: cost of goods s	old b	318				
	С	Net income or (loss) fi			(13)		(13)	
		Miscellaneous R	evenue	Business Code			Not the William	t et legelegen <b>sir</b> y
	11a	Event Sponsorships			10,500	10,500		
	ь							
	¢							<u> </u>
	d	All other revenue ,	, , , ,					
	•	Total. Add lines 11a-		<del>-</del>	10,500		a La La Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Car Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Carlo de Car	
	12	Total revenue. See in	nstructions	. , , , ▶	3,162,832	150,301	(13)	1,037

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	is must complete co	olumn (A).
	Check if Schedule O contains a respons	e or note to any lir	e in this Part IX		
Do n 8b, 9	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundreising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,665,050	1,665,050	1	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 , , , .	16,253	16,253		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	214,920	82,850	113,561	18,719
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			110,201	10,713
7	Other salaries and wages , , .	582,310	352,279	142,317	<u> </u>
8	Pension plan accruals and contributions (Include				
9	section 401(k) and 403(b) employer contributions)	2,868	1,567	1,247	52
10	Other employee benefits	39,630	22,741	6,408	10,681
11	Fees for services (non-employees):	76,310	47,716	17,576	11,018
a	Management			į	
ь	Legal				<del></del> -
c	Accounting , , ,	18,300		18,300	
d	Lobbying				
	Professional fundralsing services. See Part IV, line 17	13,345			13,345
f -	Investment management fees	6,928		6,928	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, fist line 11g expenses on Schedule O.)			,	
12	Advertising and promotion	8,538	4,030	3,780	728
13	Office expenses	39,128 59,014	18,784	8,476	<u>11,868</u>
14	Information technology	18,958	43,124 10,402	11,147	4,749
15	Royalties	10,530	10,402	4,627	3,929
16	Occupancy	37,703	24,943	7,957	4,803
17	Travel	23,409	20,685	1,183	1,541
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			.,,,,,,,,	
19	Conferences, conventions, and meetings .	4,782	3,812	825	145
20	Interest	305	201	64	40
21 22	Payments to affiliates	30,655	20,224	B,442	3,989
23	Depreciation, depletion, and amortization Insurance	63,600	46,754	10,404	
24	Other expenses, Itemize expenses not covered	24,807	16,111	5,646	3,050
	above (List miscellaneous expenses in line 24e. If				10 10 10 10 10 10 10 10 10 10 10 10 10 1
	fine 24e amount exceeds 10% of line 25, column (A) amount, fist line 24e expenses on Schedule O.)				
a	Dues and Subscriptions	3,131	1,129	1,936	66
Þ	Volunteer Support and Recognition	9,762	8,721	0	1,041
Ċ	Government Fees and Licenses	2,128	990	452	684
đ	Meats and Event Dinners	23,166	10,269	7,833	5,064
25	All other expenses Total functional expenses, Add lines 1 through 24e	2,871	314	2,327	230
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	2,988,087	2,418,749	379,420	189,898

F	art X	Balance Sheet	<del></del>		Page 11
		Check if Schedule O contains a response or note to any line in this Pa	ort X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-Interest-bearing	684,307	1	584,11
	2	Savings and temporary cash investments	198,266	2	15,80
	3	Pledges and grants receivable, net	1,250,716	3	1,013,82
	4	Accounts receivable, net	118,839	4	92,62
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	_
4	8	Inventories for sale or use	3,268	8	4,69
	9	Prepaid expenses and deferred charges	45,151	9	46,820
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,518,469		1.00 A	
	ь	Less: accumulated depreciation 10b 845,403	685,047	10c	673,066
	11	Investments—publicly traded securities	844,952		978,140
	12	Investments—other securities. See Part IV, line 11		12	<u>" ' '</u>
	13	Investments program-related. See Part IV, Ilne 11		13	
	14	Intangible assets , , ,		14	
	15	Other assets, See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,830,545	16	3,409,087
	17	Accounts payable and accrued expenses	58,821	17	66,076
	18	Grants payable ,	1,629,728	18	965,555
	19 20	Deferred revenue	8,312	19	θ,312
		Tax-exempt bond liabilities ,		20	
_	21	Escrow or custodial account liability. Complete Part IV of Schedule D ,	111,091	21	116,886
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
琿	^^	disqualified persons. Complete Part II of Schedule L		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties	135,323	23	128,561
ı	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	20	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
- 1	26	The second of the feet of the second of the		25	
82	<u>~0</u>	Organizations that follow SFAS 117 (ASC 958), check here ► 🚺 and complete lines 27 through 29, and lines 33 and 34.	1,952,822	26	1,285,170
길	27				
8	28	Unrestricted net assets	1,131,888		1,213,776
8	29	Temporarily restricted net assets		28	643,215
šI		<b>A</b> . • •• · · · · · · · · · · · · · · · · ·	288,928	29	26 <del>6</del> ,926
Net Assets or Fund Balances		complete lines 30 through 34,			
융	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances	1,877,723	33	2,123,917
- 1	34	Total liabilities and net assets/fund balances		34	3,409,087

Form 9	90 (2013)	Page 12
Par	XI Reconciliation of Net Assets	1 4 4 4 4
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	3,162,83
2	Total expenses (must equal Part IX, column (A), line 25)	2,988,08
3	Revenue less expenses. Subtract line 2 from line 1	174,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,877,72
5	Net unrealized gains (losses) on investments	71,42
6	Donated services and use of facilities	68,01
7	Investment expenses	6,92
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	(74,941
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	2,123,91
Part	XII Financial Statements and Reporting	
	Check If Schedule O contains a response or note to any line in this Part XII	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked Other, explain Schedule O.	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	. 2a 🗸
b	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:	. <b>2b</b> √
С	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant	7 20 /
	If the organization changed either its oversight process or selection process during the tax year, explain	in the second second

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3а

Form 990 (2013)

Schedule O.

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization							Employer I	dentificatio	n number
	d Way of Escamble	County	-11 - 12 - 12 II		<del></del>				59-0	851076
	Reason 1	or Public Cha	rity Status (All orga ation because it is: (Fo	anization	is must (	complet	e this pa	rt.) See	<u>ins</u> tructi	ons.
1			ation because it is: (Fo thes, or association of						r	
2	☐ A school desc	cribed in section	170(b){1){A}(ii). (Atta	ch Scher	o describ	.ec (1) \$6(	500N 170	אוייאורי אנטן	1).	
3			spital service organiz			section	170(6)(1)	(A)(III)_		
4	A medical resinospital's nan	earch organizations, city, and stat	on operated in conjunt e:	ction wit	h a hospi	tel descri	ibed in se	etion 17		
5	🔲 An organizatio	on operated for b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	iversity o	wned or	operatec	by a go	vernmer	tal unit described in
<del>6</del> 7	at a second as some de secondade es de secondade es de secondade es de secondade es									
8			n section 170(b)(1)(A							
9	☐ An organization	on that normally	receives: (1) more th	an 331/39	6 of its s	upport fr	om contr	lbutions,	member	ship fees, and gross
	support from	gross investme	d to its exempt funct ent income and unre	lated bu	siness ta	xable in	come (le:	ss sectio	) no mor en 511 ta	e than 331/3% of its ax) from businesses
			ifter June 30, 1975. S							
10	☐ An organizatio	on organized and	operated exclusively	to test fo	or public	safety. S	ee sectio	n 509(a)	(4).	
11	purposes of a	one or more put	nd operated exclusivolicly supported organidescribes the type of	nizations	describe	d in sect	tion 509(a	a)(ii) or so	ection 50	19(a)(2). See section
	a ☐ Type≀									tionally integrated
8			that the organization	is not co	ntrolled o	directly o	r indirecti	v bv one	or more	discussified nerects
	other than fou	ındation manage	ers and other than on	e or more	e publicly	support	ed organ	izations (	described	in section 509(a)(1)
	or section 509	9(a)(2).								
f	If the organiz	ation received a	a written determination	on from	the IRS	that it is	а Туре	i, Type	ll, or Ty	oe III supporting
g	following pers	17, 2006, nes t Kons?	he organization acce	pted any	gift or c	ontributio	on from a	my of the	•	
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported	her alone organizat	or toget	her with	persons	describe	din (ii) a	
			on described in (i) abo							11g(II)
	(Ili) A 35% cor	ntrolled entity of	a person described in	ı (i) or (ii) :	above? .					11g(lif)
<u>h</u>	Provide the fo	llowing informati	on about the support	ed organi	zation(s).					
(1)	Name of supported organization	(ii) EiN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in cal. (1) ib	organization sted in your document?	the organ	ou notify nization in of your port?	organizal (i) organi	s the ion in col. zed in the \$.?	(vil) Amount of monetary support
			(	Yes	No	Yes	No	Yes	No	1
(A)								-		
(B)		·	- 1111							
(C)										_
(D)										
(⊑)										
				11. 11. 11.	<b>拉克克马克</b>					

Par	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170/b)/1	MANIV) and 1	70/b)(1)/Δ\(\v)	n Fage 2
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to our	u alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not include any "unusual grants.")						
		3,345,977	3,567,669	3,299,832	3,504,327	3,017,395	16,725,200
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		-	<del></del>			
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	3,345,977	3,557,669	3,299,832	3,504,327	3,017,395	40 707 000
5	The portion of total contributions by		3,507,003	3,200,032	3,304,327	3,017,395	16,725,200
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	A -				1.33	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					0
Sect	Public support. Subtract line 5 from line 4.	MASAMBARAN 4	r i esperiable (de la		<u> La calles, 1772 a</u>		16,725,200
	ion B. Total Support idar year (or fiscal year beginning in)	(=) 0000 I	A-) 2010	(A) posts	4.6.766.4	4 1	
7	Amounts from line 4	(a) 2009 3,345,977	(b) 2010 3,557,669	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends,	3,345,877	3,057,068	3,299,832	3,504,327	3,017,395	16,725,200
_	payments received on securities loans.						
	rents, royalties and income from similar	1					
	sources	17,359	17,847	21,426	34,210	32,570	123,412
9	Net income from unrelated business			-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	activities, whether or not the business		1	·			
	is regularly carried on					(13)	(13)
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)			J		-	
11	Total support. Add lines 7 through 10	48,088	38,575	38,937	53,082	86,800	<b>265,48</b> 2
12	Gross receipts from related activities, etc.	(see instruction	rangi (sa mangana) Mga (sa mangana)				17,114,081
13	First five years. If the Form 990 is for the	e organization	's first, second		or fifth tay ve	12	501(a)(3)
	organization, check this box and stop her	re	* * * * *	· · · · · ·	· · · · ·	a as a section	· · <b>&gt;</b> 🗖
Secti	on C. Computation of Public Suppor	t Percentage	•				<u> </u>
14	Public support percentage for 2013 (line 6	i, column (f) div	ided by line 11	l, column (f))		14	97.7 %
15	Public support percentage from 2012 Sch	redule A, Part l	l, line 14 , ,	<i></i>	, , <i>.</i> . [	15	98 n %
16a	331/3% support test—2013. If the organiz	zation did not c	heck the box o	on line 13, and	l line 14 is 33½	5% or more, ch	eck this
ь	box and stop here. The organization qual	ines as a public	cly supported (	organization			. 🕨 🛛
D	331/2% support test—2012. If the organicheck this box and stop here. The organic	iizalion qiq noi Tatlon qualifica	CHECK B DOX	on line 13 or	16a, and line		
17a							· <b>&gt;</b> 🗆
114	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	organists of the organists of the organists of the organists of the organism o	nzauon did no nd-circumstan	T CHOCK & DOX	on line 13, 166 ck this boy on	a, or 16b, and R	ine 14 is
	Part IV how the organization meets the "fa	acts-and-circur	natances" test	. The organiza	ition qualifies a	u stop nere. c is a nubliciv su	xpiain in innorted
	organization						· • [
ь	10%-facts-and-circumstances test - 20	112. If the organ	nization did no	t check a hov	on line 13 16	a. 16b or 17e	and line
	15 is 10% or more, and if the organizati	ion meets the	"facts-and-cire	cumstances" i	test, check thi	s box and sto	p here.
	Explain in Part IV how the organization me	eets the "facts	-and-circumsta	ances" test. Th	ne organization	qualifies as a	publicly
40	supported organization						. ▶ 🗆
18	Private foundation. If the organization did	d not check a b	ox on line 13,	16a, 16b, 17a,	, or 17b, check	this box and s	:00
	Instructions						<b>•</b> •

Part		ations Desci	ribed in Sect	lon 509(a)(2)			hade o
	(Complete only if you checked the	he box on line	e 9 of Part I d	r if the organ	ization failed	to qualify un	der Part II.
Sect	If the organization fails to qualify lon A. Public Support	under the te	sis listed per	ow, please c	omplete Part	11.)	
	idar year (or fiscal year beginning in)	(0) 2000	(h) 2010	(a) 0011	(-11 0045	1 1 100-10	40
1	Gifts, grants, contributions, and membership fees	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	received. (Do not include any "unusual grants.")		İ			1	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				ŀ		
	furnished in any activity that is related to the	ļ				Ì	
3	organization's fax-exempt purpose	ļ	1	<u> </u>			
3	Gross receipts from activities that are not an unrelated trade or business under section 513			l			
4							
•	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			·	<del>                                     </del>		<del></del>
	furnished by a governmental unit to the				1		
	organization without charge						
6 7a	Total. Add lines 1 through 5				· · · ·		
74	received from disqualified persons ,		<u>L</u> .				
b	Amounts included on lines 2 and 3						
	received from other than disqualified	i	!			ł	
	persons that exceed the greater of \$5,000		İ				
	or 1% of the amount on line 13 for the year			<u> </u>			
C	Add lines 7a and 7b			i			
8	Public support (Subtract line 7c from					O SHELLING	
	line 6.)			AVALUE (FOR			
	on B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 , ,						
10a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less	"		,			<del>                                     </del>
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		,				
11	Net income from unrelated business				<del></del>		
	activities not included in line 10b, whether		İ				
	or not the business is regularly carried on						l
12	Other income. Do not include gain or						<del> </del>
	loss from the sale of capital assets (Explain in Part (V.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years, if the Form 990 is for the organization, check this box and stop here.				, or fifth tax ye		
Secti	on C. Computation of Public Suppor		<u> </u>	<u> </u>			<u> </u>
15	Public support percentage for 2013 (line 8			3, column (fl)		15	%
16	Public support percentage from 2012 Sch	edule A. Part	III, line 15			16	%
	on D. Computation of Investment In-	come Perce	ntage	· · · · · ·			
17	Investment income percentage for 2013 (	ine 10c, colum	nn (f) divided b	y line 13, colur	nn (f)	17	%
18	investment income percentage from 2012	Schedule A, F	Part III, line 17			18	%
19a	331%% support tests—2013. If the organi 17 is not more than 331%%, check this box	zation dld not	check the box	on line 14, ar	nd line 15 is m	ore than 331/a	%, and line
b	331/a% support tests—2012. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	331/3%, and

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Form 990 or 990-EZ 2013  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
	Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II, Sect	tion B, Line 10 · Other Income includes various fees from providing Non Profit Training seminars to local non profits, information
and referra	services on behalf of neighboring United Ways, designation fee income, and administration of the local Emergency, Food and
Shelter pro	gram in Escambia County, as well as subsidized rent from a local agency co-located in the United Way building.
	**************************************
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<b></b>	
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<b>L</b>	
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# Schedule B

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

Department of the Treesury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1646-0047

Name of	f the organization		Employer identification number					
	<u>Vay of Escambia Coun</u>		59-0651076					
Organi:	zation type (check or	e):						
Filers o	rf:	Section:						
Form 99	90 or 990-EZ	✓ 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private four	indation					
		527 political organization						
Form 99	90-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private founda	tion					
		☐ 501(c)(3) taxable private foundation						
	only a section 501(c)(7 ions.	covered by the <b>General Rule or a Special Rule.</b> ), (8), or (10) organization can check boxes for both the <b>General Rule a</b>	and a Special Rule. See					
Aguer 6	n ridio							
	For an organization property) from any o	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II.	000 or more (in money or					
Special	Rules							
Ø	under sections 509(	(3) organization filing Form 990 or 990-EZ that met the 33½ % support a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Fo d II.	the year, a contribution of					
	during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use exclusively for religious, chapses, or the prevention of crueity to children or animals. Complete Parts	ritable, scientific, literary,					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
990-EZ,	a. An organization tha , or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rules does not ust answer "No" on Part IV, line 2, of its Form 990; or check the box on a certify that it does not meet the filing requirements of Schedule B (Fo	t file Schedule B (Form 990, i line H of its Form 990-EZ or on its					

leme					

Employer identification number

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	Ascend Performance Materials 3000 Old Chemstrand Road Cantonment, FL. 32533	\$	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	United Way Worldwide  701 N. Fairfax Street  Alexandria, VA. 22314	\$\$225,468	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Gulf Power Company One Energy Place Pensacola, Ft. 32520	\$\$221,134	Person  Payroll  Noncash  (Complete Part if for noncash contributions.)
(a) No.	(៦) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Publix Corporation PO Box 407 Lakeland, FL.33802	\$186,933	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Escambia County Government  221 N. Palafox Place  Pensacola, FL. 32502	\$163,386	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Navy Federal Credit Union  9071 Security Place  Pensacola, FL. 32506	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule	₿	(Form	980,	990-EZ	or 990-PF)	(2013)
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Page 2

	organization	Employer Identification number	
Part I	ey of Escambia County  Contributors (see instructions). Use duplicate copies of	of Port Lif additional encou	59-0651076
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Armstrong World Industries		Person  Payroli
	PO Box 1991	\$ 87,83	1 Noncash (Complete Part II for
	Pensacola, FL. 32589		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Ragions Bank		Person ☐ Payroti ☑
	70 N. Baylen Street	\$62,90	<u> </u>
	Pensacola, FL. 32502		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
*******		\$	Person ☐ Payroll ☐ Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	***************************************	\$	Person  Payroli  Noncash
	-		(Complete Part II for noncash contributions.)

Employer Identification number

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ce is needed.
(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
********		\$	d+d+1
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
manauna .		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	*******************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	***************************************
[		1	

Employer identification number

Part III	Exclusively religious, charitable, etc that total more than \$1,000 for the y For organizations completing Part III, contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	ear. Complete columns enter the total of exclusion eyear. (Enter this information)	(a) through (e vely religious,	a) and the following line entry. charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of giff	t	(d) Description of how gift is held
-		(e) Transfer of	gift	
	Transferee's name, address, and	1 ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift is held
-		(e) Transfer of	glft	
-	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift is held
		(e) Transfer of	gift	
-	Transferee's name, address, an	d ZIP + 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift is held
<b>,,</b>				***************************************
1	Transferee's name, address, an	(e) Transfer of		ship of transferor to transferee
	ranorado o namo, accuesa, ac	M AND T T	netagor	THE PARTY OF THE P

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Pert IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990,

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	of the organization	Employer identification number
	Way of Escambia County	59-0651076
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	i.,
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	·
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
_	funds are the organization's property, subject to the organization's exclusive legal cont	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	ant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or conferring impermissible private benefit?	
Dow	conferring impermissible private benefit?  Conservation Easements.	· · · · · · · · · · · · · · · · · · ·
rai		
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
•	Purpose(s) of conservation easements held by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation ☐ Preservation ☐ Preservation	
	☐ Preservation of open space	of a certifled historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	Non in the form of a second
_	easement on the last day of the tax year.	Held at the End of the Tex Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
þ	Number of conservation easements included in (c) acquired after 8/17/08, and no	t on a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or te	rminated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation east	sements during the year
_	<u></u> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements (i) and section 170(h)(4)(B)(ii)?	of section 170(h)(4)(B)
9		
a	in Part XIII, describe how the organization reports conservation easements in its revenu balance sheet, and include, if applicable, the text of the footnote to the organization's fi	e and expense statement, and
	organization's accounting for conservation easements.	manicial statements that describes the
Part	Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Accets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	. Cilor Cilital Aggots,
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it	3 revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	at describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(ii) Assets Included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
_	(ii) Assets Included in Form 990, Part X	<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other similar	ir assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	Items:
81 h	Revenues included in Form 990, Part VIII, line 1	· · · · • • • • • • • • • • • • • • • •

	ulo D (Form 990) 2013	<del></del>				Page 2
3	Using the organizations Maintaining Using the organization's acquisition, a collection items (check all that apply):	Collections of A accession, and other	Art, Historical her records, chec	Treasures, or O	ther Similar Ass wing that are a sig	sets (continued) gnificant use of Its
a b	☐ Public exhibition ☐ Scholarly research			or exchange prog		
c	Preservation for future generations		e 🗆 Cone	r		
4	Provide a description of the organizati XIII.	ion's collections a	nd explain how t	they further the on	ganization's exem	pt purpose in Pari
_5 	During the year, did the organization assets to be sold to raise funds rather	than to be maintai	donations of art, ined as part of th	historical treasure e organization's co	s, or other similar	, ☐ Yes ☐ No
Par	UV Escrow and Custodial Arra	ngements.		-		
	Complete if the organization 990, Part X, line 21.					
18	is the organization an agent, trustee,	custodian or othe	er Intermediary fo	or contributions of	r other assets not	
. ь	included on Form 990, Part X?					☐ Yes ☑ No
	If "Yes," explain the arrangement in Pa	at viii and comble	te the following t	able:		
C	Beginning balance			1		nount
ď	Additions during the year			10		
	Distributions during the year			16		· · · · · · · · · · · · · · · · · · ·
ť	Ending balance					
28	Old the organization include an amoun	t on Form 990. Pe	ct X. line 212	· · · · <u> </u>		✓ Yes 🗆 No
b	If "Yes," expiain the arrangement in Pa	rt XIII. Check here	If the explanation	π has been provid	ed in Part VIII	🗹
Par	t V Endowment Funds.	***	TO ORPHICAL	i nas boon provid	CO III FAIL ANI .	<u> </u>
	Complete if the organization	answered "Yes"	to Form 990. F	art IV. line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	290,775	263,125		238,981	218,828
b	Contributions				200,00	210,020
¢	Net investment earnings, gains, and losses	19,632	29,864	(14,815)	43.048	22,113
ď						
e	Other expenditures for facilities and programs			'		,
f	Administrative expenses	(2,412)	(2,214)	(2,055)	(2.014)	(1,980)
g	End of year balance	307,995	290,775	263.125	279,995	
2	Provide the estimated percentage of the	e current year enc	l balance (line 1g	, column (a)) heid :	38:	
a	Board designated or quasi-endowment	t <b>-</b> 0	%	, ,,,		
b		00%	•			
C	Temporarily restricted endowment >	0%				
_	The percentages in lines 2a, 2b, and 2d	should equal 100	<b>)%</b> .			
3a	Are there endowment funds not in the	possession of the	organization the	at are heid and ad	ministered for the	
	organization by:					Yes No
	(i) unrelated organizations					350 /

	ty				. [38(f)] /			
	(II) related organizations				. 3a(ii) ✓			
þ	If "Yes" to 3a(li), are the related organization	ns listed as required o	on Schedule R2		. 3b			
4	Describe in Part XIII the intended uses of the	e organization's endo	ownent funds.		. [30]			
Pari	Part VI Land, Buildings, and Equipment.							
	Complete if the organization ans		n 990, Part IV, line	11a. See Form 990	), Part X, line 10.			
	Description of property		(b) Cost or other basis (other)	(o) Accumulated depreciation	(d) Book value			
1a	Land		92,350		92,35			
b	Buildings		1,089,186		530,86			
C	Leasehold improvements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(000,020)	330,00			
d	Equipment		336,933	(287,078)	49,85			
8	Other			(207,070)				
Total,	Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part )	K. calumn (B), line 10	)(c).)	673.06			

Part VII	Investments—Other Securities. Complete if the organization answ	ered "Yes" to For	m 990. Part IV. lir	e 11b. See Form	1990. Part X. line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	othod of valuation:
(1) Financial	derivatives				
	eld equity interests			-	
(a) (b)			111		
IA)					111
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (t	) must equal Form 990, Part X, col. (B) line 12.) 🕨		<u> </u>		
Part VIII	Investments—Program Related Complete if the organization answ		m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13
	(a) Description of investment	110	(b) Book value	(c) Me	sthod of valuation: 1-of-year market value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)	- 1.0 - 110				
(7)				.  <u></u>	,
(9)				<u> </u>	
	must equal Form 990, Part X, col. (B) line 13.)			Na Paragraphia (na matana)	i gadalan jayan "ili ya sa tambakan garangan ya
Part IX	Other Assets.			territoria della 1999 della 1999	
	Complete if the organization answ	ered "Yes" to For	m 990 Part IV lin	e 11d. See Form	990 Part V line 15
	(a)	Description	11 000, 1 45110, 111	<u> </u>	(b) Book value
(1)	····				,-,
(2)					
(3)					
(4)		11.18	11.11		
(5)			'		
(6)					
_(7)			<u> </u>	•	-
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col	. (B) line 15.)		· · · · · ·	
Part X	Other Liabilities. Complete if the organization answ line 25.	ered "Yes" to Forr	n 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of flability	(b) Book value	(ED) - (1) - (1) - (1) - (1)	ell na wet Klijste yn	
(1) Federal ind					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					1 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
(8)			Control of		7. V- 1
(9)					
	must equal Form 990, Part X, col. (B) line 25.) 📂			By which are 12	
2. Liability for organization's	uncertain tax positions. In Part XIII, provid- liability for uncertain tax positions under F	e the text of the footno IN 48 (ASC 740). Che	ote to the organization ok here if the text of t	n's financial stateme he footnote has bee	ents that reports the an provided in Part XIII

Schedul	D (Form 980) 201	3								Page 4
Part		ciliation of Re ete if the organ							Return.	. ago
1		gains, and other						^*	4	2,927,280
2		ided on line 1 but				•				2,827,200
a		gains on investr				2a		71,429		
b		ces and use of fa				26		68,013		
c		prior year grants				2c		90,013		
ď		e in Part XIII.) .				2d		26,338		
-		hrough 2d						20,330	2ө	165,780
3		te from line 1 .				• •			3	2,761,500
4		ided on Form 990				i i	·			2,701,000
а		penses not inclu				4a		6,936		
ь		e in Part XIII.) .				4b		394,396	Carry Carry	
_	Add lines 4a a	nd 4b				7.0		384,380	4c	401,332
5	Total revenue.	Add lines 3 and	4c. (This mus	t equal Form 99	0. Part I. line	12.)			5	3,162,832
Part	XII Recon	ciliation of Ex	penses per	Audited Finan	cial Staten	ents	With Fx	nenses ne		3,102,034
		ete if the organ							7 1104411	•
1		s and losses per							1	2,681,086
2	•	ided on line 1 bu				•		• • •		2,001,000
a		ces and use of fa		000,1010,110		2a		68.013		
b		stments				2b		66,013		
č						2c				
ď		e in Part XIII.)				2d		28,338		
ě		hrough 2d						40,338	2e	04.054
3		Re from line 1 .				• •			3	94,351
4		ided on Form 99				i i	· · · ·		3	2,586,738
а		penses not inclu				4a		0.000		
b		e in Part XIII.) .				4b		6,936 394,396		
		and 4b								404 224
5	Total expense	s. Add iines 3 an	d <b>4c</b> . (This mu	ist equal Form 9	90 Part Liin	- 18 ì			4c	401,332
Part		mental Inform		ioi oquai i omi o	00,7 (2)(1,117		<del></del>	<i>,</i> , ,	<u> </u>	2,988,067
		ons required for I		5 and 9 Part II	Llines 1e en	d 4- De	art IV lines	a 1b and 2b	· Dart V Ii	no 4: Dart V. line
2: Part	XI. lines 2d an	d 4b; and Part X	ll ilnes 2d and	idh Also comn	lete this nort	to one	uide env s	edditional in	ran v, n	ne 4, Fart A, Illie
		ion maintains cus								
AIL IV	- me organizac	ion maintains cus	tody of tees re	miccea by membi	FS OF OWADA	Conice	d way Age	ency Directo	rs Associa	ition) as
annual	duae to cover t	he costs of maint	sining the Acc	seistion lectudin		, 	rofonsional	l davelanes	<i></i>	
3111111111	ones to cover f	ne costs of maint	aming the Asso	ociation, includin	g costs relate	a to pr	Olessiona	developme	nt or the m	iempersnip, as
-/AU A+	aacta of monetim			!_		·	!!!			
Nen 45	costs of meetir	igs. In addition, t	ne organization	i maintains custo	ay or runas i	or seve	erai iocai p	rograms the	t are held	in partnership
اهم مقالم										
with of	er iocai civic g	roups to meet co	mmon goals.						~~~~~~~	
3 VI	<b>20 5</b>									
art XI,	ZD Expenses o	f annual Passpor	t to Unite, \$26,	338 are netted ag	ainst Fundrai	sing E	vent reven	ues on the t	ax return.	
5 VI	4D D11-		<b>.</b>							
art XI,	4B, Designatio	ns to outside age	ncies are nette	d against campai	gn revenue o	n the f	inancial st	atements (\$:	181,051), a	s are investment
	. A Aban nan									
xpens	9 1005 (\$13,345)	, totaling (\$394,39	<del>36).</del>		***************************************					
Dare VIII	20 E	of a amount from the	44-11-2-400	220 Aug massad	almar Francisco	1_1	<b></b>			
art XII	zo expenses o	of annual Passpor	n to Unite, \$26,	as are netted a	jainst Fundra	ising E	vent reven	ues on the t	ax return.	
3-rt V**	4D Danie	mata cutal			lan annon		Marana di Sala	**	***	
art XII	45, Designatio	ons to outside age	encies are nette	o against campa	ign revenue o	on the i	inancial st	atements (\$	381,051), 8	s are investment
·	/*** * * * * * * * * * * * * * * *									
xpens	e rees (\$13,345)	, totaling (\$394,39	16).							

Schedule D (For	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE G (Farm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6s.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1546-0047

Employer identification number

United Way of Escambia County 59-0651076 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants ☑ Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes 🗹 No b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser jisted in (iii) Did fundraleer have custody or control of contributions? (vI) Amount paid to (or retained by) organization (i) Name and eddress of individual (iv) Gross receipts from activity (II) Activity or entity (fundralser) Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Ρ	art II	than \$15,000 of fundralsis	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1	a 18, or reported more and 6b. List events with
_		gross receipts greater tha	(a) Event #1 Passport to Unite	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ds			(event type)	(event type)	(total number)	col, (c))
Ravenue	1	Gross receipts	27,375			27,375
_	2 3	Less: Contributions Gross income (line 1 minus				
_	┢	line 2) , , ,	27,375			27,375
	4	Cash prizes				
Direct Expenses	5	Noncash prizes	1,351			1,351
	6	Rent/facility costs , , .	1,383			1,383
EXO SE	7	Food and beverages	11,647			11,647
Öğ	8	Entertainment				
	9	Other direct expenses .	11,957			11,957
	10 11	Direct expense summary. Ac Net income summary. Subtra	act fine 10 from line 3, c	olumn (d)	<b>&gt;</b>	26,338 1,037
Ρ.	rt III		organization answer	red "Yes" to Form 99	0, Part IV, line 19, or	reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes%	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d) ,		
	8	Net gaming income summary	. Subtract line 7 from li	ne 1, column (d)	<u> </u>	
8		nter the state(s) in which the or				u u z
		the organization licensed to or "No," explain:	perate gaming activities			Yes No
	****			***************************************		
10		ere any of the organization's g "Yes," explain:	aming !lcenses revoked	, suspended or termina	ated during the tax year	? . 🔲 Yes 🗌 No

onadu	ale G (Form 890 or 990-52) 2013 Page 3
11 12	Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
13	Indicate the percentage of gaming activity operated in:
8	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name >
	Address >
15a	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ lif "Yes," enter name and address of the third party:
	Name >
	Address >
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
Ъ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered Yes\* to Form 890, Part IV, line 21 or 22.

▶ Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/forms90.

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OMB No. 1545-0047

Employer Identification number 59-0651076

United Way of Escambia County							59-0651076
Series General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	ir the grants or assist	ance, and
	award the grants	or assistance?					· · · · · · · · · · · · · · · · · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	lization's procedur	es for monitoring	the use of grant fur	nds in the United	States.		1
Part   Grants and Other Assistance to Governm	ssistance to Go	vernments and	Organizations	n the United St	ates. Complete if	the organization a	nents and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that receiv	ny recipient that	received more th	an \$5,000. Part	II can be duplic	ed more than \$5,000. Part II can be duplicated if additional space is needed.	pace is needed.	:
1 (a) Name and address of organization or government	2 2	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Salvation Army, PO Box 18569,							
Pensacola, FL. 32523	58-0660607	501(c)3	\$148,723.33				Designation/Allocation
(2) ARC Gateway, 3932 N 10th Ave							
Pensacola, FL 32503	59-1940528	501(c)3	\$119,836,81				Designation/Allocation
(3) Council on Aging of W. FL., PO							
Box 17066, Pensacola, FL 32522	59-1373939	501(c)3	\$90,609.10				Designation/Allocation
(4) Early Learning Coalition, 3300 N							
PaceBlvd Sts210, Pensacola, FL32506	59-3683222	501(c)3	\$76,100.38		•		Designation/Allocation
(5) YMCA OF NW FL, 415B N							
Tarragona St., Pensacola, Fl. 32501	59-0624465	501(c)3	\$68,589,68				Designation/Allocation
(6) Manna Food Bank, 116 E							
Gonzalez St., Pensacola, Fl. 32501	59-2181031	501(c)3	\$56,186,59				Designation/Abocation
(7) BigBrosBigSisters of NWFL, 1149							
CreightonRd Ste1, PensacolaFL 32504	59-2996893	501(c)3	\$64,798,12				Designation/Allocation
(8) Capstone Adaptive Learning.							
2912 N. E. St, Pensacola, FL 32501	59-0737912	501(c)3	\$58,119.74				Designation/Allocation
(9) Catholic Charities NWFL, 1000 W							
Garden St, Pensacola, Ft. 32502	59-3213844	501(c)3	\$57,482,44		•		Designation/Allocation
(10) United Way of Santa Rosa Cty,							
PO Box 284, Milton, FL 32572	59-6142612	501(c)3	\$51,178,61				Designations
(11) Lutheran Svcs of NWFL, 4610 W							
Fairfield Dr. Pensacola, FL 32506	59-2198911	501(c)3	\$35,886.67				Designation/Allocation
[12] Favorhouse of NW FL, 2001 W							
Blount St, Pensacola, FL 32501	59-2075120	501(c)3	\$34,573,29				Designation/Allocation
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gow	emment organizat	ions listed in the lir	ne 1 table , , ,			12
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table					<b>A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instructions	for Form 990.		Č	Cat No Endeste		Salvat de 1 Mai - com impros

SCHEDULE (Form 990) Inited Way of Escambia County

Department of the Treasury Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

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Open to Public Inspection OMB No. 1545-0047 2013

Employer Identification number

59-0651076

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 990) (2013) **£** □ **Designation/Allocation** Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation (h) Purpose of grant or essistance Designation/Altocation Designation/Allocation 12 Z Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed . (d) Amount of cash (e) Amount of non- (i) Method of valuation grant cash assistance (Dook, FMV, appraisa), other) . Cat. No. 60055P . . . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \$34,378.28 \$31,164,10 \$32,155,57 \$27,148.73 \$24,663.83 \$26,179,27 \$21,998.05 \$18,681.15 \$19,540,37 \$17,038.74 \$16,568.56 \$15,605.71 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)3 501(c)3 501(c)3 501(c)3 50f(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 59-3520130 59-0637808 20-5966578 59-2414492 59-0192430 59-2865996 59-1390241 20-4815891 59-3051944 26-4336638 59-3597194 63-0821997 (5) Chain Reaction, 1301 E Gadsden Chemstrand Rd, Pensacola, FL 32514 (4) B.R.A.C.E., 1301 W.Government 1 (a) Name and address of organization Gulf Coast Kids House, 3401 N (6) Pace Ctr for Girls, 1201 College (10) New Beginnings Group Inc, 820 (1) Arrier, Red Cross NWFL, 222 N (12) United Ministries of Pensacola, [7] Childrens Home Soc of FL, PO 2578 E Lee St, Pensacola, FL 32513 (3) Boys&Girls Club, 923 Denton Bivd NW, Ft Walton Beh, FL 32547 Muldoon Rd, Pensacola, Ft. 32526 Gerhardt Dr., Pensacola, Fl. 32503 Baylen St., Pensacola, FL 32502 Box 19136, Pensacola, FL 32523 (9) Health & Hope Clinic, 9999 (11) Bay Area Food Bank, 5709 ndustrial Blvd, Milton, FL 32583 12th Ave, Pensacola, Ft. 32503 (8) AMIKIds Pensacola, 3685 Blvd, Pensacola, FL 32504 Or government St. Pensacola, Fl. 32501 St. Pensacola, Fl. 32501 Part II

SCHEDULE (Form 990) Inited Way of Escambia County

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection 2013

59-0651076

OMB No. 1545-0047

Employer identification number ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Š U Designation/Allocation Designation/Allocation **Designation/Allocation** Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation Designation/Allocation (h) Purpose of grant or assistance **Designation/Allocation** Designation/Allocation ✓ Yes Designations Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash \$14,598.35 \$12,897.25 \$9,783.44 \$8,750.44 \$10,304.31 \$8,585.46 \$8,476,75 \$7,965.45 \$7,475.85 \$6,119.98 \$7,119.41 \$6,858.77 50 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 501(c)3 59-0192265 11-3643957 59-3454711 20-1199276 59-0737872 59-2715995 59.1817996 59-2208300 59-3297510 59-0972293 26-4125098 51-0197090 (C) (2) Baptist Health Care Foth, 1000 W 112 Tupelo Ave, Ft. Walton Bch 32548 (11) independence for the Blind, 3107 (8) United Way of Okaloosa/Walton (9) Soc of St Vincent De Paul, 2200 (10) Covenant Hospice, 5041 N. 12th 1 (a) Name and address of organization Moreno Ste409, Pensacola FL 32501 Lakeview Ave, Pensacola, FL 32501 W. De Soto St, Pensacola, FL 32505 (7) NW FL Legal Svcs, 701 S J St. 12) Legal Svcs of North FL, 118 S (3) Mflk & Honey Outreach, 31 E. Hibiscus Rd, Pensacola, FL 32504 (5) Lakeview Center Inc., 1221 W (6) Esc. Cty Public Schools Fdtn, N Davis Hury, Pensacola, FL 32503 30 Texar Dr. Pensacola, FL 32503 (1) Autism Pensacola, PO Box Wright St, Pensacola, Ft. 32501 Baylen St. Pensacola, FL 32502 (4) Seastars Aquatics, 5425 30213, Pensacola, FL 32503 Ave, Pensacola, FL 32504 Pensacota, FL 32501 Part II Part |

Schedule I (Form 990) (2013)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE 1 (Form 990) United Way of Escambia County

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22,

1890.
► Attach to Form

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Employer identification number

▶ Information about Schedule I (Form 990) and its instructions is at www.ins.gov/form990.

United Way of Escambia County  Part 1 General Information on Grants and Assistance	o on Grants and	Aesietanoe					59-0651076	
1 Does the proportion moint	while the course to share	tropies the second	the contract of the	t the constitution	To all diale land advantage			8
the selection offens used to award the crants or assistance?	award the orants	stantiale (ne allio). Or assistance?		assistance, une g	jrantees engionny n	of the grants of assistance	39, ema 30, ver	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring	the use of grant fu	nds in the United	States.			2
Part   Grants and Other A.	ssistance to Go	vernments and	Organizations	in the United St	tates. Complete i	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the granization answered "Yes" to Form 990.	vered "Yes" to F	066 mo
Part IV, line 21, for any recipient that recei	ny recipient that	received more th	tan \$5,000. Part	Il can be duplic	wed more than \$5,000. Part II can be duplicated if additional space is needed.	space is needed.		
f [is] Name and address of organization or government	NE (q)	(c) IRC section F applicable	(d) Amount of cash grant	(e) Amount of non- cush assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(fi) Purpose of grant or assistance	grant
(1) Boy Scouts GulfCoast Council	60 000 000	204 (-).00	1 1				,	
(2) Learn to Seed of WW El 1721 W	L	20110	17'908'00				Designations	
FairfieldDrSte315 PensacolaFL 32501	59-2974077	5D1(c)3	\$5,794,35				Designation/Allocation	abjon
(3) Panhandle Youth Asst Pgm 4150								
Cedar Springs Rd, Molino, FL 32577	59-3490012	501(c)3	\$5,382,53				Designation/Allocation	ation
( <del>4)</del>						•		
(5)								
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<u>(n</u>								
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त्र								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	anment organizat	ions listed in the li	ne 1 table			\$ .	
S Citica (otal fivility) of the Ogarizations issed in the line I table	Againzanous iisteo	in the line i table					•	
FOR PAPERMONN REQUIDED ACT NOTICE, See the INSTITUTIONS TON	See the instructions	Tor rom 950.		3	Cet. No. 50065P		Schedule   Form 990) (2013)	1 990) (2013)

Schedule | (Form 990) (2013)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.	ividuals in the U	Inited States, Com I.	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Flood I	1 Flood relief assistance, Escambia County residents	39	16,253			
2						
3						
4						
ъ						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	equired in Part I, line	2, Part III, column	(b), and any other addition	onal information.
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				7828 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9		
						Schedule I (Form 960) (2013)

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number

	Way of Escambia County				59-0651076
Part	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art , ,			<u> </u>	
2	Art-Historical treasures	<u></u>			
3	Art-Fractional interests		""		
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles , , .				
7	Boats and planes			"-"	
8	Intellectual property				
9	Securities—Publicly traded	<b>/</b>	2	\$7,536	FMV, publicly traded
10	Securities—Closely held stock .				
11	Securities Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures		"		
14	Qualified conservation contribution—Other				
15	Real estate—Residential	<b></b>			· · · · · · · · · · · · · · · · · · ·
16	Real estate—Commercial		·· <del>-</del>	<u> </u>	<u> </u>
17	Real estate—Other			,	
18	Collectibles				
19	Food inventory				
20	Oruge and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens	·····			
24	Archeological artifacts				
25	Other ► ( Comp Equipment )	<b></b> ✓	5	920 703	Provided by donor
26	Other > (Food )	7	14		Provided by donor
27	Other ► (Office Supplies )	1	, 9		Provided by donor
28	Other ► ( Furniture, Other )	<b>✓</b>	14	\$10.569	Provided by donor
29	Number of Forms 8283 received	by the org	janization during the tax y	ear for contributions for	
	which the organization completed	Form 8283	3, Part IV, Donee Acknowled	dgement	29 \$50,963
					Yes No
30a		ion receive	by contribution any proper	ty reported in Part I, lines	1 - 28, that
	it must hold for at least three year	rs from the	date of the initial contribu	tion, and which is not rec	uired to be
	used for exempt purposes for the		ing period?		- · · 30a ✓
	If "Yes," describe the arrangemen				
31	Does the organization have a	gift accep	tance policy that require	s the review of any no	on-standard
	contributions?				31 🗸
32a		third part	les or related organizations	s to solicit, process, or s	eil noncash
					328 /
	If "Yes," describe in Part II.				
33	If the organization did not report as describe in Part II.	n amount in	column (c) for a type of pro	perty for which column (a)	ls checked,

	Form 990) (2013)
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received.
	or a combination of both. Also complete this part for any additional information.
Part I, Type	s of Property - column B, the count is based on the number of donors, not on items received.
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#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

20**13** 

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

United Way of Escambia County	59-0651076
Part III, 4D - Other program expenses, United Way provides additional support to local agencies in the	form of infrastructure support.
Included in this additional support is the local Emergency, Food, and Shelter program administered by	United Way. This program disburses
about \$130,000 annually of federal funds to local agencies in support of individuals needing assistance	United Way also provides training
seminars through its Non Profit Training series to local non profits, which cover non profit governance	, budgeting, planning, marketing, and
outreach, as well as fundraising. United Way also manages a Loaned Executive program that provides	local volunteers with knowledge of
local non-profits and how non-profits operate in general, with the goal of giving local executives the si	tills necessary to serve on the Boards
of local agencies. United Way has also taken on additional volunteer roles, with the management of lo	cal Retired Senior Volunteer Program
(RSVP) in Escambia County as well as providing additional support to local agencies through general	volunteer recruitment and placement.
Part VI, Section B, 11B - A draft of the complete form 990 is sent to all Board members prior to submis-	sion. All Board members are asked to
review the document and direct any questions to the organization's Chief Financial Officer.	
Part VI, Section B, 12C - All Board members are required to disclose annually any potential conflicts of	interest in a written disclosure
document. The primary potential for conflict of interest exists in the decisions to award grant funds to	recipient agencles, of which, some
Board members may also serve. Any Board member with a potential conflict in these situations is ask	ed to disclose their role on the
recipient agency, and the Board has the authority to recuse such Board members from participating in	the decisions regarding grants to
these agencies.	***************************************
Part VI, Section B, 15C - The CEO's salary is reviewed and approved by the Board of Directors annually	. The salary is compared to similar
non-profits locally for reasonableness. The CFO's salary is approved by teh CEO and executive comm	ittee as part of the annual budgeting
process. In addition, the Board includes a human resources committee that reviews staff salary levels	for all positions.
Part VI, Section C, 19 - The organization posts its most recently completed audited financial statements	
for public review. In addition, the 990 is available on Guidestar.org and the organization is listed as a E	
Better Business Bureau's Wise Giving Alliance. Governing documents are also available upon request	**************************************

Name of the organization Employer identification no	mber
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United Way of Escambia County 59-0651076	<u> </u>
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Part XI, Line 9 - Other changes to net assets	
Donated services expensed per GAAP on financials, not on Form 990 (\$68,013)	
Investment expenses netted against revenue on financials, not on Form 990 (\$ 6,928)	
Total other changes in net assets (\$74,941)	
Total other changes in net assets (\$74,941)	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

United Way of Escambia County

Part !

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Information about Schedule R (F) ► Attach to For

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33.

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Open to Public

OMB No. 1545-0047 2013 Inspection Employer dentification number

59-0651076

Section 5/2(b)(13) controlled entity? Schedule R (Form 990) 2013 \$625,573 UW Escambia Cty (1) Direct controlling entity Yes No Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Direct confrolling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) \$27,698 (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) Cat. No. 60135Y Florida (c) Legal domicile (state or foreign country) (b) Primary activity Fundraising (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (1) United Way of Escambia County Foundation, LLC (a) Name, address, and EIN of related organization 1301 W. Government Street, Pensacola, FL, 32502 Part II Ø 5 € ন্ত 2 ₹ Ð 9 ø 뒥 2 ε

Section 5/2(b)(13) controlled entity? (k) Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes General or General or memoging partner? Yes (h) Percentage ownership (i) Code V—UBI sencurk in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h) Disproportionata alocatoris? No (f) Share of total Income Xes. (g) Share of end-ofyear asserts Type of entity (Coops, Soops, or must) (f) Share of total (d) | Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (state or foreign country) (d) (d) entity (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a)
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Schedule R (Form 990) 2013

Schedule R (Form 980) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. C	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?	more related organ	izations listed in Part	s IHV?	
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	Gift, grant, or capital contribution from related organization(s)				10
2	Loans or loan guarantees to or for related organization(s)				14
e P	Loans or loan guarantees by related organization(s)			•	- F
á ►	Dividends from related organization(s)			•	#
SS G	Sale of assets to related organization(s)				10
r Pu	Purchase of assets from related organization(s)				7
	Exchange of assets with related organization(s)		•	• • •	÷
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x E	Lease of facilities, equipment, or other assets from related ornanization(s)				11
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part Vi Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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# 2014/15 HSAC Funded Program Results

# 2014/15 Leveraged Funds

#### Totals

5 Agençies, 6 Programs

Human Services Appropriations Committee Funds Used for Local Match: \$41,400

State & Federal Funds Leveraged: \$168,912

Average Ratio: \$4,08:1

#### 1. Agency: BRACE - Be Ready Alliance Coordinating for Emergencies

Program: Heritage Oaks

Funding Source: Corporation for National & Community Service

HSAC Funds Used for Match: \$3,000

Funds Leveraged from HSAC Funds: \$6,000

Ratio: \$2:1

#### 2. Agency: Council on Aging of NW Florida

Program: Meals on Wheels

Funding Source: Community Care for the Elderly (state), Older American's Act (federal)

HSAC Funds Used for Match: \$24,500

Funds Leveraged from HSAC Funds: \$220,500

Ratio: \$9:1

#### 3. Agency: Favorhouse of Northwest Florida

Program: Domestic Violence Shelter Program
Funding Source: Domestic Violence Trust Fund

HSAC Funds Used for Match: \$6,025

Funds Leveraged from HSAC Funds: \$18,075

Ratio: \$3:1

# 4. Agency: Legal Services of North Florida

Program: Veterans Legal Assistance

Funding Source: Victims of Crime Act (VOCA), Low Income Tax Clinic (LITC)

HSAC Funds Used for Match: \$1,875

Funds Leveraged from HSAC Funds: \$6,093

Ratio: \$3.25:1

# 5. Agency: Legal Services of North Florida

Program: Independence for Dependent and Homeless Youth

Funding Source: VOCA (Victims of Crime Act), Low Income Tax Clinic (LITC)

HSAC Funds Used for Match: \$3,000

Funds Leveraged from HSAC Funds: \$9,750

Ratio: \$3.25:1

# 6. Agency: Northwest Florida Legal Services

Program: Domestic Violence Program

Funding Source: VOCA (Victims of Crime Act)

HSAC Funds Used for Match: \$3,000

Funds Leveraged from HSAC Funds: \$12,000

Ratio: \$4:1

\*Please note that there are 10 other programs in this year's recommendation report that do not have matching funding available for the recommended HSAC funding.





# HUMAN SERVICES APPROPRIATIONS COMMITTEE 2014/2015 Funding Recommendations

To:

**Escambia Board of County Commissioners** 

From:

Human Services Appropriations Committee

John Floyd, Chair

Date:

May 19, 2015

Subject:

2014/2015 Funding Recommendations

The Human Services Appropriations Committee, acting in a consulting role, provides recommendations for funding to local health and human service organizations through general revenue tax dollars.

The Committee ensures that the goals and objectives of the Human Services Appropriations Committee funding process are in line with those of the Escambia Board of County Commissioners.

The coordination of applications and oral presentations by United Way of Escambia County, takes place from January-May. The partner agencies applying for funding from the Human Services Appropriations Committee are required to submit an application that has the designated HSAC related application questions, as well as a program budget. Additionally, applying programs are required to provide an oral presentation on their proposal to the Human Services Appropriations Committee. The funding schedule for the Human Services Appropriations Committee was changed three years ago to run parallel with the United Way's Funds Distribution Process. This change was able to create efficiencies in United Way's staff and volunteer efforts to facilitate this process. This year, Oral Presentations for the proposed programs were held over three days (April 7<sup>th</sup>, 8<sup>th</sup>, &14<sup>th</sup>) at the United Way of Escambia County facility. This increased the efficiency and lowered costs associated with travel required by Committee members and United Way staff.

HSAC recommendations will be reviewed by the Board of County Commissioners in June. Pending approval, one annual payment for the recommended annual funding that is endorsed by the commission, will be paid to recipient organizations in July.

The Committee evaluates all requesting programs based on the following criteria:

## Funding Rationale and Criteria:

- Impact on and relationship to Escambia County government service expenditures.
- Impact on Essential Services provided by Escambia County.
- Uitimate benefit to the community as a whole.
- Measured effectiveness and results of applicant programs.
- Other sources and/or opportunities for funding of the requesting program.
- Urgency of service relative to current community condition and total amount of funds available.

#### Emphasis for 2014/2015:

- Detailed explanation by requesting programs regarding how the program, directly or indirectly, supports, impacts and/or reduces Escambia County government functional expenses.
- Detailed explanation of how previous year's funding (if program was funded) was used, and how
  proposed funding will be utilized to maximize the benefit to the programs' clients and the community.
- In an effort to fully maximize our local governments' general revenue impact and reach, priority will be
  placed with programs using Human Services Appropriations Committee funding as a local match for
  State and Federal dollars.
- Explanation of how the proposed program will address, impact, and/or reduce long term, chronic poverty.

# 2014/15 Process:

- Any organization meeting basic accountability standards for certification was eligible to apply.
   There is no expense levied against the agency applying for certification.
- A legal notice of availability was placed with the Pensacola News Journal and appeared January 8, 2015.
- 16 programs at local non-profit agencies submitted written requests totaling \$128,800. The county had approved an allocation of \$90,750 that is available for distribution to selected programs.
- All applying programs made oral presentations to the committee. Committee deliberations were held May 5, 2015.
- Sixteen (16) programs are recommended for funding. Individual recommendations are attached
  in parrative and spread sheet form.

## **Participating Committee Members:**

John Floyd, Chair, United Way Board
Danny Lewis, City Appointee
Valerie Jones, Escambia County Staff
Terry Brotherton, Escambia County Appointee
Lusharon Wiley, United Way Volunteer
Bob McLaughlin, United Way Volunteer
Mary Ellen Spears, United Way Volunteer
Marlena Lewis, United Way Staff





# **HUMAN SERVICES APPROPRIATIONS COMMITTEE**

# 2014/15 Recommendations:

Program: Pearl Nelson Child Development Center

Responsible Agency: ARC Gateway

25 word description: The program provides developmental instruction and pediatric therapy services (speech, physical, occupational) for children and adolescents with developmental delays or disabilities.

What the funds will be used for: Funds will be used to support the direct service needs of children and adolescents with developmental delays or specific diagnosed disabilities.

Direct Services Provided	Outputs	Results
	Speech therapy will demonstrate improvements in their ability to communicate with others while also having an improved understanding of what others are communicating to them.	
Provide pediatric speech, physical, and/or occupational therapy sessions for children with developmental delays or disabilities as prescribed by their doctor.	Physical therapy will improve a child's quality of movement and ability to move more independently in various environments and on a variety of surfaces.	At least 80% of the children will meet 60% of the short term goals on their individual treatment plan during each review period
	Occupational therapy will promote a child's upper body strength, fine motor skills, two-handed coordination, and self help skills including oral motor control necessary for eating.	
Provide Developmental Instruction sessions by certified Infant Toddler Developmental Specialists to approximately 70 children & their caregivers weekly.	,	As a result of this program activity, upon discharge, 85% of children served will be able to demonstrate a 5% gain in percentile ratings on standardized assessment tools.
<u>Funding Recomm</u>	<u>endation:</u>	

# County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$12,645 \$12,645

2014/15 Funding Recommendation:

\$12,645

- The Committee feels that this is an excellent program, which provides outstanding services to clients and provides prevention services that benefit the entire community.
- Early intervention and this program in particular do a great deal for reducing long-term need for specialized services for clients.
- The Committee noted that their oral presentation was well presented.

Program: Great Futures Start Here Responsible Agency: Boys & Girls Club

<u>25 word description:</u> Intent based, outcome driven youth development programs focused on academic success, defined as on time grade progression, and graduation with a plan for the future.

What the funds will be used for: Funds requested will support the following expenses associated with the cost of providing services as listed on program budget:

Programs/Curriculum, Special Events, Field Trips, Awards/Recognition, Transportation, Supplies, Salary/Wages Benefits, Taxes, Professional Development, Insurance, and Facilities.

Direct Services Provided	Outputs	Results
Power Hour: Making Minutes Count	Conducting an outcome driven program that focuses on homework completion, providing supplemental learning opportunities, and individualized assistance in specific areas of challenge.	Expected results include: Increase in grades/grade point averages Members demonstrate skills necessary for, and are prepared for subsequent grade levels Members achieve on time grade progression and graduate on time Members demonstrate improved attitudes towards learning
Project Leam	Homework help for Club members five to six hours weekly, in conjunction with Power Hour Individual or small-group tutoring to help youth gain proficiency and to excel in needed subject areas	Members demonstrate benefits of self directed learning.
Money Matters	To educate teens, ages 13 to 18, on critical aspects of financial literacy, including managing a checking account, budgeting, saving, avoiding debt, investing and paying for college	Expected results include: Youth develop financial goals Youth develop a plan for college Youth learn about short term and long term Investing Youth learn about entrepreneurship and participate in business plan development project
Diplomas 2 Degrees	Tier 1: Basic Level involves implementing the Recipe for Success workshops with Club members and parents/ caregivers.  Tier 2: Intermediate Level involves conducting the workshops and implementing program sessions over the course of the school year.	Expected results include: Youth are orientated to and start college planning and preparation Youth demonstrate understanding of criteria for college acceptance Youth participate in career exploration activities Youth develop goals for their post graduation future Youth demonstrate increased knowledge of post
Funding Recommends	Tier 3: Advanced Level involves conducting workshops, implementing program sessions, and complementing the program through enhancement strategles.	secondary education and financial aid applications Youth demonstrate increased interest in attending Institution of higher education

#### <u>Funding Recommendation:</u>

### County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding:

\$4,750 \$3,500

2014/15 Funding Recommendation: \$2,366

- The committee feels that this program provides a valuable service to children in a specific geographic and socio-economic area(Englewood Community) in Escambia County.
- The Human Services Appropriation Committee members do like the intent of the program (keeping youths off of the street with intent of, reducing contact with the juvenite justice system).

# Program: Heritage Oaks Wrap Around Service.

Responsible Agency: Be Ready Alliance Coordinating for Emergencies

<u>25 word description:</u> The Program provides housing and wrap around services to individuals and families with extremely low to low household income to avoid homelessness.

What the funds will be used for: Funding will be used to place an AmeriCorps Member at Heritage Oaks to coordinate wrap around services for clients. The AmeriCorps Member will coordinate efforts with community partners to provide clients with information, training and services that will enhance financial literacy and improve their ability to maintain stable housing.

Direct Services Provided	Outputs	Results
Provide "wrap around" services, Including housing to low income clients at Heritage Oaks.	in order to meet the goal an AmeriCorps Member will coordinate with partners throughout our community to provide services that will enhance financial stability and increase the number of clients able to sustain stable housing by providing access to educational resources, enhancing employability and improve earning potential.	Based on client performance using the measurement tools described above we expect 50% of clients to maintain stable housing.
Provide stable housing for low income clients at Heritage Oaks.	The Program will ensure that household income is assessed and that future earning can be reasonably predicted. Rental rates will be set based on what will be affordable based on household income and composition that HUD considers the best test of sustainability.	We anticipate that 50% of the clients in the Program will be able to maintain stable housing.

## Funding Recommendation:

(2 Years Ago) **2012/13 Funding**: \$0

(Last Year) 2013/14 Funding: \$1,125

2014/15 Funding Recommendation: \$3,000

- The Committee noted that BRACE Heritage Oaks is a good program that collaborates with other agencies such as Catholic Charities, FEMA, City of Pensacola, and more.
- It was noted by the committee that Heritage Oaks program has a 2:1 match through the Corporation for National & Community Service.

Program: Disaster Services

Responsible Agency: American Red Cross

<u>25 word description:</u> Disaster Services/Local Response provides for the basic disaster-caused emergency needs such as food, shelter, and clothing to local disaster victims in Escambia County

What the funds will be used for: The proposed funding would be used again this year to meet the immediate disaster-caused needs of clients in Escambia County who have been victims of disaster. The program is based on providing immediate food, clothing, shelter, medical assistance, and a framework to enable clients to begin their own recovery from a disaster.

#### **Direct Services Provided**

#### Outputs

#### Results

Disaster Services-Red Cross personnel provide comfort to victims of fire, flood, tornadoes, hurricanes and other types of disasters. Goods and services such as food, clothing and shelter are provided. Red Cross volunteers are recruited and trained to respond and meet the Immediate disaster-caused needs of victims.

150 projected families will be assisted by single-family disaster response. Recruit and train 50 volunteers to maintain the service delivery required to local disasters when requested

100% of families requiring and requesting emergency disaster assistance will be responded to by the American Red Cross of Northwest Florida. 100% volunteer readiness to respond to a family disaster in Escambia County.

#### Funding Recommendation:

County

(2 Years Ago) **2012/13 Funding**:

\$ 2,450

(Last Year) 2013/14 Funding:

Did not Apply

2014/15 Funding Recommendation:

\$4,125

- They provide emergency assistance that would otherwise burden the county
- This program is clearly impactful and responsive to the community need.

# Program: Council on Aging of West Florida Programs.

Responsible Agency: Council On Aging

<u>25 word description:</u> Nutritionally balanced meals are delivered to homebound functionally impaired adults age 60+ who are unable to obtain or purchase meals on their own.

What the funds will be used for: Funds will be used to provide nutritionally balanced emergency meals directly to homebound functionally impaired older adults who are unable to prepare/obtain meals on their own. Additionally, funds will be used to support other programs requiring match under CCE, OAA and CNCS including but not limited to: senior dining (formerly congregate meals), adult day care, facility-based respite, transportation, in-home services (companionship, homemaker, personal care, respite, chore, etc.), case management, Foster Grandparents, Senior Companions, and caregiver support/training. Funds received will assist the Council on Aging of West Florida, Inc. in serving meals to 300 older adults.

Direct Services Provided	Outputs	Results
Emergency Meal Assistance	Home visit and assessment pursued within 72 hours of receipt and provision of at least one service (exclusive of case management) within the first 72 hours as evidenced in the 72-hour report submitted to the Northwest Florida Area Agency on Aging.	90% of consumers in need of immediate service to prevent further harm are served within 72 hours of referral.
Meal Provided - Meals are ordered, picked up at distribution points, and delivered to consumers in their home by volunteers/paid drivers.	Meals will be delivered to consumers based on their nutritional needs as assessed by a qualified staff member	90% of program participants remain living independently in the community at reassessment.
Meals Provided - Menu Selection	An advisory council meets quarterly with a Registered Dietitian to assess menu options and ensure compliance with state nutritional guidelines.	75% of program participants rate their health as about the same, better, or much better at reassessment compared to one year ago.
Screening/Assessment/Evaluation	A qualified staff member is assigned a consumer to assess/evaluate the person's individual nutritional needs.	66% of new consumers assessed by a qualified staff member will improve or maintain their nutritional score at reassessment.

#### Funding Recommendation:

**County** 

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding:

\$24,500 \$24,500

2014/15 Funding Recommendation:

\$24,500

- The Committee feels that this is an excellent program, which provides outstanding services to clients. The program provides a substantial impact for the entire county with the Meals on Wheels program and congregate meal sites.
- A \$9:\$1 match in federal funds draws \$220,500 to Escambia County with the \$24,500 in local funds from the Human Services Appropriations Committee funding.
- This program is vital to more than 100 homebound elderly residents in Escambia County, whom
  without the services of this program would be placed in institutional care.

# Program: Epilepsy Services and Resource Center.

Responsible Agency: Epilepsy Foundation of Florida

<u>25 word description:</u> The program provides epilepsy specific medical and case management services; educational resources and support to Escambia residents, regardless of socioeconomic status.

What the funds will be used for: Funding would go directly to the Comprehensive Epilepsy Services and Resources Program in order to provide care to those with epilepsy who are unable to currently provide adequate care for themselves. These services would include neurological care and follow-up, diagnostic testing such as EEGs and MRIs, medications, and social services intervention for referrals, plans of care, assistance within the educational system, etc. Case Managers assist with referral to the free drug program through the Florida Department of Health, or to an appropriate Patlent Assistance Plan. Funding is also requested to stock the Epilepsy Resource Center with educational materials. This center and its materials will serve as the sole local resource for epilepsy education and support to Escambia County residents and their families.

# EFOF MSP clients and their families will have access to comprehensive epilepsy management and education coordinated via the Resource Center;

epilepsy education will be extended to

the community.

**Direct Services Provided** 

#### Outputs

# Results

Existing clients will continue to be followed by their neurologist and case manager, participate in medication assistance programs facilitated by their case managers, and receive blood tests, EEGs, and other diagnostic testing as needed.

New clients will gain access to the appropriate medical and case management attention as well as necessary diagnostic testing.

Case managers will initiate participation in medication assistance programs and provide epilepsy education, compliance checks, and any other assistance that is required along the way.

100% of EFOF clients will have an individually tailor-designed Plan of Care with goals created between the individual with epilepsy, family, and case manager. EFOF comprehensive MSP program has a track record of reducing seizures in 84% of clients, decreasing emergency room visits by 80%, enhancing epilepsy education by 83%, and improving quality of life by 74%. These numbers indicate improved health and personal well-being among Individuals with epilepsy whose care is provided by EFOF.

# Funding Recommendation:

#### County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$0 \$2,330

2014/15 Funding Recommendation:

\$2,330

- The Committee believes that the mission and objective of the organization as a whole is aligned with serving a community need.
- This program provides a good service that helps connect their clientele with prescription services as well as being a Health Care Navigator for the Affordable Care Act.

# Program: Domestic Violence Shelter Program

Responsible Agency: Favorhouse

<u>25 word description:</u> Provide emergency shelter, face-to-face counseling, 24-hour crisis line, educational classes, support groups, food, clothing, transportation, at no charge for domestic violence victims.

What the funds will be used for: Women who have been and are victims of domestic violence report shelter and a safe place to stay as the number one concern for themselves and their children. Funding for this program will provide for a counselor/case manager. This person would be a participating member of EscarRosa Coalition on the Homeless. The funding request will establish this position in the shelter and continue to provide current information about 1) affordable housing; 2) relocation funds; 3) community resources; and 4) FavorHouse Economic Empowerment program which provides classes in budgeting, basic money management and limited funds for rental assistance to victims in shelter.

Direct Services Provided	Outputs	Results
	Domestic violence victims will be provided shelter 24-hours a	
	day 365 days a year.	Reduction in number of domestic violence victims becoming
	The shelter manager and staff will provide information and referrals to local affordable	homeless.
Provide safe emergency shelter for	housing projects.	Increase in adult resident's knowledge of affordable housing available to them and their children in their income bracket.
vicitms of domestic violence in Escambla County.	FavorHouse will refer adult residents to local agencies to apply for temporary financial	
·	assistance for household expenses & rent.	Increase in adult residents establishing affordable sustainable housing.
Economic empowerment training	The shelter manager and staff will work with local transitional living providers for shelter residents to receive applications	Increase in financial stability of domestic violence victims.
will be provided weekly	and appointments for housing.	
for groups and	.,	Increase in number of domestic violence victim's children staying
individuals.	The shelter staff will provide	in school and registering in university or college.
	transportation by agency van or	
	bus passes to keep appointments.	Increase in number of adult domestic violence victims returning to school, completing college or vocational training to increase
	The shelter manager will continue to serve as be a member of The EscaRosa Coalition on the Homeless.	employability.

#### Funding Recommendation:

(2 Years Ago) 2012/13 Funding: \$4,900 (Last Year) 2013/14 Funding: \$5,000

2014/15 Funding Recommendation: \$6,025

- A \$3:\$1 match in funds draws \$18,075 to Escambia County with the \$6,025 in local funds from the Human Services Appropriations Committee funding
- The committee feels that this program has a significant impact on reducing the need for services provided by law enforcement for Escambia County.
- Program enables victims of domestic violence to recover from emergency situations and return to a normal life and to work.

# Program: Independence for Dependent and Homeless Youth

Responsible Agency: Legal Services of North Florida

<u>25 word description:</u> To provide legal assistance to dependent and homeless youth, especially those soon to be adults, in civil legal matters to achieve financial stability and independence.

What the funds will be used for: Funds received will help LSNF maintain its legal assistance to dependent and homeless children, with a focus on those who are or will soon be on their own. With this funding, they will represent 15 youth in matters that improve their financial stability, access to education, and health outcomes. Specifically, funds will pay for staff and costs of litigation (court costs, receipt of requested records, etc). The small outlay of these funds would result in improved outcomes for these children by giving them improved financial stability, housing and employability.

Direct Services Provided	Outputs	Results
	Provide legal assistance to youth facing legal issues preventing their school attendance and completion of GED programs.	
	Identify youth in need of these services through court appointments, our community partnerships and other outreach efforts.	
	Provide legal assistance to youth facing legal issues that affect their income and debt, leading to poverty, and in housing- related cases, such as denial of	Legal assistance will remove barriers to school attendance for 5% and will allow 5% to achieve their GED. These expectations are based on our entire project client base.
	housing, eviction, and abandonment by adults.	10% will have improved housing status; 5% will improve their employment status; 5% will begin receipt of eligible and appropriate government assistance; 3% will complete
Legal Assistance	Identify youth in need of these services through court appointments, our community partnerships and other outreach efforts.	financial literacy training; 3% will reduce debt; and 1% will delay or prevent eviction. These expectations are based on their entire project client base.  10% will have improved housing status. Another 1% will have increased or additional insurance coverage. These
	Provide legal assistance to youth facing legal issues that lead to risky behaviors that limit youth with special needs from living independently within the community.	expectations are based on their entire project client base.
	Identify youth in need of these services through court appointments, our community partnerships and other outreach efforts.	
Eurolina December and stien.		

# Funding Recommendation:

County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$0 \$2,500

2014/15 Funding Recommendation:

\$3,000

- The Committee feels that this program is sorely needed as many youth are aging out of the system and need life skills preparation and training.
- Without the services of this program, the County could see an increase in the use of services by this demographic as they age out.

# Program: Veterans' Legal Assistance Responsible Agency: Legal Services of North Florida

<u>25 word description:</u> LSNF provides legal assistance to support Veterans within our community, focusing on housing, benefits, family and consumer matters and a goal to prevent homelessness.

What the funds will be used for: Funds received will provide legal assistance, including advice and representation, in legal matters directly related to household income, collection and consumer matters, and housing stability. Funds will also assist with litigation costs and community education materials. This legal assistance will prevent or delay eviction and/or foreclosure; will decrease debt; increase income; increase access to health care; and even strengthen the veteran's family. This program will also support the legal clinic and Veterans' Court at the annual VA Standdown, which is attended by approximately 300 veterans annually.

Direct Services Provided	Outputs	Results
Legal Assistance	In addition to our daily client telephone and walk- In intake, we will continue organizing the VA Standdown legal clinic and are working with the Waterfront Mission to begin regular intake at their site.	They anticipate improved overall outcomes for 40%. 5% will improve their housing status 3% will improve either their current employment status or negative history; 3% will gain use of eligible government subsidies, including food stamps 5% will complete a financial literacy training course 10% will see a prevention or delay from foreclosure or eviction.
Legal Assistance	Through eviction and foreclosure defense, we will help Veterans avoid homelessness. By addressing issues related to high debt, low income, and bad credit reports, we will help remove barriers that lead to denial of housing and even employment.	They anticipate improved overall outcomes for 40%. We anticipate that: 5% will improve their housing status 3% will improve either their current employment status or negative history 1% will obtain health insurance coverage, evidenced by an eligibility notice.

# Funding Recommendation:

## County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$500 \$1,500

2014/15 Funding Recommendation:

\$1,875

- The Committee believes that this program provides many valuable services to Escambia County veterans.
- It was noted by the committee that this program can help with employment and housing retention for veterans.

# Program: Pensacola Pet Adoption

Responsible Agency: Pensacola Humane Society

<u>25 word description:</u> Care for homeless, sick, relinquished and unwanted dogs and cats at the Humane Society's facility.

What the funds will be used for: Funding will be used to reduce the number of dogs and cats Escambia County Animal Services (ECAS) must intake and care for. When ECAS intakes an animal, that animal receive necessary vaccines and flea treatment/prevention at a cost of \$10 (cats) to \$15 (dogs). Care and feeding of each animal costs the County \$15 per animal per day. To hold a pet for adoption for 5 days and then euthanize it, costs the County \$128 per animal. The Pensacola Humane Society's Pet Adoption program will significantly reduce the County's expense in sheltering, adopting, and/or euthanizing pets at ECAS in 2015.

Direct Services Provided

Outputs

Results

Intake, Spay/Neuter Animals and hold for pet adoptions.

Reduction in county expenses related to sheltering, adoption, and/or euthanization of animals.

## Funding Recommendation:

# County \$0

(2 Years Ago) 2012/13 Funding:

(Last Year) 2013/14 Funding; \$0

2014/15 Funding Recommendation: \$1,500

- The Committee feels that this service provides a cost savings to the animal control efforts
  of Escambia County and can result in the adoption and placement of animals that may
  otherwise be euthanized if not adopted out.
- This program also spays and neuters animals which helps with reducing pet population and burden to County

# Program: New Beginnings Recovery Homes for Women

Responsible Agency: New Beginnings Group, Inc.

25 word description: Provide housing, nutrition, dignity, support, counseling, & recovery services to foster & promote growth, healing & restoration of productive spiritual lives to return to mainstream livingabsent reliance on drugs/alcohol.

What the funds will be used for: They will continue to use any allocated funding this year in the same manner as they have in previous years; that is, case management and delivery of services, compensation for services delivered daily grocery and household provisions for the clients.

Direct Services Provided	Outputs	Results
Provide all housing, utilities, food & amenities for women committed to recovery from substance abuse.	Require abstinence as a condition of continued residency. Provide housing and nutrition for compliant residents. Assist with securement and maintenance of employment.	Increased number of drug-/alcohol-free residents who have a safe and supportive living environment. Increased number of abstinent alcoholics and addicts. Increased number of employed and industrious residents. Increased accountability of residents.
Intensive one-on-one client advocacy and support.	Respond to all acute medical needs, respond to all pressing legal matters, ensure resolution of all issues of transportation to participate in program, make conscientious and client-centered decisions for family visits/passes, encourage a physical fitness regimen for each client, and enforce adherence to curfew and physical whereabouts at all times.	Significant number of incidents where doctor/clinic attention is received when required, and medical remedy obtained.  Advancement toward resolution of all pressing legal issues resulting from prior unhealthy behaviors.  All transportation needs met.  Healthy and constructive family visits/passes accomplished.  Improvement of physical health through exercise.  Regularly-kept hours of night-time activities and sleep.
activities, extracurricular events, and fellowship meetings.  Funding Recommendation:	Counseling sessions twice per week, mentoring sessions minimum once per week, house business meeting minimum weekly, required attendance 6 fellowship meetings per week, spirituality meeting weekly, church attendance, Sponsor required with attendant Step-work, outside activity planning.	participation.
		County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$4.900 \$5,625

2014/15 Funding Recommendation: \$5,625

- The program provides a safe, stable environment and helps clients to become productive citizens.
- All residents have a job and pay towards program costs

Agency: NWF Legal Services

Program: Domestic Violence Program

25 word description: We are a non-profit law firm providing free legal representation to income eligible residents of Escambia and Santa Rosa counties in civil matters only.

What the funds will be used for: These funds will be used to represent clients in court to obtain protective orders and to provide education regarding their rights to be free from domestic violence. Helping clients free themselves from domestic violence will impact their ability to maintain employment and help stabilize their financial circumstances.

Assure the client that if their circumstances move closer to a domestic violence situation, that they can contact program and they will represent them in court and assist them in obtaining any other resources in the community that may be needed.  Try to provide clients with a violence free home where they can be able to maintain employment without interference of an abuser.  Provide legal representation to a client at a domestic violence protective injunction hearing.  Assure the client that if their circumstances move closer to a domestic violence situation, that they can contact program and they will represent them in court and assist them in obtaining any other resources in the client's ability to maintain employment by disengaging from a relationship that violent or was moving toward becoming a violent relationship.  An increase in the client's ability to maintain employment by disengaging from a relationship that violent or was moving toward becoming a violent relationship.  An increase in the client's ability to maintain employment by disengaging from a relationship that violent or was moving toward becoming a violent relationship.  An increase in the client's ability to maintain employment by disengaging from a relationship that violent or was moving toward becoming a violent relationship.  An increase in the client's ability to maintain employment by disengaging from a relationship that violent or was moving toward becoming a violent relationship.  An increase in the client's ability to maintain employment by disengaging from a relationship that violent or was moving toward becoming a violent relationship that violent or was moving toward becoming a violent relationship that violent or was moving toward becoming a violent relationship that violent or was moving toward becoming a violent relationship that violent or was moving toward becoming a violent relationship that violent or was moving toward becoming a violent relationship that violent or was moving toward becoming a violent relationship toward be	Direct Services Provided	Outputs	Results
a violence free home where they can be able to maintain employment without interference of an abuser.  Provide legal representation to a client at a domestic violence protective injunction hearing.  Provide legal representation to a client at a situation where the money they earn can be spent as they see fit without having to turn over their paycheck to an abuser who will control all the household income and help keep the family living below the federal poverty	Florida law to remain free from domestic	their circumstances move closer to a domestic violence situation, that they can contact program and they will represent them in court and assist them in obtaining any other resources in the community that may be	by disengaging from a relationship that violent or was moving toward becoming a violent relationship.  An increase in the stability of finances for the client by
Provide legal representation to a client at a domestic violence protective injunction hearing.  Situation where the money they earn can be spent as they see fit without having to turn over their paycheck to an abuser who will control all the household income and help keep the family living below the federal poverty		a violence free home where they can be able to maintain employment without interference of an	
line.		situation where the money they earn can be spent as they see fit without having to turn over their paycheck to an abuser who will control all the household income and help keep the family living	

# Funding Recommendation:

County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$2,500 \$2,500

2014/15 Funding Recommendation:

\$3,000

# Human Services Appropriations Committee Comments:

 This program serves an immediate health and human service need to a client population in need of assistance.

- \$4:\$1 match draws down \$12,000 from VOCA (Victims of Crime Act) to the community for the DV program.
- Program provides a critical service to victims of domestic violence that may not be able to seek legal counsel.

# Program: Ready Through Remediation Responsible Agency: Pace Center for Girls

<u>25 word description:</u> Ready Through Remediation improves our students math and reading skills, increasing their academic successes and the likely hood they will graduate from high school.

What the funds will be used for: They are requesting funds to continue the Ready through Remediation Program. One constant in the lives of their clients is academic/school failure. In order for them to proceed though the pupil progression plan, graduate from high school to become productive members of the community, they need the extra attention and support they receive through this program.

Direct Services Provided	Outputs	Results
Ready through Remediation	Each girls reading ability and grade level equivalency will be determined using the star assessment. An Individualized Reading Academic Improvement plan that addresses her identified deficiencies will be created for each girl. This plan will be met by providing individualized curriculum and instruction. Each girls progress will be monitored weekly, bl-weekly, monthly and every 4.5 months to evaluate the effectiveness of the plan. Plans will be modified as needed.	85% or more of the students will demonstrate a .5 or greater increase in reading grade level 90% or more will successfully complete their Academic improvement Plan and will earn a minimum of 80% on their final grade for their reading course.
One-on-one math instruction and remediation	Same as above.	a .5 or greater increase in Math grade level  90% or more will successfully complete their
		Academic improvement Plan and will earn a minimum of 80% on their final grade for their Math course.

## Funding Recommendation:

County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$4,900 \$5,000

2014/15 Funding Recommendation:

\$5,000

- Program is well managed with strong metrics and serves a critical need in the community.
- Program does an excellent job leveraging resources in the community.

# Program: Social Services Basic Needs Program.

Responsible Agency: The Salvation Army

25 word description: This program strives to meet emergency needs of individuals and families that are experiencing an unexpected financial hardship through a comprehensive intake interview.

What the funds will be used for: The funds that the agency is requesting will be used to provide emergency financial assistance to individuals and families experiencing an unexpected financial crisis. This funding will assist in impacting our community by providing the resources to assist in moving the participants to a minimum level of self sufficiency.

Direct Services Provided	Outputs	Results
Screenings/Assessments are used to identify the emergency or crisis that an individual is experiencing in determining their need for our services.	Will perform an initial intake within forty-eight hours.	55% of those completing the intake have stable housing for at least 90 days and a active checking and savings account.
Financial Assistance	This program will assist the Individuals and families with the short term assistance needed to meet the Immediate financial hardship	60% of those that receive assistance will be able to remain in their residence with active utilities. Program participants that receive direct financial assistance will be attending four life skills classes and complete a household budget for 90 days.
Group activity/life skills classes	The program will work with a local banking institution that will assist in facilitating a portion of the life skills classes.	70% of the program participants will establish a checking and/or savings account within 90 days and complete a household spending plan.
Funding Recommendation:		
		County

(2 Years Ago) 2012/13 Funding: (Last Year) 2013/14 Funding: \$6,860 \$8,000

2014/15 Funding Recommendation:

\$9.500

- The program seeks to reduce poverty rates which align with County goals.
- The program holds clients accountable for their financial progress and provides the tools necessary for families to gain or re-gain economic self-sufficiency.

# **Program Name: Capstone Day Programs**

Responsible Agency: Capstone Adaptive Learning and Therapy Centers, Inc.

25 word description: Committed to offering an array of programs and services for advancing the independence for children and adults with a spectrum of abilities and disabilities.

What the funds will be used for: Funding will be used to provide specialized health care, therapies and nursing oversight/services to monitor and maintain good health. Mobility/therapy services, critical to our population, prevents regression in physical capabilities, lessens skin breakdown, decreases short-term (ER visits) and long-term (nursing home) medical costs.

Direct	Services	Provided
	00141000	1 1011454

#### Outputs

Results

Therapy/Repositioning Services for greater mobility/flexibility of clients

Clients who experience regular therapy/repositioning exercises can reduce the need to see a physician or hospitalization, thus continuing their day-to-day routine without increasing Escambla County's cost. This occurs because therapy/activity improves their circulation and decreases the chances of skin breakdown and infections due to pressure sores from being in one position for an extended period of time

95% of our program participants maintain their current level of range and motion in order to make hand gestures and help with transferring.

Also, 95% of our program participants will be free from pressure sores each quarter.

Nursing Services/Medical Oversight to maintain/improve overall good physical/mental health of program participants.

Daily (Monday - Friday) medical, health and wellness checks/oversight on program attendees by Registered Nurses so early detection, preventative, proactive care measures may occur (medication administration, suction, skin breakdown, breathing treatments).

Anticipated results will be health maintained or improved for our clients. Reduced program absences due to health concerns (pressure wounds, ensure medications are administered, etc.) as a result of nursing oversight within their program.

# Funding Recommendation:

#### County

(2 Years Ago) 2012/13 Funding:

\$0

(Last Year) 2013/14 Funding:

Did Not Apply

2014/15 Funding Recommendation:

\$3,250

# Human Services Appropriations Committee Comments:

 The Committee noted that this program is greatly needed in the community and it allows family members to attain and/or retain employment which is a benefit to the County.

# Program: Speech and Hearing Board

Responsible Agency: Speech and Hearing Board through Baptist Health Care Foundation

<u>25 word description:</u> Speech and Hearing Board provide financial aid for Speech and Hearing diagnostics, therapies, and medical equipment for children and adults who cannot afford them.

What the funds will be used for: The funding requested will continue to be used for speech, hearing, language (communication), swallowing, and hearing diagnostic testing and therapies. They will provide service providers with the information needed to encourage their patients to take advantage of the financial services provided by Speech and Hearing to continue with their therapies. They will extend the financial service period in order to assure a more successful rehabilitation so that individuals can become independent and productive citizens of the Community; and/or enable their caregivers to return to productivity.

#### **Direct Services Provided**

## **Outputs**

#### Results

Improve hearing or the ability to cope with or overcome speech/swallowing disorders in special needs patients.

Provide therapy/rehabilitation sessions as established in the initial evaluation.

Based on the measurement tools selected, they expect to be able to measure the progress made by each individual as they work to overcome their specific disabilities. They also will be able to measure how many patients and/or their caregivers are able to return to work based on the services provided.

# Funding Recommendation:

### County

(2 Years Ago) 2012/13 Funding; (Last Year) 2013/14 Funding: \$2,500 \$1,500

2014/15 Funding Recommendation:

\$2.875

- The committee feels that this program provides an invaluable service to the citizens of Escambia County and 100% of funding goes directly to patient care.
- The committee notes that this program has resulted in people returning to gainful employment, which equals more tax revenue for the County.

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Gen	eral Fund	Amount Requested	Tab
<u>Avai</u>	ilable Funding: \$1,425,082		
a.	ACTS (Another Chance Transitional Services)	\$ 20,000	1
b.	BARC (Bay Area Resource Council)	\$ 5,000	2
c.	BRACE	\$ 250,000	3
d.	Council on Aging	\$ 50,000	4
e.	Escambia Community Clinics	\$ 525,000	5
f.	Early Learning Coalition of Escambia County	\$ 300,000	6
g.	211 (First Call for Help)/United Way	\$ 35,000	7
h.	Foundations for the Future		No Request Submitted
i.	Girl Scout Council of the Florida Panhandle		No Request Submitted
j.	Human Relations Commission	\$ 84,265	8
k.	Lakeview Center	\$ 46,498	9
1.	NWFL Comprehensive Services for Children/90Works	\$ 140,000	
m.	Legal Services of North Florida, Inc. (LSNF)	\$ 50,000	11
n.	Florida Green Finance Authority (PACE)		No Request Submitted
0.	Panhandle Equine Rescue, Inc.	\$ 20,000	12
p.	Pathways for Change (\$140k) + (\$168,750 Probation)	\$ 308,750	13
q.	Pensacola Caring Hearts	\$ 13,500	14
r.	Pensacola Humane Society	\$ 25,000	15
s.	Pensacola Promise/Chain Reaction	\$ 19,000	16
t.	United Way	\$ 95,750	17
u.	Utility Assistance Program	\$ 50,000	BCC Program
v.	Veteran's Services		No Request Submitted
w.	WFL Regional Planning Council	\$ 20,342	18
х.	Wildlife Sanctuary	\$ 30,951	19



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

West Florida Regional Planning Council-

Agency Address:

P.O. Box 11399

Pensacola, FL 32524

Program Name:

West Florida Regional Planning Council

Program Contact:

Terry Joseph

Contact Email:

terry.joseph@wfrpc.org

Contact Phone:

850-332-7976

25-Word Description of Program:

Membership in the West Florida Regional Planning Council whose mission is to provide professional planning, coordinating, and advisory services to local governments, state, and federal agencies

Amount Requested:

20,342.00

Amount Received Last Year, if applicable:

20,275.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

## ECONOMIC DEVELOPMENT

The Council achieved designation as an Economic Development District on June 28, 1995. As an economic district, the overall work program goal is to provide technical assistance to local governments and businesses for Economic Development Administration (EDA) programs. Funding for public works projects is used for water and sewer facilities for projects primarily serving industry and commerce, access roads to industrial parks or sites, and port improvements. Also, the Comprehensive Economic Development Strategy (CEDS) required by EDA is updated annually with a major re-write every 5 years. Last year the document was revised to mirror the Florida Chamber Foundation's Six Pillars of Economic Development. Through this effort all CEDS in the state now have a

Briefly discuss how the funding you are currently requesting will be used.

## ECONOMIC DEVELOPMENT

The Council achieved designation as an Economic Development District on June 28, 1995. As an economic district, the overall work program goal is to provide technical assistance to local governments and businesses for Economic Development Administration (EDA) programs. Funding for public works projects is used for water and sewer facilities for projects primarily serving industry and commerce, access roads to industrial parks or sites, and port improvements. Funding for local technical assistance through feasibility studies, impact analyses, and disaster resiliency plans is available to strengthen local capacity to undertake economic projects. Also, the Comprehensive Economic Development Strategy (CEDS) required by EDA is updated annually with a major re-write every 5 years. Last year the document was revised to mirror the Florida Chamber Foundation's Six Pillars of Economic Development. Through this effort all CEDS in the state now have a similar format. In conjunction with the Strategic Regional Policy Plan (SRPP), the CEDS document serves as a guide to economic development planning in the region. The CEDS committee,

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Project-specific grants and WFRPC member (counties and cities) dues. Per Chapter 186, Florida Statutes, Counties are required to members of their respective regional planning council.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

WFRPC member dues are 2% of the total budget used for leveraging of all WFRPC funds and match of EDA, Brownfield, and BARC funds as, and if, needed. Escambia County dues are <1% of all WFRPC funds. The total Escambia County FTA match is 4% of the total FTA funds for the FL-AL TPO.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

The mission of the West Florida Regional Planning Council is to provide professional planning, coordinating, and advisory services to local governments, state, and federal agencies and the public in order to preserve and enhance the quality of life in Northwest Florida.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Per Chapter 186, Florida Statutes, Counties are required to members of their respective regional planning council. By separate Interlocal Agreement, Escambia County has formally engaged the WFRPC to serve in an advisory capacity as the regional planning entity to provide area-wide coordination for the seven western panhandle counties. The WFRPC is governed by a board comprised of two representatives from Escambia County and representatives

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

See above.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

# <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	7,500.00		
Programmatic Income			
County Funding	97,948.00	117,797.00	128,307.00
City Funding	20,910.00	22,536.00	29,294.00
State Funding	391,665.00	540,028.00	619,173.00
Federal Funding	2,102,105.00	2,274,151.00	2,320,701.00
Memberships			
Investment Income			
Other Income	4,286.00		
Total Income	2,624,414.00	2,954,512.00	3,097,475.00



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Ex	De	n	S	e	S

Fuel

<u>Expenses</u>				
	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing				
Salaries and Wages	1,517,070.00	1,648,653	3.00	1,770,886:00
Employee Benefits				
Professional Services	755,890.00	948,984.0	0	972,929.00
Contractual Services				
Travel Expenses	100,721.00	120,227.0	00	120,000.00
Rentals and Leases	192,440.00	200,066.0	00	198,660.00
Communication				
Postage and Freight				
Repair and Maintenance				
Printing and Binding				
Marketing and Promotion				



# Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	38,698.00	36,582.00	35,000.00
Capitalizable Assets			
Total Expenses	2,604,819.00	2,954,512.00	3,097,475.00
Net Income	-19,595.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

# Annual Budget and Work Program

October 1, 2015 - September 30, 2016



Approved April 20, 2015 Revised June 15, 2015

# WEST FLORIDA REGIONAL PLANNING COUNCIL

#### OUR MISSION

The mission of the West Florida Regional Planning Council is to provide professional planning, coordinating, and advisory services to local governments, state, and federal agencies and the public in order to preserve and enhance the quality of life in Northwest Florida.

# **OUR REGION**

The West Florida Regional Planning Council (WFRPC) continues in our 50<sup>th</sup> fiscal year. In 1964-65, local leaders had a vision of how growth should occur in Escambia County and the City of Pensacola. This early desire for thoughtful planning led to many of the improvements that have sustained our quality of life in northwest Florida. Although the impetus for the Council formation was transportation improvements, the agency quickly acquired expertise in important topics such as environmental justice, housing revitalization, air quality, wastewater improvements, and water quality. These varied disciplines remain evident in this year's work program.

The WFRPC strives to continue intergovernmental coordination and intergovernmental solutions to address issues facing our region. The planning council is committed to encouraging balanced growth and organized change in areas of transportation, economics, and environmental planning.

A key benefit of council membership is the professional technical assistance that it can provide to our region's municipalities. This past year WFRPC gained eight new municipal members. The cities of Bonifay, Chipley, Freeport, and Panama City Beach, and the towns of Jay, Paxton, Ponce de Leon, and Vernon joined as members of the planning council. Regional Planning Councils are an important resource for local governments, providing a forum for coordination and cooperation, and we are excited with the addition of these municipalities to our regional efforts.

Thank you to the counties and cities of northwest Florida for your cooperation and participation in our effort to preserve and enhance the quality of life in Northwest Florida.

# WEST FLORIDA REGIONAL PLANNING COUNCIL October 1, 2015 - September 30, 2016

# I. WORK PROGRAM

# ECONOMIC DEVELOPMENT

The Council achieved designation as an Economic Development District on June 28, 1995. As an economic district, the overall work program goal is to provide technical assistance to local governments and businesses for Economic Development Administration (EDA) programs. Funding for public works projects is used for water and sewer facilities for projects primarily serving industry and commerce, access roads to industrial parks or sites, and port improvements. Funding for local technical assistance through feasibility studies, impact analyses, and disaster resiliency plans is available to strengthen local capacity to undertake economic projects. Also, the Comprehensive Economic Development Strategy (CEDS) required by EDA is updated annually with a major re-write every 5 years. Last year the document was revised to mirror the Florida Chamber Foundation's Six Pillars of Economic Development. Through this effort all CEDS in the state now have a similar format. In conjunction with the Strategic Regional Policy Plan (SRPP), the CEDS document serves as a guide to economic development planning in the region. The CEDS committee, consisting of economic development representatives from the region, reviews the CEDS and assists staff with the annual update.

# BROWNFIELD ASSESSMENT & REVOLVING LOAN FUND

EPA's Brownfields Program empowers states, communities, and other stakeholders to work together to prevent, assess, safely clean up, and sustainably reuse brownfields. Recent activities undertaken by the WFRPC resulted in significant environmental work and overall enhancement in several communities served by the Council-Fort Walton Beach, Century, Panama City & Washington County. Funds awarded for these activities total \$1.615 million of federal dollars for use within communities served by the WFRPC. The Revolving Loan funds can be loaned or sub-granted to eligible entities including private entities (loans only), municipalities, county governments and non-profit entities. The Assessment funds can be used to perform Phase I and II Environmental Site Assessments (ESA) of petroleum or hazardous substances, public outreach, and development of remedial alternatives. The awards restrict use of the funds for indirect costs. Therefore, to reduce costs to the Council, consultants are used for the program as much as possible. With the addition of the consultants, this program is essentially a pass through program for the Council.

# HAZARDOUS MATERIALS PLANNING ASSISTANCE

The Council contracts with the Florida Department of Emergency Management (DEM) to provide Hazardous Materials Planning Assistance in the region. Title III of the Superfund Amendment and Reauthorization Act (SARA) requires the formation of Local Emergency Planning Committees (LEPCs) to plan emergency responses for facilities that have hazardous materials present. The Council serves as staff to the LEPC for the seven counties in Region I. The LEPC is responsible for collecting, managing, and disseminating the chemical reports submitted by facilities in the region; responding to public inquires; assisting facility representatives in completing initial and annual report forms; and developing a Regional Emergency Management Plan for Hazardous Materials. Staff reviews the seven updated County Hazards Analyses and adds the information in the Regional Emergency Management Plan Annual Update. A web site is maintained to inform the public and other agencies of hazardous materials planning activities in the region. The Council also serves as staff to various subcommittees formed by the LEPC including Exercise Design, Training, Education, Transportation and Plan Review. An exercise of the

Regional Plan is designed and held every two years.

Staff completes field visits and computer program (CAMEO) analysis for extremely hazardous materials facilities in Bay and Washington Counties. This information is then shared with county emergency managers involved in first response.

The U.S. Department of Transportation provides funds through DEM pursuant to the Hazardous Materials Emergency Preparedness Grant (HMEP) for use on planning projects and training of public sector employees. The LEPC may choose from applicable projects, such as conducting a commodity flow transportation study, enhanced hazards analysis, training needs survey, shelter-in-place program, or conduct an LEPC Plan exercise. Public sector emergency responders are trained on Hazardous Materials Level courses. Emphasis during this funding cycle will be on Technician Level, the annual SERC Hazmat Symposium and Clandestine Labs Awareness.

#### **EMERGENCY PLANNING**

The Council, in conjunction with the other ten planning councils throughout Florida, contracts with the Florida Department of Emergency Management, the Statewide Domestic Security Task Force, and the Department of Homeland Security, to support a wide range of activities, including teaching classes such as Homeland Security Exercise Evaluation Program (HSEEP) to the emergency response community, and developing or supporting the local component of the statewide terrorism exercises. Various exercises are planned and executed throughout the year as needed.

# STATEWIDE REGIONAL EVACUATION STUDY PROGRAM (SRESP)

Development of Directional Surge Atlases began in June 2014, with a final deliverable of May 2015. The final deliverable is a completed Volume 10 Storm Tide - Directional Atlas Series for each coastal county in the West Florida Region - Escambia, Santa Rosa, Okaloosa, Walton, and Bay. Evacuation Transportation Updates for years 2015 and 2020 began in January 2015, with a final deliverable of September 2015. Final deliverables include updated Volume 1 Chapters 5 - Regional Shelter Analysis and 6 - Regional Evacuation Transportation Analysis, Volume 4 - Evacuation Transportation Analysis, and Volume 5 - Evacuation Transportation Supplemental Data Report. It is anticipated additional pieces of the SRESP will be funded this year.

# GENERAL REVENUE, DRIs and SRPP

The Council no longer receives state funding to perform services required by various Florida Statutes. In general, these services include carrying out Development of Regional Impact (DRI) review and maintenance, Strategic Regional Policy Planning (SRPP) review and update, and dispute resolution.

Council staff performs a variety of tasks for the State including review of local government Comprehensive Plans, County Comprehensive Emergency Management Plans, grant application review for Coastal Management consistency, and intergovernmental coordination review of selected state and federally funded projects. Council staff also reviews environmental assessments, preferred selected sites of local school boards and the U.S. Postal Service, and Work in State Waters applications for coastal management compliance.

# DEVELOPMENTS OF REGIONAL IMPACT.

Council staff is responsible for coordination of the review of large-scale projects as required by Chapter 380, Florida Statutes. Through the coordination of the Development of Regional Impact (DRI) program, the Council receives comments from governmental agencies on all levels and prepares an assessment with Development Order recommendations for the local government of jurisdiction. A fee is charged to applicants for review coordination of new projects. No new DRIs are anticipated this fiscal year.

As revisions are made in approved DRIs, Notices of Proposed Change (NOPC) are filed with the Planning Council. The complexity of the review varies with each project. The applicant pays for these and new DRI review costs.

#### STRATEGIC REGIONAL POLICY PLANNING

The Council adopted the West Florida Strategic Regional Policy Plan (SRPP) in July 1996, approved amendments in February 2001, and completed an Evaluation and Appraisal Report (EAR) in 2011. The Plan provides long-range guidance through the identification of regional goals and policies for affordable housing, economic development, emergency preparedness, natural resources, and regional transportation. SRPP policies provide the basis for regional review of DRIs, federally assisted projects, and other regional comment functions.

# TRANSPORTATION PLANNING ORGANIZATIONS (TPO)

A Transportation Planning Organization is the local intergovernmental board responsible for transportation policy-making for each urbanized area designated by the US Bureau of the Census. The West Florida Regional Planning Council is the only Council in Florida providing staff services to three (3) transportation planning organizations. The Council serves as staff to the transportation planning organizations (TPO) in the urbanized areas (UZAs) of: Florida-Alabama (Pensacola), Okaloosa-Walton (Fort Walton Beach), and Bay County (Panama City). The Florida-Alabama TPO is the only interstate TPO in Florida.

During Fiscal Year 2014, the TPO boundaries and membership were revised based on the 2010 Census with the following, substantive changes:

- Addition of Orange Beach, AL to the UZA of Pensacola and addition of a member from Orange Beach to the Florida - Alabama TPO. This brings the membership to the current cap of nineteen (19).
- Switch of largest incorporated area from Fort Walton Beach to Crestview. This, and other
  changes in population, resulted in an increase in membership for Crestview; a decrease in
  membership for Fort Walton Beach and the addition of Freeport as a voting member on the
  Okaloosa-Walton TPO.
- Addition of a second member from Panama City Beach to the Bay County TPO. This brings the membership to the current cap of nineteen (19).

in FY 2015 Interlocal Agreements based on the above membership apportionment were drafted, sent for legal review and presented to each TPO for consideration and approval. The Okaloosa – Walton and Bay County agreements were approved by the TPOs and as FY 15 passes, are being placed on member local government agendas for approval. One issue that surfaced during review was Alabama Department of Transportation (DOT) taking issue with some language in the agreement required by Florida DOT. Approval by the TPO is on hold as the DOTs work through this issue.

On July 6, 2012, President Obama signed into law, P.L. 112-141, the Moving Ahead for Progress in the 21st Century (MAP-21). This law authorizes the federal surface transportation policy and programs for two years, at a total of \$105 billion. MAP-21 expedites project delivery, establishes policies to improve freight movement, enhances innovative financing options and consolidates a number of highway programs across the federal highway, transit and safety programs. MAP-21 took effect on October 1, 2012, with a three month extension of current law and expired on September 30, 2014. Several bill extensions have occurred with the current extension set to expire May of 2015. Joint regulations referenced above are being promulgated and implemented. Staff has and will continue to stay abreast of requirements and changes to policy and procedure through the coming year. This is especially applicable in the area of performance measures at the State and urbanized area levels.

TPOs are responsible for providing a continuing, cooperative and comprehensive transportation planning process as a condition for receiving federal and state transportation funds. The three (3) major products of the TPO are the:

- Unified Planning Work Program (UPWP) a description of work tasks and budget;
- Long-Range Transportation Plan (LRTP) a fiscally-constrained long-range transportation plan for the metropolitan area covering a planning horizon of at least 20 years that fosters mobility and access for people and goods, efficient system performance and preservation, and quality of life; and
- Transportation Improvement Program (TIP) a five-year program of budgeted improvements.

The TPOs assist the transit organizations in the three, urbanized areas with their Transit Development Plans (TDP), a ten-year capital and finance plan for public transportation. Because the Bay County TPO is the transit agency in Bay County, this is a direct responsibility of the Bay County TPO. An annual update of the TDP shall be in the form of a progress report on the ten-year implementation plan. Major updates are completed every fifth year. The three transit systems in the region completed the last major updates in FY 12.

Funding for each TPO is derived from federal, state and local government sources. The majority of each TPO budget is comprised of Federal PL funds received from the Federal Highway Administration and passed through the Florida Department of Transportation. PL funds must be matched at 81% federal, and 19% local. The local match is provided by the Florida Department of Transportation with toll revenue credits that is "soft match". This significantly reduces the local funds needed for match. The Florida Department of Transportation also provides limited 100% planning grants for transportation planning purposes — generally for major updates of the Long Range Transportation Plans. The TPO budget is approved annually in April by each TPO as part of the Unified Planning Work Program.

An extensive public involvement process is included in the TPO planning process to ensure that citizens of the area have an opportunity to participate in selection of the improvements to be implemented. Public involvement includes seeking comments from traditionally underserved citizens and is designed to satisfy the Federal requirements of Title VI of the Civil Rights Act and policies on Environmental Justice. To this end, each TPO maintains an approved Public Participation Process Manual.

Federal and state regulations require Congestion Management Process Plans (CMPP). The Congestion Management Process, as defined in federal regulation, is intended to serve as a systematic process that provides for safe and effective integrated management and operation of the multimodal transportation system. The CMPP provides baseline level of service ratings of road, bicycle, pedestrian and transit facilities. Improvements to bicycle, pedestrian and transit facilities can provide effective long-term strategies to reduce vehicle traffic. The CMPP can help identify corridors that would benefit most from bicycle/pedestrian/transit improvements and relieve congestion on the road system.

The Strategic Intermodal System (SIS), instituted in 2004, fundamentally shifted the way Florida views the development of and makes investments in its transportation system. The SIS is composed of transportation facilities and services of statewide and interregional significance. It represents an effort to link Florida's transportation policies and investments to the state's economic development strategy. The SIS focuses on complete end-to-end trips, rather than individual modes or facilities. Section 339.135, Florida Statute requires the allocation of at least 50% of any new discretionary highway capacity funds to the SIS. The FDOT has established a policy that 75% of all transportation capacity funds be allocated to the SIS, with the exception of funds allocated to the Transit Program and STP funds attributable to areas with populations over 200,000 (SU funds).

The Department has completed the 2013 Data and Designation Review of all existing and potential SIS facilities using proposed new criteria and the most recent available data. This review identifies potential changes to the list of designated SIS facilities as a result of the criteria changes as well as updated data on transportation and economic activity levels. Proposed changes affecting facilities in the Region include addition of the connection between Hurlburt Field and SR 123, Eglin Parkway to U.S. 98 Miracle Strip Parkway to Cody Ave.; and the connection between Eglin AFB and SR 123: Eglin to John Sims Parkway to Eglin Blvd.

The emphasis on approaching transportation issues from a regional perspective is a high-priority of federal and state transportation agencies. The second priority for state and federal transportation construction dollars in Florida is regionally significant transportation projects. The Florida Legislature created the **Transportation Regional Incentive Program** (TRIP) to implement regionally significant projects identified through partnerships of two or more MPOs and/or counties. TRIP requires a regional network and priorities to support applications for funding through the Florida Department of Transportation. The Council staffs two regional partnerships. The Florida-Alabama and Okaloosa-Walton TPOs have formed the Northwest Florida Regional Transportation Planning Organization, a four-county transportation planning partnership. The Bay County TPO, Gulf County, Holmes County and Washington County formed and maintain the Bay, Gulf, Holmes, Washington Regional Partnership for their four-county area to qualify for TRIP funding.

In FY 13, the Regional TPO partnered with the Council to hold the 1<sup>st</sup> Annual Emerald Coast Transportation Symposium. The event attracted 186 people from as far west as Mobile, Alabama and as far south as Tampa, FL. The 2<sup>nd</sup> Annual Symposium was held in May 2014 and was expanded in length and scope. A 3<sup>rd</sup> Symposium is planned for November 2015.

Consideration must be given to impacts of planned transportation projects on social, environmental, and economic resources. The goal is to allow permitting agencies early review of transportation projects through Florida's Efficient Transportation Decision-Making Process (ETDM). The intent of the ETDM is for the TPOs to submit projects for early review and comment during the planning process. If there are scrious environmental concerns with a project, permitting agencies will flag the projects for more detailed review. ETDM also includes a socio-cultural evaluation. The FDOT and University of Florida developed an Internet-based GIS application being used by all MPOs, environmental resource agencies, and the Department, to review the impacts of new, major transportation projects. This system has been designed to shorten the delivery time on major projects while maintaining a thorough and rigorous review of project impacts. A major focus for the TPOs continues to be developing Community Profiles. These Profiles describe Census Designated Places and other locally defined communities and are used to disseminate information to and collect information and input from the citizens of each community.

The Transportation Alternatives Program (TAP) was authorized by the Moving Ahead for Progress in the 21<sup>st</sup> Century Act (MAP-21). The TAP redefines the former Transportation Enhancements (TE) Program eligibilities and consolidates them with the Safe Routes to Schools (SRTS), and the Recreational Trails Program. With the exception of the Recreational Trails Program, the TAP is administered by the Florida Department of Transportation. The programming of transportation alternatives projects is handled by the department's district offices. In FY 15, TAP criteria were reviewed and confirmed by the three (3) TPOs. The TPOs solicit for, prioritize and submit prioritized projects to FDOT for consideration.

Bicycle/Pedestrian planning is included in the TPOs' Unified Planning Work Programs. Recently, this program has focused on safety, because Florida has a significant bicyclist and pedestrian accident and fatality rate.

Comprehensive Bicycle/Pedestrian Needs Plans are in place for each urbanized area. An update for the urbanized areas of Escambia, Santa Rosa and Baldwin Counties was completed in FY11. An addendum completed in FY 12 added, 100 center-line miles of pedestrian and bicycle analysis and tiered recommendations. The Plan for Bay County was adopted in June 2011. The Plan for Okaloosa and Walton Counties was updated in FY 12. Both Plans include recommended projects in Tiers from I to V.

#### **PUBLIC TRANSPORTATION**

The Federal Transit Administration (FTA) provides funds to support public transportation planning through the Section 5305 (formerly Section 5303) Planning Program. Federal Highway Administration (FHWA) provides Planning (PL) funds that can also be used to support public transportation planning efforts. The federal share, for both the 5305 and PL funds, is 80% and the state and local share is 10% each. These funds are budgeted and approved by each Transportation Planning Organization (TPO).

Public Transit Block Grant recipients are required to conduct a Transit Development Plan (TDP) Major Update every five years. The block grant recipients are Escambia County, Okaloosa County, and the Bay County TPO. The TDP Major Update process for these recipients will begin in 2015 and will be completed. The adopted TDP will be submitted to the Florida Department of Transportation (FDOT) by September 1, 2016. TPO staff will coordinate and assist recipients and transit agencies with the major updates.

A Transit Education and Public Relations campaign for each of the three TPO areas is ongoing and covers a three year period (2013-2015). Additionally, the FL-AL TPO approved completion of a Transit Facilities Standards Study and a Regional Transit Authority Study. The Facilities Standards Study will be completed in Summer 2015 and the RTA Study is scheduled for completion in FY 2016.

Staff presented a scope and notice to proceed (NTP) for a feasibility study, for seasonal transit service in Orange Beach, AL and surrounding areas, to the Florida-Alabama TPO in April of 2015. Orange Beach became part of the Pensacola, FL-AL urbanized area in the 2010 census. If the TPO approves the scope and NTP, the feasibility study will be completed in 2016 by the TPOs General Planning Consultant. Staff has also been working with Walton County to develop a scope for a study of the feasibility of seasonal transit service on County Road 30-A. At this time, it appears that FDOT will contract with the Center for Urban Transportation Research at the University of S. Florida for this study.

# TRANSPORTATION DISADVANTAGED PROGRAM

This program was initiated in 1990. The West Florida Regional Planning Council (WFRPC) performs planning for the coordinated transportation disadvantaged systems in all seven (7) counties in the Region. This planning support is provided by the Florida Commission for the Transportation Disadvantaged (CTD). The Commission provides 100 percent state funding for planning purposes from the Transportation Disadvantaged Trust Fund to the WFRPC, which serves as the Designated Official Planning Agency for Holmes and Washington Counties. The Florida-Alabama, Okaloosa-Walton, and Bay County Transportation Planning Organizations (TPOs) serve as the Designated Official Planning Agencies for the remaining five (5) counties located in the respective urbanized areas.

Work entails general administration (e.g., agenda, minutes, etc.) in support of each Local Coordinating Board (LCB); reviewing funding applications; compiling actual expenditure reports for all local and direct federal transportation dollars; evaluation of the designated Community Transportation Coordinator (CTC); assisting in the development of the CTC's Memorandum of Agreement/Service Plan; developing needs and service plans for each area in a Transportation Disadvantaged Service Plan (TDSP) that meets the requirements of the federal Coordinated Public Transit – Human Services Transportation Plan; monitoring the service provided; mediation of conflicts including identification and elimination of barriers to coordination; and other support requested by the LCB. Coordinated transportation costs are

continually monitored by the respective local LCBs.

In cooperation with the Local Coordinating Board, staff solicits and recommends a CTC for each county to the Florida Commission for the Transportation Disadvantaged (CTD). Significant CTC changes have occurred in Escambia and Bay Counties. Escambia County elected to become the CTC beginning July 1, 2014 and Bay County elected to become the CTC during an emergency period beginning January 1, 2014. Bay County has since been approved by the CTD to continue as the CTC under contract through 2019. As CTC they worked with the staff and coordinating board to procure an operator for Bay Area Transportation. The incumbent CTC and primary operator in Santa Rosa County gave notice, effective December 31, 2014. RPC staff coordinated with potential entities to serve as CTC for a six-month emergency period. During the spring of 2105 staff issued an RFP for Community Transportation Coordinator for Santa Rosa County. Staff received two responses. Staff has spent an extensive amount of time assisting both counties with their transitions.

The Florida-Alabama and Bay County TPOs are recipients of Job Access and Reverse Commute (JARC) and New Freedom (NF) grant funds to support work-related transportation and transportation services to the disabled. The grant programs were eliminated with the authorization of MAP-21, program grant funds for Escambia County will continue to be administered by staff.

WEST FLORIDA COMMUTER ASSISTANCE PROGRAM
The Council, under contract with FDOT, has operated the West Florida Commuter Assistance Program, rideOn since 1977 and will continue to do so in FY 2015. The program helps commuters transition from driving alone to more efficient modes of travel, such as carpools, vanpools, transit, bicycling and walking. The purpose of the program is to reduce vehicle miles travelled and congestion, thereby alleviating the need to add road capacity.

Planners market the program to employers and individuals in the 10 westernmost counties in the Panhandle. In 2015 the goal is to make 10 on-site visits to employers, promote to all 3 TPOS, all Transportation Disadvantaged local coordinating boards and all local jurisdictions, rideOn will also maintain billboards promoting the program to individual commuters in each urbanized area in the region.

rideOn planners staff a rideOn hotline providing assistance to individuals and organizations wishing to learn more about alternative alerts. The core of the rideOn program is a website providing access to software that provides commuters to register and match their commutes to the commutes of already registered commuters for the purpose of creating a new car/van pool or joining an existing car/van pool. Planners contact each new registrant to assist them with their match request and to maintain the integrity of the registration data.

rideOn planners also provide support to several private van pool operators in the region and ensure that their riders are registered in the database, so that these commuters are eligible to receive the emergency ride benefit, which provides a free ride home if the commuter should need to return home before the van/car pool leaves. Planners administer this program, ensuring emergency ride home providers are available, documentation of invoices is adequate, and riders are following program rules.

Additionally, planners continue to research locations for new park and ride lots, which FDOT constructs as funds become available. Park and ride lots facilitate car and van pools and there are currently more than 20 active park and ride lots in the region. In FY 2014, rideOn planners worked with WFRPC GIS staff to create an interactive park and ride lot map for the WFRPC website. In FY 2015, ride On will work with Commuter Services of North Florida to add park and ride lots in the rest of FDOT Region 3 to the map, thus providing a comprehensive map of all park and ride lots in Region 3.

Finally, rideOn has contracted with a promotional and marketing firm to develop a program to strengthen the brand awareness of rideOn in the region. This initiative is in response to an FDOT-sponsored evaluation of commuter assistance programs across the state that found that, although rideOn performed well in terms of matching commuters and creating car/van pools, brand recognition was below par. rideOn submits quarterly performance reports to FDOT and presents its work program to the council annually.

# RURAL TRANSPORTATION WORK PROGRAM LIAISON

In 2006, the Council began staffing a program under contract with the Florida Department of Transportation. The Council acted as a liaison between District 3 and rural incorporated and unincorporated areas of Escambia, Santa Rosa, Okaloosa, Walton, Holmes, and Washington Counties. FDOT District 3 has elected to staff this program internally beginning in FY 2016.

## HAZARDOUS WASTE VERIFICATION

The Council contracts directly with Santa Rosa, Okaloosa, Washington and Holmes counties to complete the Small Quantity Hazardous Waste Generator (SQG) grant program from the revenue sources that were identified by the local governments to continue the program after grant funds were expended. Section 403.7225, Florida Statutes requires the SQG program to identify businesses, non-profits, and governmental entities that generate or have the potential to generate hazardous wastes as specified in the Federal Resource Conservation and Recovery Act (RCRA). Council services include continual update of databases which identify these facilities, document waste streams through site visits, notify county contacts when various forms of substantial violations are documented, and provide assistance in non-enforcement, non-regulatory environment to entities so that RCRA compliance can be achieved in the most efficient and cost effective means possible.

# STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM

Administrative services are provided to Walton, Washington and Holmes Counties to implement the State Housing Initiatives Program (SHIP). Staff assistance includes preparation of all required reports, ordinances, resolutions and advertisements to ensure compliance with program rules. Potential program recipients are processed to determine eligibility. Staff prepares rehabilitation specifications; perform initial and final inspections; conduct pre-bid conferences and bid openings; monitor construction activities; and coordinate homebuyer down payment assistance.

# BAY AREA RESOURCE COUNCIL (BARC)

The Council serves as staff to the Bay Area Resource Council (BARC), which covers the Pensacola Bay Watershed. Planners concentrate on educational forums and presentations, bringing together public and private entities concerned with environmental issues in the watershed. An annual citizen and technical symposium is sponsored, along with several panel discussions addressing specific issues such as proposed water quality standards and green business practices. BARC has successfully partnered with private and public entities the past several years to leverage local funds to provide environmental education in the two county area and sponsors Bay Day, a hands-on environmental education event for local 5<sup>th</sup> graders. Member local governments and grants fund these programs.

## WALTON/OKALOOSA/SANTA ROSA REGIONAL UTILITY AUTHORITY

The Council serves as staff to the Walton/Okaloosa/Santa Rosa Regional Utility Authority (RUA) which covers the coastal areas of those countics. The RUA is a designated Water Supply Authority under Chapter 373, Florida Statutes but only addresses long term water supply planning at this point. The RUA has facilitated significant expansions of water and wastewater treatments plants in Okaloosa and Walton Counties via the State Revolving Loan Fund.

# TECHNICAL ASSISTANCE & OTHER SPECIAL PROJECTS

Planning services are provided on a contractual basis to local governments requiring staff assistance for an extended or short period of time. This program provides professional staff to perform planning activities as directed by local governments. Technical assistance activities include preparation of comprehensive plan amendments; preparation and administration of various grant applications (economic, environmental, housing, etc); and designing and digitizing local maps, to name a few.

# PROGRAM DEVELOPMENT & TECHNICAL ASSISTANCE

This program provides for the development of new projects for the Council. It also allows Council staff to provide program matching funds and technical assistance to Cities and Counties in the region. Such technical assistance would be provided upon request from the Cities and Counties and would be limited in scope.

### WEST FLORIDA REGIONAL PLANNING COUNCIL

## October 1, 2014 - September 30, 2015

### II. CURRENT BUDGET - LOCAL GOVERNMENT

	WFRPC	<u>TPO</u>	TOTAL
BAY COUNTY	\$6,521	\$4,349	\$10,870
Callaway	966	836	1,802
Lynn Haven	1,115	1,101	2,216
Mexico Beach		65	65
Panama City	1,661	2,085	3,746
Panama City Beach		706	706
Parker		252	252
Springfield	- · · · · · · · · · · · · · · · · · · ·	517	517
ESCAMBIA COUNTY	10,786	9,489	20,275
Pensacola	2,196	2,003	4,199
HOLMES COUNTY	1,651	_	1,651
OKALOOSA COUNTY	7,121	4,162	11,283
Crestview	1,246	867	2,113
Destin	905	471	1,376
Fort Walton Beach	1,158	765	1,923
Mary Ester	*	146	146
Niceville		505	505
Valparaiso	-	198	198
SANTA ROSA COUNTY	6,113	5,440	11,553
Gulf Breeze		223	223
Jay	518	**********	518
Milton	799 ·	353	1,152
WALTON COUNTY	2,878	1,981	4,859
DeFuniak Springs	674	202	876
Freeport		<b>-</b>	*
WASHINGTON COUNTY	1,806	-	1,806
ALABAMA - Baldwin County		14,700	14,700
TOTAL	\$48,114	\$51,416	\$99,530

WEST FLORIDA REGIONAL PLANNI	NG COUNCIL	
October 1, 2015 - September	30, 2016	
III. REVENUE SOURCES	1	
FEDERAL		
Federal Transit Admin - Florida-Alabama TPO		\$261,646
Federal Transit Admin - Bay County		107,200
Federal Transit Adimi - Okaloosa-Walton TPO		54,663
USDOT - Florida-Alabama TPO PL		662,578
USDOT - Bay County TPO PL		447,575
USDOT - Okaloosa-Walton TPO PL		429,400
USDOT - Florida-Alabama TPO SU		205,150
USDOT Economic Development Administration (EDA)		63,000
USDOT Hazardous Material Emergency Planning		64,489
USEPA Environmental Protection Agency Brownfield		15,000
Federal Region Evacuation Study		10,000
	TOTAL	\$2,320,701
STATE		
FDEM Local Emergency Planning Commission (LEPC)		42,000
FDEM County Hazard Analysis		4,198
SHIP Housing		160,400
FDOT Commuter Assistance		222,001
FDOT Match - FTA 5305	- I I I I I I I I I I I I I I I I I I I	39,351
Florida Commission for the Transportation Disadvantaged		151,223
	TOTAL	\$619,173
LOCAL		
Hazardous Waste Verification		33,800
Bay Area Resource Council		16,000
Walton/Okaloosa/Santa Rosa Regional Utility Authority		5,000
WFRPC Member Dues		\$53,450
Technical Assistance		10,000
FTA 5305 Match	, , , , , , , , , , , , , , , , , , ,	36,719
AL-Baldwin County		2,632
	TOTAL	\$157,601
	GRAND TOTAL	\$3,097,475

WEST FLORIDA REGIONAL PLANNII	NG COUNCIL	
October 1, 2015 - September 3	30, 2016	
IV. ALLOCATIONS OF LOCAL I	FUNDS	
WEST FLORIDA REGIONAL PLANNING COUNCIL		
Program Development & Match		\$53,450
	TOTAL	\$53,450
TPO-FTA 5305 Match		
Florida-Alabama TPO	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	17,507
AL-Baldwin County	<u> </u>	2,632
Bay County TPO		9,914
Okaloosa-Walton TPO		9,298
	TOTAL	\$39,351
GR	AND TOTAL	\$92,801
V. EXPENDITURES		
Salaries & Fringe		1,770,886
Contract/Direct Expenses		832,458
Common/Indirect Expenses		494,131
	TOTAL	\$3,097,475

### WEST FLORIDA REGIONAL PLANNING COUNCIL

### October 1, 2015 - September 30, 2016

### VI. BUDGET REQUEST

	<u>WFRPC</u>	FTA MATCH	TOTAL
BAY COUNTY	\$6,550	\$4,337	\$10,887
Callaway	974	848	1,822
Lynn Haven	1,120	1,107	2,227
Mexico Beach	_	65	65
Panama City	1,663	2,076	3,739
Рапата City Beach	896	708	1,604
Parker		253	253
Springfield	·	520	520
ESCAMBIA COUNTY	10,877	9,465	20,342
Pensacola	2,215	2,001	4,216
HOLMES COUNTY	1,651	<u>-</u>	1,651
Ропсе de Leon	518	-	518
Bonifay	586	-	586
OKALOOSA COUNTY	7,197	4,113	11,310
Crestview	1,254	870	2,124
Destin	908	470	1,378
Fort Walton Beach	1,173	776	1,949
Mary Ester		144	144
Niceville		513	513
Valparaiso	-	197	197
SANTA ROSA COUNTY	6,193	5,467	11,660
Gulf Breeze	689	221	910
Jay	517		517
Milton	803	353 ,	1,156
WALTON COUNTY	2,943	1,922	4,865
DeFuniak Springs	675	200	875
Paxton	520		520
Freeport	581	93	674
WASHINGTON COUNTY	1,811	-	1,811
Chipley	614		614
Vernon	522	_	522
ALABAMA - Baldwin County	-,	2,632	2,632
TOTAL	\$53,450	\$39,351	\$92,801

# WFRPC Local Government Membership Dues FY 2015-16

County/City	Current Fee 14-15	Base Fee *	+	2014 Est. Population**	*	.0325 /Capita	=	Updated Total	Di	fference
Bay County	\$ 6,521,00	\$ 1,000,00	+	170,781	*	\$ 5,550,38	=		5	29.38
Callaway	966,00	500,00	+	14,581	*	473,88	=	973,88		7,88
Lynn Haven	1,115.00	500,00	+	19,068	*	619.71	=	1,119.71		4.71
Panama City	1,661.00	500.00	+	35,773	*	1,162.62	=	1,662.62		1.62
Panama City Beach	895.00	500.00	+	12,1 <del>9</del> 1	*	396,21	=	898.21		0,00
Escambia County	10,786.00	1,000.00	+	303,907		9,676.98	=	10,876.98		90,98
Pensacole	2,196.00	500.00	+	52,7 <del>5</del> 8	•	1,714.64	=	2,214.64		18,64
Holmes County	1,851.00	1,000.00	+	20,025		650.81	***	1,650.61		(0.19)
Ponce de Leon	518.00	500.00	+	554	•	18.01	=	518.01		0.00
Bonifey	568.00	500.00	+	2,659	*	86.42	=	586.42		0,00
Okaloosa County	7,121,00	1,000.00	+.	190,666	*	6,196.65	=	7,196.65		75.65
Crestview	1,246.00	500,00	+	23,209	*	754.29	=	1,254.29		8,29
Destin	905.00	500.00	+	12,541	•	407_58	=	907.58		2,58
Ft. Walton Beach	1,158.00	500.00	+	20,719	*	673.37	=	1,173.37		15.37
Santa Rosa County	6,113.00	1,000,00	+	159,785		5,193,01	=	6,193.01		80.01
Gulf Breeze		500.00	+	5,605	٠	188,66	125	688.86		688.66
Jay	518.00	500.00	+	529	•	17.19	=	517.19		(0.81)
Millon	799.00	500.00	+	9,316	*	302,77	=	802.77		3,77
Walton County	2,878.00	7,000.00	+	59,793		1,943.27	=	2,943,27		65.27
DeFuniak Springa	674,00	500.00	+	5,387	*	175.08	=	675.08		1.08
Paxton	520.00	500.00	+	613	*	19.92	200	519,92		0.00
Freeport	581.00	500.00	+	2,488	*	38,08	<b>***</b>	580,86		0.00
Weshington County	1,806,00	1,000.00	+	24,959	*	811.17	=	1,811.17		5,17
Chipley	814.00	500,00	+	3,504	٠	113.88	=	613.88		0.00
Vernon	522,00	500.00	+	560	*	22.10	#	522,10		0.00
Totals:	\$ 52,351,00	\$ 16,000.00		1,152,291		\$ 37,449.46	_	\$ 53,449.47	\$	1,098,46

<sup>1\$1,000.00</sup> County; \$500.00 City \*\*BEBR



### **Consumer's Certificate of Exemption**

DR-14 R. 04/11

### Issued Pursuant to Chapter 212, Florida Statutes

85-8012620347C-8	10/31/2012	10/31/2017	STATE GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

WEST FLORIDA REGIONAL PLANNING COUNCIL 4081 E OLIVE RD STE A PENSACOLA FL 32514-6477

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



### Important Information for Exempt Organizations

DR-14 R. 04/11

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
   See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Wildlife Sanctuary of Northwest Florida, Inc.

Agency Address:

105 North S Street Pensacola FL 32505

Program Name:

Wildlife Sanctuary of Northwest Florida, Inc.

Program Contact:

Dorothy Kaufmann, Director

Contact Email:

ws@wildlife.gccoxmail.com

Contact Phone:

850-433-9453

25-Word Description of Program:

Gives wildlife a second chance, provides a safe haven for injured and orphaned wildlife and promotes public awareness appreciation and preservation of wildlife through education.

Amount Requested:

30.951.00

Amount Received Last Year, if applicable:

30.951.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Taking in injured and orphaned indigenous wildlife and provided appropriate care in a hospital setting by trained staff; we provided information, tours, presentations and newsletters to foster public awareness, public safety and appreciation of wildlife. Education and a push for ecotourism in the community are a part of our daily operations. County funding assisted with staffing, audit, printing education materials, and proper facilities to be open 7days a week, 10 hours a day.

Briefly discuss how the funding you are currently requesting will be used.

The funding is to continue to assist with our mission as a wildlife hospital and sanctuary. The Wildlife Sanctuary is a community resource. Educators and homeowners, tourists, and residents alike, all benefit from our various programs and services. Escambia County's funding allows us to continue these efforts.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The Wildlife Sanctuary will continue to search for available grants referencing wildlife rehabilitation and education.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

The Wildlife Sanctuary is currently not involved with any matching funding.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

Rehabilitate/assist injured & indigenous wildlife that otherwise burdens Esc. Co. Animal Svcs. & citizens. This allows the public/governmental agencies to drop off wildlife in need of care to a central location. A licensed/permitted wildlife hospital provides safety to the community by discouraging illegal possession of wildlife hence avoiding public health issues.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Annually taking in approximately 3000 injured and orphaned wildlife for rehabilitation to assist the citizens of Escambia County.

Through our efforts we plan to educate 12,000 residents and visitors annually.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Between the years of 2004 and 2014 provided services for 31,195 injured and orphaned wildlife.

Over the last 5 years we have educated an average of 10,000 residents and visitors annually.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### income

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	269,225.00	368,326.00	315,049.00
Programmatic Income	0.00	0.00	0.00
County Funding	39,790.00	38,689.00	30,951.00
City Funding	0.00	0.00	0.00
State Funding	0.00	0.00	0.00
Federal Funding	0.00	0.00	0.00
Memberships	41,858.00	43,564.00	45,000.00
Investment income	2,198.00	-4,591.00	2,000.00
Other Income	6,648.00	152,583.00	7,000.00
Total Income	359,719.00	598,571.00	400,000.00



### <u>Expenses</u>

	Most Recently Completed Budge	Current t Year Budget Yea	Proposed Budget Year
Total Staffing	132,233.00	140,084.00	151,000.00
Salaries and Wages	28,661.00	29,819.00	31,000.00
Employee Benefits	0.00	0.00	0.00
Professional Services	0.00	0.00	0.00
Contractual Services	103,572.00	110,265.00	120,000.00
Travel Expenses	0.00	697.00	700.00
Rentals and Leases	1.00	1.00	1.00
Communication	0.00	0.00	0.00
Postage and Freight	7,438.00	8,347.00	9,000.00
Repair and Maintenance	4,000.00	4,238.00	5,000.00
Printing and Binding	4,744.00	5,948.00	6,200.00
Marketing and Promotion	0.00	0.00	0.00
fuel	0.00	0.00	0.00



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	33,972.00	16,866.00	18,000.00
Capitalizable Assets	0.00	0.00	0.00
Total Expenses	314,621.00	316,265.00	340,901.00
Net income	45,098.00	282,306.00	59,099.00

Please explain any capitalizable asset contained in your request.

Form

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.lrs.gov/form990.

2014 Open to Public

$\overline{}$	For the 2014	calendar year, or tax year beginning and ending		
	heck if applicable:	C Name of organization WILDLIFE SANCTUARY OF NORTHWEST	D Emol	oyer identification number
	•••		[	ayar radiidiidaa iradiiba
$\sqsubseteq$	Address change	FLORIDA, INC.		
[]	Name change	Oring business as		<u>-2222303</u>
Ħ.	nitial return	Number and street (or P.O. box if mell is not delivered to atreet address  105 N. S ST.	E Telep	hone number
	inal return/	City or town, state or province, country, and ZIP of	\ <del>  ••••</del>	
	eminated			464 476
$\square$	Amended return	PENSACOLA	G Gross	receipts \$ 606,879
Ħ		F Name end address of principal officer:	N same man	for subordinates? Yes X No
	Application pending	: X 501(c)(3) So1(c) ( ) ◀	201 If subordinates "No," attach a	included? Yes No
		WWW. PENSACOLAWILDLIFE, C  IX Corporation Trust Association ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  ADMINISTRATION  AD	e SERTS exemption nur	
	Form of organization	n: X Corporation Trust Association	EMENT DOET	M State of legal domicile:
<u> </u>	arti S	MINISTRATING  Summary  OFFICE OF MANAGO		
	1 Briefly o	describe the organization's mission or most signif	ļ	
o	SEE	SCHEDULE O		
을				
Ě			J	
Governance	2 Check t	his box ▶ ☐ if the organization discontinued its d		
		of value marker of the governing bady (Part VI)		1 1 3
90				
Ë	4 Number	of independent voting members of the governing booy (Part VI, line 1b)	·····	
Activitles &	5 Total nu	umber of individuals employed in calendar year 2014 (Part V, line 2a)		
¥		Imber of volunteers (estimate if necessary)		71
	7a Total un	nrelated business revenue from Part VIII, column (C), line 12	7.	<u>a</u> O
_	b Net unn	elated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
Φ	8 Çontribu	utions and grants (Part VIII, line 1h)	350,87	<u>3 450,579</u>
롩		n service revenue (Part VIII, li∩e 2g)		0
Revenue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	2,19	8 -4,591
œ	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,64	8 152,583
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9 598,571
		and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,66	1 29,819
Expenses	18 Droforni	o, other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25)   xxenses (Part IX, column (A), lines 11a–11d, 11f–24e)		25,015
Ë	T-4-15	conditionalising less (Part IX, Column (A), line 119)		
.R	<b>D</b> Total ful	ndraising expenses (Part IX, column (D), line 25)		885 445
-		Appended (1 art 17, 00 0 m) (17, m) (3 1 12 - 1 12, 1 11 - 2 - 0)		
	18 Total ex	openses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
	<b>19</b> Revenu	e less expenses. Subtract line 18 from line 12	45,09	
28			Beginning of Current Year	
Assets or Balances	20 Total as	ssets (Part X, line 16)	541,35	
₹2 2	21 Total lia	bilities (Part X, line 26)	1,62	
<u> </u>	22 Net ass	ets or fund balances. Subtract line 21 from line 20	539,72	1 822 <b>,</b> 027
_P	art II S	Signature Block		
Ur tru	ider penalties of e, correct, and o	f perjury, I declare that I have examined this return, including accompanying schedules and s complete. Declaration of preparer (other than officer) is based on all information of which pre	statements, and to the best of my kno- parer has any knowledge.	wledge and belief, it is
Sig	n 🔽	Signature of officer	ם	late
Hei				
		Type or print name and title		
_	Print/Ty	pe preparer's name Preparer's signature	Date Ch	eck if PTIN
Paid	.   `		06/25/15 38	<b>—</b> I
	1111031			<u> </u>
	Only Firm's r		Firm's EIN	• 33734 <u>/13/6</u>
J44	-	301 ST. CHRISTOPHER ST		050-404-7070
	Firm's a		Phone no.	850-484-7070
		iss this return with the preparer shown above? (see instructions)		Yes X No
For	Paperwork Red	luction Act Notice, see the separate instructions.		Form <b>990</b> (2014)

om	990 (2014) WILDLIFE SANCTUARY OF NORTHWEST	59-222303 Page
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in	this Part III
1_	Briefly describe the organization's mission:	
S	SEE SCHEDULE O	***************************************
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were	
	prior Form 990 or 990-EZ?	Yes 🗓 Yes
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, an	
	services?	Yes 🔀 N
	If "Yes," describe these changes on Schedule O.	
4 .	. Describe the organization's program service accomplishments for each of its three largest	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	t of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
${f T}$	O PROVIDE CARE FOR LARGE NUMBERS OF HURT AND	D ABANDONED
	ULDLIFE.	
		***************************************
		***************************************
		***************************************
	***************************************	***************************************
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E	(Code: )(Expenses \$ including grants of \$ SCAMBIA COUNTY GRANT - TO PROVIDE CARE FOR I OF HURT AND ABANDONED WILDLIFE	) (Revenue \$ LARGE NUMBERS
	••••••	
	***************************************	
	411	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
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		***************************************
		***************************************
	***************************************	
		***************************************
\$d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$	) (Revenue \$

#### **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yea." complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account (lability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V Х 10 11 If the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI. VII. VIII. IX. or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D<sub>5</sub> Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 11b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 Х Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 128 Χ Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ..... Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 13 Did the organization maintain an office, employees, or agents outside of the United States? Х 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? if "Yes," complete Schedule G, Part ill Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

#### Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Oid the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O

Pε	irt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		·	
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			٠.
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 .		
	reportable gaming (gambling) winnings to prize winners?	1c		Х
2а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
р	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		_X_
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			.,
5a	Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	المأ		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			İ
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•	Crauma and at backing accident backing	7.		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	···   'B		
٠		7c		
đ	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	/6		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	··· 76		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	···  - <u>^^</u>		• • • • • • • • • • • • • • • • • • • •
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	···   <del></del> -		
a	Did the executation province on the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations, Enter.		٠.	
a	Initiation fees and capital contributions included on Part VIII, Ilne 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1.0	
	against amounts due or received from them.)	-1%		F. 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		25.5	<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			l'.
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	<b></b>		
C	Enter the amount of reserves on hand		11	- <del></del>
14a	Did the organization receive any payments for Indoor tanning services during the tax year?			X
D	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	146	1	ľ

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records: >

financial statements available to the public during the tax year.

32505

850-433-9453

CHERYL GREENE

PENSACOLA, FL

19

om 990 (2014)	WILDLIFE	SANCTUARY	OF	NORTHWES
-om 990_(2 <u>014)</u>	AA T T     T T T T T T T T T T T T T T T	SANCIDARI	OF.	TACKTITAAF

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Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 $ilde{ imes}$  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Neme end Title	(B) Average hours per week (list any	bo	x, unle	Pos check 88 pe	mone raon k	than or both	en	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional fusiae	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ALAN ROBINSON DIRECTOR	0.50	×						0	. 0	0
(2) STEAMER LAWHEAD	0.50	x						0	0	0
(3) DALE DEAN	0.50						•			
TREASURER (4) LARRY STEIMEL	1.50	X		X				0	<u></u> 0	0
PRESIDENT (5) MARY JONES	0.00	х		Х				0	0	0
DIRECTOR (6) BOB JORDAN	1.00	Х						0	0	0
VICE PRESIDENT (7) CHRISTINE BURKE	0.00	X	. :	Х				0	0	0
DIRECTOR (8) JOHN KAUFMANN	0.25	х						0	0	0
DIRECTOR (9) DEBBIE BARNARD	0.50	x						0	0	0
SECRETARY (10) CHRIS VERLINDE	0.00	x		х	_			0	0	0
DIRECTOR (11) MOLLY O'CONNER	0.25	х						0	. 0	0
DIRECTOR	0.50	х						0	0	O Form <b>990</b> (2014)

<u>ra</u>	rt VII Section A. Officers  (A)  Name and life	(8) Average hours per week (list any bours for	(d bo	lo not ox, unle ficer a	Pos check ess pe ind a	C) attion more erson direct	than d is both or/Irusi	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1089-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)		organization and related organizations
(12)	ELLEN ODOM	0.25					T				
DIF	RECTOR	0.00	Х						<u> </u>	· 0	0
(13)	DANA DEYOUNG	0.05									
DIF	RECTOR	0.25	х						0	٥ ا	0
(14)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
(15)			$\vdash$	$\vdash$		-	$\vdash$				
(16)			$\vdash$		┢	$\vdash$	-	-		<u> </u>	
(17)	***						$\vdash$	-			
(18)				-		<del>                                     </del>	$\vdash$				
. ,	,										
(19)											
1b	Sub-total				,			۴			
c d	Total from continuation shee							۲	·	-	
2	Total (add lines 1b and 1c)  Total number of individuals (inc	auding but not lin	nited	to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of	
_	reportable compensation from	the organization	<u> </u>	<u>U</u>					<u></u>		Yes No
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, directions complete Schedu	ctor, ile J	or tra for s	ustee auch	, ke Indk	y en Idual	ploy	ee, or highest compensated	i	3 X
4	For any individual listed on line organization and related organi	1a, is the sum o zations greater th	ofrep nan 9	ortal 6150,	ble o ,0001	omp ? If "	ensa Yes,'	tion ' con	and other compensation from plete Schedule J for such	m the	
5	individual  Did any person listed on line 1s for services rendered to the org	a receive or accr	ue c	omp€	ensat	ion i	rom	any	unrelated organization or in	dividual	
Sect	ion B. Independent Contracto		s, c	ompi	ere ;	20ÚE	aule	<u>J 10</u>	r such person		5   X
1	Complete this table for your five compensation from the organization	e highest compet ation. Report con	nsate	ed inc	depe	nder	nt co cale	ntrac ndar	tors that received more that	n \$100,000 of the organization's tax year.	
		(A) business address	1,500	0000	,, ,,,,	110	4414			(B) lion of services	(C) Compensation
	¨										
	<u> </u>							$\dagger$			
_								ļ.,			
		·									<u> </u>
								T			
	Total number of independent of	ontractors (includ	ina t	out n	ot lin		to #	lose	listed above) who		
DAA	received more than \$100,000 o	of compensation	from	the	orga	niza	ion I	<b>&gt;</b>		0	Form <b>990</b> (2014

Pa	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
				(A) Totel revenue	(B) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512-514				
s, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1a 1b 1c								
Contributions, Giffs, Grants and Other Similar Amounts	d e f	Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above	1d 39,790								
Contribution	g h	Noncash contributions included in lines 1a-1:  Total. Add lines 1a-1f									
ice Revenue	2a b c										
Program Service	d e f	All other program service revenue									
<u>a_</u>	3	Total. Add lines 2a-2f	vidends, interest,	1,394	1,394		<u> </u>				
	<b>4</b> 5	Income from investment of tax-e Royalties	exempt bond proceeds	1, 254	1,394						
	6a b c	Gross rents Less: rental exps. Rental inc, or (loss)	(n) increase its								
	d 7a	Net rental income or (loss)  Gross amount from sales of assets other than inventory	(ii) Other								
		Less: cost or other basis & sales exps. Gain or (loss)	5,985 -5,985				<sup>1</sup>				
enue	d 8a	Net gain or (loss)	<u></u>	-5 <b>,</b> 985	-5,985						
Other Revenue	ь	of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses									
J	9a	Net income or (loss) from fundra Gross Income from gaming activities. See Part IV, line 19									
	c	Less: direct expenses  Net income or (loss) from gamir  Gross sales of inventory, less									
		returns and allowances Less: cost of goods sold Net income or (loss) from sales	b 2,323 of inventory ▶	522	522						
	11a b	Miscellaneous Revenue INSURANCE REIMBURSEMEN UNREALIZED GAIN ON SEC		150,108 1,923							
	c d e	All other revenue	<b>&gt;</b>	152,061							
	12	Total revenue. See instructions	s	598,571	147,992	0	0				

Part IX Statement of Functional Expenses

	Check If Schedule O contains a resp	·	1.		
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII,	(A) Total expenses	Program service expenses	(C) Menagement and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		andra-1999	general expenses	<u> </u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		.,		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	• •			
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	·	"		
5	Compensation of current officers, directors,		<u> </u>		
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
۳	persons (as defined under section 4958(f)(1)) and				,
	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages	27,700	23,545	4 1 5 5	
8	Pension plan accruals and contributions (include	27,700		4,155	
	section 401(k) and 403(b) employer contributions)	i			
9	Other employee contributions)	·			
10	Other employee benefits	2 110	1 001		
	Payroll taxes	2,119	1,801	318	
11	Fees for services (non-employees):				
a -	Management				
Ь	Legal	0.057			
Ç	Accounting	8,957	7,614	1,343	
ď	Lobbying				
8	Professional fundraising services. See Part IV, line 17	·			
f	Investment management fees				***
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule (C.)				
12	Advertising and promotion				
13	Office expenses	10,176	8,650	1,526	
14	Information technology				
15	Royalties				
16	Occupancy	45,239	38,453	6,786	-
17	Travel				
18	Payments of travel or entertainment expenses			""	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,632	0	13,632	
23	Insurance	9 <b>,</b> 035	7,680	1,355	
24	Other expenses, itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
8	EMPLOYEE LEASING	110,265	93,725	16,540	
b	VOLUNTEER LABOR	45,497	38,673	6,824	
C	WILDLIFE FEED	18,758	15,944	2,814	
d	FUNDRAISING EXPENSE	7,220			7,220
e	All other expenses	17,667	15,017	2,650	.,
25	Total functional expenses. Add lines 1 through 24e	316,265	251,102	57,943	7,220
26	Joint costs, Complete this line only if the				,
	organization reported in column (B) joint costs from a combined educational campaign and	<b>i</b>			
	fundraising solicitation. Check here 🕨 📗 if				
	following SOP 98-2 (ASC 958-720)				ı

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 37,791 55,670 Savings and temporary cash investments 355,963 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 5,685 6,679 Ŕ Prepaid expenses and deferred charges  $3,\overline{405}$ 4,091 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_10a Less: accumulated depreciation 10b 116,514 Investments—publicly traded securities 20,998 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 541,350 823,707 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses <u>1,629</u> 1,68017 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond flabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..... 25 Total liabilities, Add lines 17 through 25 629 1,680 26 Organizations that follow SFAS 117 (ASC 958), check here Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 539,721 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ₽ complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 539. 721 027 33 Total liabilities and net assets/fund balances ..... 541 707

orm	1990 (2014) WILDLIFE SANCTUARY OF NORTHWEST59-2222303			Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 		┸
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	98,	571
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	16,	265
3	Revenue less expenses. Subtract line 2 from line 1	3	 2	82,	306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	39,	721
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			$\overline{}$
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8	22,	027
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		
	Schedule O.			1	
2₽	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were complled or		 	· .	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			[·	l
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		 :.		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		 3ь		l
			For	m 990	0 (2014)

### 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

WILDLIFE SANCTUARY OF NORTHWEST Employer Idea

OMB No. 1545-0047

Employer Identification number

Open to Public Inspection

Name of the organization WILDLIFE SANCTU

FLORIDA, INC. 59-2222303

Part	l Reas	on for Public Charity	Status (All organizations	must co	mplete t	his part.) See instruction	าร.				
The orga	nization is not	a private foundation because	it is: (For lines 1 through 11, che	eck only or	ne box.)	" ""	<b>,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1 [	A church, cor	nvention of churches, or asso	dation of churches described in	section '	170(b)(1)(A	A)(i).	•				
2	A school des	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E.)								
3	A hospital or	a cooperative hospital service	organization described in sect	ton 170(b	)(1)(A)(III).	. ,					
4	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	170(b)(1)(A)(iii). Enter the hos	pital's name,				
_	city, and state	•	•			, , , , , ,					
5	1	***************************************	a college or university owned or	r operated	by a gove	mmental unit described in	,.,.,.				
	_	(b)(1)(A)(iv). (Complete Part	• ,								
6	1		··· vernmental unit described in <b>se</b>	ction 170	(b)(1)(A)(v	١.					
7 🗓	1		ubstantial part of its support from			•					
. 122	-	ibed in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	1	community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
ا و	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
٠ ـ	-		t functions—subject to certain e			· · · •					
			unrelated business taxable inc								
			1975. See section 509(a)(2).			rany non bountquap					
10	1 ' '	-	clusively to test for public safety			*\/4\					
11		-	clusively for the benefit of, to pe			. ,	of				
'' ∟			ns described in section 509(a)			• • • • • • • • • • • • • • • • • • • •					
		· · · · · -	ibes the type of supporting orga				TIO OK				
а	1	•	, supervised, or controlled by its			· · · · · ·					
- "			regularly appoint or elect a maje								
		You must complete Part IV		OINY OI WIG	dicolois	or adstees or the supporting					
ьГ	1		ed or controlled in connection v	with its sun	ooded or	panization(e) by baying					
	•		rganization vested in the same								
			<u></u>	persons u	at Wilder	or manage me supported					
		s). You must complete Part	•	annaatlan i	المحمد حادات						
- L	-		rting organization operated in co								
	1		ons). You must complete Part								
d			supporting organization operated			***					
			inization generally must satisfy a		*	nent and an attentiveness					
	1		complete Part IV, Sections A	•							
• _	•		a written determination from the		*-	I, Type II, Type III					
	•	•	ctionally integrated supporting or	rganization							
		of supported organizations					,,,,,,				
_		ving information about the sup	oported organization(s).				1				
	me of supported rganization	(ii) EIN	(iii) Type of organization		organization or governing	(v) Amount of monetary	(vi) Amount of				
	garization		(described on lines 1-9 above or IRC section		ment?	support (see instructions)	other support (see instructions)				
		•	(eee Instructions))								
				Yes	No						
(A)											
(B)											
				1	1 .						
(C)											
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(D)											
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(E)											
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Takal		L .	i								

Schedule A (Form 990 or 990-EZ) 2014 WILDLIFE SANCTUARY OF NORTHWEST 59-2222303

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.)

Caler	idar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	327,662	379,369	313,404	350,873	450,579	1,821,887
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	327,662	379,369	313,404	350,873	450,579	1,821,887
5	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)						
6	Public support. Subtract line 5 from line 4.						1,821,887
	tion B. Total Support					<u> </u>	2,022,000
	idar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	327,662		313,404	350,873	450,579	1,821,887
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,142		3,195			9,528
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,831,415
12	Gross receipts from related activities, etc.	(see instructions) , ,	* * * , * * * * * * * * * * * * * * * *		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	156,300
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	(3)	
	organization, check this box and stop here				111111111111140500		
Sec	tion C. Computation of Public St						
14	Public support percentage for 2014 (line 6,	column (f) divided l	by line 11, column i	(f))		14	99.48 %
15	Public support percentage from 2013 Schei	dule A, Part II, line			*******		99,42 <b>%</b>
16a	33 1/3% support test—2014. If the organi box and stop here. The organization qualif		k the box on line 13	, and line 14 is 33	1/3% or more, chec	ck this	<b>&gt;</b> X
b	33 1/3% support test—2013. If the organization check this box and stop here. The organization			r 16a, and line 15 i	is 33 1/3% or more	,	▶ □
17a	10%-facts-and-circumstances test—201	4. If the organization	on did not check a t	oox on line 13, 16a,	or 16b, and line 14	4 is	
	10% or more, and if the organization meets Part VI how the organization meets the "fa						_
	organization						▶ 🗀
ь	10%-facts-and-circumstances test—201	<ol><li>If the organization</li></ol>	on did not check a t	oox on line 13, 16a,	, 16b, or 17a, and li	ine	
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization me supported organization			•		•	<b>▶</b> [
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b.	17a, or 17b, check	this box and see		·············
	Instructions						▶ □

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

(Complete only if you checked the box on line 9 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.)

~	4: A D-4:- C	7				-7	
	tion A. Public Support idar year (or fiscal year beginning in)	1			4 11 44 44		
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					1-1	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C							
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Çalen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			,	· · ·		
C	Add lines 10a and 10b			,			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	•		h, or fifth tax year a			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8,	column (f) divided l	by line 13, column	(f))		15	%
16	Public support percentage from 2013 Scheo	dule A, Part III, line	15				%
	tion D. Computation of Investme Investment income percentage for 2014 (lin						
17		%					
18							
19a	33 1/3% support tests—2014. If the organ						. □
	17 is not more than 33 1/3%, check this box						🟲 🗀
Þ	33 1/3% support tests—2013. If the organ			·		•	⊾ □
20	line 18 is not more than 33 1/3%, check this	-	-				

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

		Organizatio	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 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 Part VI, 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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).
- 9a 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined in line 9(a)) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- 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.)

	Yes	No
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3b	<del> </del>	<u> </u>
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10a		
11.		
10b		

3a

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

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

Schedule A (Form 990 or 990-EZ) 2014 WILDLIFE SANCTUARY OF NORTH			<u>პსპ Page 6</u>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2			
other Type III non-functionally integrated supporting organizations must complete Sections A	A throu	igh E.	
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	-	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other_expenses (see Instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	18.50		
instructions for short tax year or assets held for part of year):	11.00		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1.1	No. 19. Harbert	1
factors (explain in detail in Part VI):	10000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	1151115	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1	"	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	""	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, Ilne 8, Column A)	1	ang a atawa 1997 Marin St.	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Line and the second	
4 Enter greater of line 2 or line 3	4	The many of the	
5 Income tax imposed in prior year	5	Estimated at a such	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current ways is the appropriations first on a confinationally integrated Type	رم اال مر	innorting coronization (can	

Schedule A (Form 990 or 990-EZ) 2014 WILDLIFE SANCTUARY OF NORTHWEST 59-2222303 Page 7					
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization	n is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see Instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(ill) Distributable Amount for 2014	
. 1	Distributable amount for 2014 from Section C, line 6		e Promote na programa de la composition de la composition de la composition de la composition de la compositio		
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:			1	
a				1. 1.	
ь					
c					
đ					
ę	From 2013				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h_	Applied to 2014 distributable amount				
1	Carryover from 2009 not applied (see instructions)		The second second second		
ī	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section				
	D, line 7;			•	
8	Applied to underdistributions of prior years	1 11			
	Applied to 2014 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o			
-	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see Instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h	e e e e e e e e e e e e e e e e e e e			
•	and 4b from line 1 (if amount greater than zero, see				
	instructions)			•	
7	Excess distributions carryover to 2015. Add lines 3j		That has been place assume the way of	· · · · · ·	
•	and 4c.				
8	Breakdown of line 7:				
a	Disandown of line 7.				
b					
	and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o				
	Excess from 2013				
w	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	The second of the second of the second of the second	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	I	

e Excess from 2014 . . .

Schedule A (	Form 990 or 990-EZ) 2	<u> 2014 WILDLIFE</u>	SANCTUARY O	F NORTHWEST	<u> 59-2222303</u>	Page 8
Part VI	Supplemental Part III, line 12	Information. Provi Also complete this	ide the explanations part for any addition	required by Part II, linal information. (See	ne 10; Part II, lìne 17a or instructions.)	17b; and
					· · ·	· •
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### Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

WILDLIFE SANCTUARY OF NORTHWEST

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

FLORIDA, IN	<u>.                                    </u>	59-2222303				
Organization type (check	. one):	14, 2				
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a	private foundation				
	501(c)(3) taxable private foundation					
	Is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the Gen	eneral Rule and a Special Rule, See				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year property) from any one contributor. Complete Parts I and II. contributions.	-				
Special Rules						
regulations under 13, 16a, or 16b, a	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.					
contributor, during	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.					
contributor, during contributions total during the year fo General Rule ap	the year, contributions exclusively for religious, charitable, etc., and more than \$1,000. If this box is checked, enter here the total an exclusively religious, charitable, etc., purpose. Do not compolies to this organization because it received nonexclusively religious more during the year	., purposes, but no such al contributions that were received plete any of the parts unless the eligious, charitable, etc., contributions				
Caution. An organization 990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules must answer "No" on Part IV, line 2, of its Form 990; or check the to certify that it does not meet the filing requirements of Scheo	es does not file Schedule B (Form 990, the box on line H of its Form 990-EZ or on its				

Name of organization
WILDLIFE SANCTUARY OF NORTHWEST

Employer identification number 59-2222303

MILE	LIFE SANCTUARY OF NORTHWEST		<u>9-2222303                                </u>	
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	BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FL 221 PALAFOX PL STE 440 PENSACOLA FL 32502	<b>s</b> 34,576	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No	(b)	(c)	(d)	
. 2	Marie Parker Coe Estate Marie Parker Coe Estate Marie Parker Coe Estate 101 MCABEE CT #109  GULF BREEZE FL 32561	Total contributions  \$ 6,852	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 3	LAURA RINGER ESTATE LAURA RINGER ESTATE C/O JOHN GLASSMAN 1127 N PALAFOX PENSACOLA FL 32501	s 162,136	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 4	PETER CROCHER 202 DWIGHT AVE. PENSACOLA FL 32507	\$ 6,526	Person X  Payroli  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 5	WENDY WHITEHOUSE 504 W MALLORY ST. PENSACOLAFL FL 32503	\$ 5,000	Person X Payroit Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 6	PATRICIA SCRIMGEOUR 5155 REGALO DR PENSACOLA FL 32526	s 5,000	Person X Payroll Noncash (Complete Part If for noncash contributions.)	

PAGE 2 OF 2

2000 2

Name of organization
WILDLIFE SANCTUARY OF NORTHWEST

Employer Identification number 59-222303

MILD	LIFE SANCTUARY OF NORTHWEST	59	<u>-2222303</u>
Part I	Contributors (see instructions). Use duplicate copies of Pa		eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	CLOUGH FAMILY FOUNDATION PO BOX 646 RIFLE CO 81650	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•	Walley, address, and Er .	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total_contributions	(d) Type of contribution
		· \$	Person Payroll Noncash (Complete Part II for noncash contributions,)
(a) No.	(b)	(c)	(d)
,	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 1 OF 1

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Name of organization Employer identification number WILDLIFE SANCTUARY OF NORTHWEST 59-2222303 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) IN-KIND RENT <u>. 1</u>.... **s** 34,576 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) . . . . . . . \$ ..... - . . . . . . . . . . . . . . . . . . (a) No. (¢) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ \_..... . . . . . . . . . . . . . . . . . . . (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) . . . . . . . (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 

### SCHEDULE D (Form 990)

Department of the Treesury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

	of the organization		Employer identification number
	ILDLIFE SANCTUARY OF NORTHWEST	<b>]</b>	
	LORIDA, INC.		59-2222303
Pa	ort i Organizations Maintaining Donor Advised Fun- Complete if the organization answered "Yes" to Fo		counts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		-
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor advised	<u></u>
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor		<b>.</b> .
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.  Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	int land area
	Protection of natural habitat	Preservation of a certified historic s	tructure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservation	n
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	·	2a
b	Total acreage restricted by conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b
c	Number of conservation easements on a certified historic structure include	ed in (a)	2c
đ	Number of conservation easements included in (c) acquired after 8/17/06,	and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization d	uring the
	tax year 🕨		
4	Number of states where property subject to conservation easement is loc	ated -	
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds? $\dots$		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	
	<b>•</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor  ▶ \$	servation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)	•
	and section 170(h)(4)(B)(II)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easement		1
	balance sheet, and include, if applicable, the text of the footnote to the or		
	organization's accounting for conservation easements.	'	
Pa	rt III Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to Fo		milar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	ce sheet
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	e of
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to re	eport in its revenue statement and balance s	heet
	works of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	e of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or ot	her similar assets for financial gain, provide	
	following amounts required to be reported under \$FA\$ 116 (ASC 958) re-		
3	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$ ,,,,
b	Assets_included in Form 990, Part X		<u>▶_ \$</u>

Sche	dule D (Form 990) 2014 WILDLIFE	SANCTUARY_	OF NOR	THWEST		<u> 59-22223</u>	03		Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Histor	rical Treas	ures, o	r Other Simil	ar Assets	(continue	d)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records.	check any of	the following t	that are a	significant use of	its	,	
а	Public exhibition	a□	Loan or exch	nange progran	ns				
b	Scholarly research							•	
	Preservation for future generations	ب -							
4	Provide a description of the organization's or	allections and evolain t	ow they furth	er the omanis	rotion's ev	remot numoce in	Doet		
•	XIII.	nicotoria aria explani i	1044 WIGY 101111	ioi aio organia		cript pulpose in	- art		
		: 	art biotariaal	-	other sim	ilae			
5	During the year, did the organization solicit or							□ v	□ <b></b>
Da	assets to be sold to raise funds rather than to the tribute of the sold to raise funds rather than to the tribute of the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than to the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to the sold to raise funds rather than the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold to the sold		ntorine organ	nization's colle	cuon r			Yes	No
r.a	Complete if the organizatio	•	to Form 9	90. Part IV	. line 9.	or reported a	n amount i	on Form	
	990, Part X, line 21.				,				
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contribu	itions or other	assets ne	ot		_	
	included on Form 990, Part X?							Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:		**********			·· <u></u>	
		,	•					Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
-	Distributions during the year						1e		
f	Ending balance						1f		
28	Did the organization include an amount on F	orm 990 Pert X line 2	1 for escrow	or custodial :	account lis	hiliby7		Yes	No
	If "Yes," explain the arrangement in Part XIII								
	rt V Endowment Funds.	Chock helo it the exp	idilación nao i	DODIT PROVIDED	mr r dit 7				
	Complete if the organizatio	n answered "Ves"	to Form 9	90 Part IV	line 10	1			
	Complete if the organization	(a) Current year	(b) Prior		(c) Two yea		wee years back	tol Cours	eers beck
4-	Desiration of complete	(a) Culletti year	(b) Filor	you	(c) two year	IS DECK (U) (	#66 Years Dack	- (w) FOOI y	eeis uack
	Beginning of year balance							+	
	Contributions		<del></del>		<del></del>			+	
C	Net investment earnings, gains, and					1			
	losses							+	
	Grants or scholarships							+	
e	Other expenditures for facilities and					l			
	programs								
f	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the curr		line 1g, colun	nn (a)) heid a	s:				
a	Board designated or quasi-endowment	%							
ь	Permanent endowment > %								
	Temporarily restricted endowment	%							
	The percentages in lines 2s, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	on that are he	eld and admini	istered for	the			
	organization by:	-		_				5	es No
	(i) unrelated organizations							3a(i)	
	(II) related accominations							15-711	
b	If "Yes" to 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Pa	irt VI Land, Buildings, and Equ								
	Complete if the organization	•	to Form 9	90. Part IV	line 11	a. See Form	990. Part X	X. line 10.	
	Description of property	(a) Cost or other t		(b) Cost or other		(c) Accumulat		(d) Book va	alue
		(investment)		(other)	.	depreciation		,	
19	Land	<u> </u>			,361		1 1		0,361
			<del></del>	-10	, ~ ~ <del>-</del>				<u> </u>
	Buildings Lessehold improvements		<del></del>	2 K Q	,719	1 0 4	,579	16	5,140
	Leasehold improvements				255		,464		791
	Equipment				, 233 , 987		,485	2	
_	Other(d) must				7.701			<u>2</u> 2	<del></del>

Schedule D (Fo				SANCTUARY	OF	NORTHWEST	59 <b>-</b> 222230	)3	Page
Part VII		ıts—Other							
					<u>" to F</u>	orm 990, Part IV, line	2 11b. See Form 99	30, Part X, line 12.	
		escription of securi		gory		(b) Book value	, .	Melhod of valuation;	
		including name of					Cost or	end-of-year market value	
(1) Financial d	lerivatives		,	***************************************					
(2) Closely-hek	d equity interes	sts							
(3) Other		, ,							
(A)									
(C)									
(Þ)									
(Ę)									
,(F)									
(G)									
(!!)									
Total. (Column	(b) must equal	Form 990, P	art X, co	ol. (B) line 12.) 🟲					
Part VIII	Investmen								
	Complete i	f the organ	ization	answered "Yes"	to F	orm 990, Part IV, line	<u> 11c. See Form 99</u>	30, Part X, line 13.	
	(z	i) Description of In	vestment			(b) Book value	(a) I	Method of valuation;	
							Cost or o	end-of-year market value	
(1)									
(2)									
(3)							' '		
_(4)									
(5)									
(6)									
(7)							"-		
(8)							"		
(9)		· .				,			
Total. (Column	(b) must equal	Form 990, Pa	art X, co	l. (B) line 13.) ▶					
Part IX	Other Ass								
	<u>Complete i</u>	f the organ	ization	answered "Yes"	' to Fo	orm 990, Part IV, line	11d, See Form 99	30, Part X, line 15.	
				(a) Descriptio	п			(b) Book valu	ris
_(1)									
(2)									
(3)							<u> </u>		
(4)									
(5)						•	_		·
(6)				·					,
(7)									
(8)									
(9)									
Total. (Column			art X, co	l. (8) line 15.)				<b></b>	
Part X	Other Liai								
	Complete i	f the organ	ization	answered "Yes"	' tọ Fo	orm 990, Part IV, line	11e or 11f. See F	orm 990, Part X,	
	line 25.								
1.		(a) Description of	liability			(b) Book value	Hatatiko Historia		
(1) Federal in	rcome taxes								·
(2)							The first of the state of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the f		Y . Y.
(3)									
(4)									
(5)									
(6)									
(7)									: .
(8)									
(8)									
	(b) must equal	Form 990, Pa	art X, co	l. (B) line 25.) 🕨					
					footnát	e to the organization's fina	encial statements that re	ports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	dule D (Form 990) 2014 WILDLIFE SANCTUARY OF NORTHWEST Int XI Reconciliation of Revenue per Audited Financial Statements With		Page 4
	Complete if the organization answered "Yes" to Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements	1	598,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	<u>598,571</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	l,	
a	Investment expenses not included on Form 990, Part VIII, line 7b.		
ь		::	
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c	500 571
	int XII Reconciliation of Expenses per Audited Financial Statements With		<u>598,571</u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line		<b>.</b>
1	Total expenses and losses per audited financial statements		316,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;		
а	Donated services and use of facilities 2a	4, A, 4	
b	Prior year adjustments 2b		
c	Other losses 2c	<u> </u>	
d	Other (Describe in Part XIII.)	0	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	316,265
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·····	<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b		0
ь	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add Ilnes 3 and 4c. (This must equal Form 990, Part I, line 18.)		316,265
	rt XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2I rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b, Also complete this part to provide any additional in		
	•••••••••••••••••••••••••••••••••••••••		
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DAA			Schedule D (Form 990) 2014

Schedule D (Fo	rm 990) 2014 – V	/ILDLIFE	SANCTUARY	OF.	NORTHWEST	59-2222303 Page	5
Part XIII	Supplemental	Information	(continued)				
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### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

WILDLIFE

SANCTUARY OF NORTHWEST

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

	FLORIDA,	INC.		,	59-22223	:03		
Pa		· · ·						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	. (d) Method of determini noncash contribution er	-		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications			,				
5	Clothing and household							
	goods							
6	Cars and other vehicles	-						
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities Partnership, LLC,							
	or trust interests			,				
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic	}						
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential				11.0			
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory			·				
20	Drugs and medical supplies							
21	Taxidermy		"	ļ. <del>.</del>				
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (	X	1	34,576	LEASE			
26	Other ►(			52,862		-		
27	Other ►(			<i>\$2,002</i>	Taggarria			
28	Other ► (							
29	Number of Forms 8283 received by t	be organiza	tion during the tax year fo	or contributions for				
	which the organization completed For				29			
	• • • • • • • • • • • • • • • • • • • •						Yes	No
30a	During the year, did the organization	receive by	contribution any property i	reported in Part I, lines 1 th	rough			
	28, that it must hold for at least three			*	•			
	to be used for exempt purposes for t	*			•	30a		Х
b	If "Yes," describe the arrangement in		roung portroat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	300	5 4 5 7	
31	Does the organization have a gift acc		aling that requires the revis	w of any non-standard		11:11:1		
Ψ.			•	•		31		_X_
32a	Does the organization hire or use this		والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمستقدة والمست	enliet manage as ealt sees	·····	-   31		<u></u>
7EG			•	•		32a		х
b	If "Yes," describe in Part II.		***************************************			320		├
33	If the organization did not report an a	mount la -	alumn (e) for a time of arm	norty for which column (a)	ie checked	Ĵ.	1.7	
74	If the organization did not report an a	mount in G	ordinal (c) for a type of pro	hera ioi willou coloniii (s) i	· · · · · · · · · · · · · · · · · · ·			١.

Schedule M (Form 9	990) (2014)	WILD:	LIFE	SANCT	UARY	OF	NORT	HWEST		59-222	2303		Page 2
Part II	Supplem	ental li lization i	nformat s report	ion. Pro ing in P	vide the art I, col	inforn umn (	nation b), the	required number	by Part I of contril	l, lines 30b butions, the	, 32b, and	33, and w of items re	hether
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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SANCTUARY OF NORTHWEST FLORIDA, INC. 59-2222303 FORM 990 - ORGANIZATION'S MISSION TO PROVIDE CARE FOR LARGE NUMBERS OF HURT AND ABANDONED WILDLIFE. ALSO, TO CONSTRUCT PONDS, CAGES AND FENCED AREAS FOR SHELTERS AND A HABITAT FOR WILDLIFE THAT IS RECOVERING FROM INJURIES AND FOR THOSE WHICH CAN NO LONGER LIVE ON THEIR OWN. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC VIA THE INTERNET AND UPON REQUEST.

Form 4562

Internal Revenue Service

**Depreciation and Amortization** 

### (Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

tachment equence No. 17

WILDLIFE SANCTUARY OF NORTHWEST Name(s) shown on return FLORIDA, INC. 59-2222303 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions .... (a) Description of property 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 ٩ Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ...... 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12\_ Note: Do not use Part II or Part III below for listed property, Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 13,595 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2014 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here... Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (e) Basis for depreciation (b) Month and year (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only-see instructions) bohed service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L S/L Residential rental 27.5 yrs. MM property мм 27.5 yrs. S/L ММ Nonresidential real \$/L 39 yrs. property MM Section C-Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life SA. b 12-year 12 yrs. 40-year 40 <u>yrs.</u> MM SA Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

23

Form 4562 (2014) Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a.

the year (do not include commuting miles)  11 Total commuting miles driven during the year  22 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duly hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  36 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  9 Do you breat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  42 Amortization of costs that begins during your 2014 tax year (see instructions):	_			) through (c) of S													
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Internal Revenue Service pistrict Director

Date: WAN 21 1999

Wildlife Sanctuary Of Northwest Florida, Inc. 105 North S Street Pensacola, FL 32505-7928 Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:
Ronnie Clemons
Telephone Number:
877-829-5500
Pax Number:
513-684-5936
Federal Identification Number:
59-2222303

Dear Sir or Madam:

This letter is in response to your request dated October 13,1998, for a copy of your organization's determination letter.

Our records indicate that a determination letter issued in January 1983 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Wildlife Sanctuary Of Northwest Florida, Inc. 59-2222303

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,

C. Ashley Bullard District Director Wildlife Sanctuary of Northwest Florida Dorothy Kaufmann, Director Outside Agency Proposal 2015

### Goals

Rehabilitate/assist injured & indigenous wildlife that otherwise burdens Esc. Co. Animal Svcs. & citizens. This allows the public/governmental agencies to drop off wildlife in need of care to a central location. A licensed/permitted wildlife hospital provides safety to the community by discouraging illegal possession of wildlife hence avoiding public health issues.

Educate the public by providing information, tours, presentations and various newsletters about wildlife and how to coexist in our growing community.

### **TABLE OF CONTENTS**

### PAGE 1 OF 1

2.	Ecoi	nomic Development Fund	Amount Requested	Tab
	<u>Avai</u>	ilable Funding: \$640,000		• "
	a.	Foundations for the Future		No Request Submitted
	b.	PEDC	\$ 550,000	
	C.	Pensacola Bay Chamber Prospect Development		No Request Submitted
	d.	Century Chamber of Commerce	\$ 50,000	•
	¢.	Gulf Coast African American Chamber	\$ 50,000	22
		Total Economic Development Fund	\$ 650 000	



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambla County Board of County Commissioners Office of Management & Budget 221 Palafox Place
Pensacola, Florida 32502

### Please submit:

- A copy of your organization's 2013 or 2014 tax return. (FY 12-14 PEDC Audit Attached)
- A letter of determination from the IRS confirming your organization's federally tax exempt status. PEDC is an industrial development authority created by state statute and an inter-local agreement between Escambia County and the City of Pensacola. Chapter 89-480 HB 983. (Attach copy of statute)

Agency Name: Pensacola-Escambia Promotion and Development Commission (PEDC)

Agency Address: 117 W Garden Street, Pensacola, FL 32502

Program Name: Pensacola-Escambia County Economic Development Funding

**Program Contact: Scott Luth** 

Contact Email: sluth@floridawesteda.com

Contact Phone: office 850-898-2201, cell 850-375-1060

25 Word Description of the Program: PEDC the county's economic development authority created by state statute focused on the development of job creation assets and economic development marketing and promotion with a contractual partnership with FloridaWest. FloridaWest is the community's sole economic development organization whose purpose is to grow economic prosperity in the greater Pensacola area.

Amount Requested: \$550,000

Amount Received Last Year: \$550,000



Briefly describe how last year's funds were used. If no funds were received last year, please mark N/A. In FY 14-15, County dollars were used to support the development of project FOIL and the downtown Tech Park Campus, PEDC administration costs and a contract with FloridaWest EDA. FloridaWest used PEDC funds for personnel costs, programming costs, and administration.

Briefly discuss how the funding you are currently requesting will be used.

We have requested level funding for at least the past 5 years, funds will be used the same as those previously.

- Funding currently being requested will be used to cover expenditures including personnel costs, programming activities, and administrative costs and a contract with FloridaWest EDA.
- Programming costs will include activities related to our scope of work: Business Retention and Expansion activities, Entrepreneurial development, Workforce Development, Attraction activities, and asset development. Companies we seek out fall into specific industry sectors and export 50% or more of their product or services outside of the Greater Pensacola Area.

# If Escambia County funding can only fund a portion of your request, how will you offset the difference?

100% of PEDC operational funding is received from an inter-local agreement between Escambia
County and the City of Pensacola. If funding is reduced this FY it will impact the economic
development operation of PEDC and the program of work of its contract agency FloridaWest
EDA.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

PEDC applies for state and federal funding to support specific ongoing projects. However the
operational funds requested from Escambia County have not been used as a direct match.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

- Business Development: Primary sector jobs creation within our targeted industry sectors
  through the expansion / retention of existing businesses, attraction of new industry and the
  development of new assets.
- Workforce Development: Programs and efforts to meet short term talent needs of companies within our target industry sectors.
- Entrepreneurial Development: Provide support to stage 1 & 2, potential high growth companies through business incubation.



Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- Achieve a minimum of 500 committed qualified jobs through 3 projects with an average wage of at least 115% of the current county average.
- Maintain 80% occupancy at the Center for Innovation and Entrepreneurship and complete programs such as ITEN Wired Summit, MWBE support, and Young Entrepreneurs Academy.
- Assist 30 private sector businesses with comprehensive workforce development resources to include local services, grants, and recruitment practices.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- Number of new and retained jobs achieved in a year; 8,962
- Estimated annual payroll brought into the Greater Pensacola area; \$426,109,528
- The combined annual capital investment pledged to the Greater Pensacola area; \$819,498,210

BUDGET Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

A. Arrange .	Most Recently Completed Budget Year	Current Budget Year (Budget, Oct 14-Sept 15)	Proposed Budget Year (FY 15-16)
Contributions from Private Sources		AMOTH	
Programmatic Income			
County Funding	150,000	550,000	550,000
City Funding	120,000	120,000	120,000
State Funding	19,921	2,980,078	0
Federal Funding			
Memberships			
Investment Income	9,600	9,600	9,600
Other Income	600	600	600
Total Income	300,121	3,660,278	680,200

### **EXPENSES**

CYLCIASES			·
- ""	Most Recently	Current Budget Year	Proposed Budget Year
}	Completed Budget Year		
Total Staffing		<u> </u>	
Salaries & Wages			



Employee Benefits			"
Professional Services	45,446	3,098,578	15,500.00
Contractual Services	35,450	92,475.00	92,475.00
(Legal, Audit)		<u> </u>	
Travel Expenses		<u>"""</u>	
Rentals & Leases	'	"	
Communications			
Postage & Freight			
Repair & Maintenance			11.00
Printing & Binding	1		
Marketing & Promotion	217,000	570,000.00	570,000.00
Fuel		111111111111111111111111111111111111111	
Supplies	2,225.00	2,225.00	2,225.00
Capitalizable Assets			
Total Expenses	300,121	3,763,278	680,200
Net Income	0	-103,000	0

### CHAPTER 67-1865

### House Bill No. 176

AN ACT relating to Escambia County; creating the Pensacola-Escambia County Promotion and Development Commission: providing for its membership and financing, authorizing Escambia County and the incorporated municipalities within Escambia County to contract with the Commission and giving the Commission the power to contract with private individuals, organizations and other agencies for certain purposes, describing the Commission's powers and duties; providing for the promotion of the County and municipalities therein including industrial development; authorizing the Board of County Commissioners of Escambia County to make contributions to the Commission, authorizing all municipalities including all agencies of any municipalties within Escambia County to make contributions to the Commission and authorizing the Commission to receive contributions from private sources including individuals and private organizations : fixing an effective date.

Be It Enacted by the Legislature of the State of Florida:

SECTION 1. Short Title. This act may be cited as the "Pensacola-Escambia County Promotion and Development Commission Act".

SECTION 2. Definitions. When used in this act the following words and terms, unless a different meaning appears clearly from the context, shall have the following meanings:

- (1) "Commission" shall mean the Pensacola-Escambia Promotion and Development Commission created by this
- (2) "Promotion" shall be deemed to mean the promotion of the advantages of the County of Escambia and all municipalities therein, (including that portion of Santa Rosa Island under the jurisdiction of the Santa Rosa Island Authority), and the promotion and development of industrial, recreational, business attributes and facilities of said area including the promotion of conventions, convention facilities and visitors to said area and also encompassing the dissemination of information with reference to the

### FY 2015 Budget

	Annual Sudget
Ordinary Income/Expense	•
Income	
4000 - City of Pensacola Income	120,000.00
4100 · Escambia County Income	550,000,00
4520 · FOIL Income	2,980,078.00
4700 · EDA Grant Incom●	
4900 · Investment Income-Deferred Comp	9,600.00
Total Income	3,660,278.00
Cost of Goods Sold	•
50000 · Cost of Goods Sold	
Total COGS	
Gross Profit	3,660,278.00
Expense	
5064 · Economic Development	570,000.00
5010 · Foreign Trade Zone	1,500.00
5100 · Audit Fees	7,500.00
5310 · Insurance - D&O Liability	1,200.00
5320 · Legal Expenses	5,000.00
5330 · Bank Service Charges	4,500.00
5340 · Special District Fees	175,00
5400 · Technology Park Expenses	
5400-01 · Tech Park Utilities	2,000.00
5400-02 · Tech Park Landscaping	16,200.00
5400-03 - Tech Park Security	. 2,000.00
5400-04 · Tech Park Insurance	300.00
5400-05 · Tech Park Legal Expenses	3,000.00
5400-08 · Tech Park Interest Expense	5,000.00
5400-11 · Tech Park Master Planning Exp	150,000,00
5400-90 · Tech Park Miscellaneous Expense	3,000.00
5400 · Technology Park Expenses - Other	0.0
Total \$400 · Technology Park Expenses	181,500.00
5420 · FOIL Expenses	·
5420-11 · FOIL Master Planning	1,699,029.0
6420-13 · FOIL IDS Programming	399,029,0
5420-14 · FOIL Environmental Studies	276,699,0
5420-15 - FOIL Marketing & Final D5 Repri	325,243.0
5420-19 · FOIL Administrative Expenses	280,078.0
Total 5420 · FOIL Expenses	2,980,078.0
5600 - Miscellaneous Expense	2,225.0
5900 · Withdrawals- Deferred Comp Fund	9,600.0
Total Expense	3,763,278.0
Net Ordinary Income	-103,000.0
tincome	-103,000.0

### FloridaWest EDA Budget October 2014 through September 2016

FloridaWest EDA	FY 14-15 Budget
ncome	
4000 • Membership Dues 4410 • Foundation	240,000.00
4430 - PEDC	100,000.00
<del>-</del> •	570,000.00
4420 - City of Pensacola	150,000.00
4445 · Young Entrepreneurs Academy	10,000,00
4500 · CIE - Rent	70,000.00
4510 · ITen Wired Income	2,500.00
4611 · Inc 5000 Income	1,500.00
4512 · Miscellaneous Income	
Total Income	1,144,000.00
Expense	\
5005 · Bank & Credit Card Fees	500.00
5060 · Marketing, Adv & Promo/Investor	
5060a - Marketing - Website	10,000.00
5060 - Marketing, Adv & Promo/Investor - Other	145,000,00
Total 5060 · Marketing, Adv & Promo/Investor	155,000.00
5066 · Database/Research	25,000.00
5100 · Audit Expense	
5100a · Accounting Fees	15,000.00
5100 · Audit Expense - Other	10,000.00
Total 5100 - Audit Expense	25,000.00
5105 · Legal Fees	10,000.00
5120 - Auto Travel	15,000,00
5130 · Auto Parking	2,000.00
5140 · Businese Travel	60,000.00
8190 · Depreciation Expense	16,000.00
5200 · Dues & Subscriptions	7,500.00
5310 - Insur-D&O/Liab/Umbrella/EPU	3,600.00
5330 · Insur- Bldg & Contents:	1,500.00
5410 · Maint & Repair- Computers	25,000.00
5440 · Meeting Expense	3,500.00
5500 · CIE Expenses	
Total 5500 · CIE Expenses	115,700.00
5555 - Young Entropreneurs Academy Exp	10,000.00
6566 · MWSE- Business Support	10,000.00
5557 · Workforce Analytics	10,000.00
6568 • Education Support/NGLC	•
5559 · Workforce Marketing	5,000.00
5580 - ITen Wired	15,000,00
6590 - Inc 5000	
5800 · Miscellaneous Expense	500.00
5610 · Postage	
5680 · High Growth Companies	500.00
• • •	15,000,00
57000 · Employee Wages & Benefits	
Total 57000 · Employee Wages & Benefits	569,300.00
5800 · Supplies	1,000.00
5915 · Telephone	3,000.00
5925 · Cell Phones	6,000.00
	2,000.00
5954 · Copier Expense	
5980 · Rent Expense	26,500.00
	26,500.00 1,139,000.00

# Announced Vision 2015 Jobs

				Est. Annual Salary		
Company Name	Project Name	Type of Jobs	No. New Jobs	(Ave.)	Est. Avg. Annual Payroll	Cap, Invest.
Cronimet.	CONE	Manufacturing	1.5	\$45,000	\$675,000	\$2,000,000
Hixardt	PRESS	Information Technology	99	\$45,000	\$2,700,000	\$4,000,000
Ascend Performance	EVEREST	Manufacturing	102	\$55,000	\$5,610,000	\$56,100,000
UPS	J UP	Distribution/Logistics	30	N/A	N/A	N/A
Global Business Solutions, Inc.		Information Technology	24	N/A	N/A	N/A
Avalex Technologies		Information Technology	36	N/A	N/A	N/A
	CONTROL	Manufacturing	15	\$39,616	\$475,392	\$520,000
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· · · · · · · · · · · · · · · · · · ·	NEAT	Financial Services	700	\$40,745	\$28,521,500	\$6,150,000
	SECURITY	Information Technology	200	\$85,000	\$17,000,000	\$20,000,000
	IMPACT	Financial Services	1,500	\$44,000	\$65,000,000	\$200,000,000
	GLOBAL	Information Technology	120	\$54,350	\$6,522,000	\$5,900,000
	EVERGREEN	Wood Manufacturing	105	\$42,435	\$4,455,675	\$9,998,210
	PATINA	3rd Party Administrator	381	\$27,876	\$10,620,756	\$89,000
Offshore letand	STORK	Marine Services MRO	100	\$43,680	\$4,368,000	\$900,000
Deep flex Inc.	) DIMENSION	Offshore Pipe Manufacturer	100	\$55,000	\$5,500,000	\$20,000,000
Intelligent Netinal Imaging Systems	VISION	II/Entrepreneurial	15	. \$71,667	\$1,075,005	\$100,000
VT MA£!	STALLION	Aviation MRO	304	\$56,160	\$17,072,640	\$10,000,000
Nawy rederal Credit: Union	REVOLUTION	Financial Services	5,000	\$49,500	\$247,500,000	\$350,000,000
International Paper	PHOENIX	Manufacturing	12	\$49,920	\$599,040	93,241,000
Offshare legand	STORK II	Corporate Headquarters	30	\$75,000	\$2,250,000	N/A
	ARROW	Aviation Mfg.	5	\$43,680	\$218,400	N/A
	CENTAUR	Corporate Headquarters	15	\$74,720	\$1,120,800	\$20,000,000
		Information Technology	35	\$85,000	\$2,975,000	\$20,000,000
			46			
The state of the state of the state of						
e e e						
			8,962	\$54,962	\$426,109,528	\$819,498,210
	550		Total New	Avg. Est. Salary	Est. Avg. Annual Payroll	Cap. Invest.
Total	8,962					
Canceled Projects						
Majestic Candies Company	SUGAR	Manufacturing	100	\$40,745	\$4,074,500	\$6,190,000
				,		

## PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION

PENSACOLA, FLORIDA

FINANCIAL STATEMENTS
SEPTEMBER 30, 2014

# PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION

### PENSACOLA, FLORIDA

### FINANCIAL STATEMENTS

### **SEPTEMBER 30, 2014**

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### INDEPENDENT AUDITOR'S REPORT

Board of Directors
Pensacola-Escambia County Promotion
and Development Commission
Pensacola, Florida

### Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, the General Fund and the fiduciary fund of the Pensacola-Escambia County Promotion and Development Commission (the "Commission") as of and for the year ended September 30, 2014, and the related notes to the financial statements, which collectively comprise the Commission's financial statements as listed in the table of contents.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error,

### Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

-1-

Board of Directors Pensacola-Escambia County Promotion and Development Commission

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### **Opinions**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the General Fund and the fiduciary fund of the Commission, as of September 30, 2014, and the respective changes in financial position and the budgetary comparison for the General Fund for the year then ended in conformity with accounting principles generally accepted in the United States of America.

### Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 7 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### Other Reporting Required by Government Auditing Standards

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In accordance with Government Auditing Standards, we have also issued our report dated November 13, 2014 on our consideration of the Commission's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Commission's internal control over financial reporting and compliance.

Pensacola, Florida

November 13, 2014

Our discussion and analysis of the financial performance of the Pensacola-Escambia County Promotion and Development Commission (the "Commission") provides an overview of the Commission's financial activities for the fiscal year ended September 30, 2014. Please review it in conjunction with the Commission's financial statements.

### FINANCIAL HIGHLIGHTS

- Total assets for the Pensacola-Escambia County Promotion and Development Commission decreased by \$4,998 from 2013 due to an increase of \$19,877 in receivables, and a decrease of \$24,875 in bank account balances. Liabilities decreased by \$7,510 due to an overall decrease in payables.
- Deferred Compensation Fund net assets balance increased by \$985 from 2013. The fluctuation is representative of two parts. The first part is a \$10,585 increase in asset value which is consistent with a minimal increase in stock market performance, and the second part is \$9,600 worth of normal monthly draws to result in the overall increase in balance.

### **USING THIS ANNUAL REPORT**

This annual report consists of a series of financial statements. The Statement of Net Position and the Statement of Activities (on pages 8-9) provide information about the activities of the Commission as a whole and present a longer-term view of the Commission's finances. Fiduciary fund financial statements start on page 11.

### Reporting on the Commission as a Whole

The Statement of Net Position and the Statement of Activities

Our analysis of the Commission as a whole begins on the following page. One of the important questions asked about the Commission's finances is "Is the Commission as a whole better off or worse as a result of the year's activities?" The Statement of Net Assets and the Statement of Activities report information about the Commission as a whole and about its activities in a way that helps answer this question. These statements include all assets and liabilities using the accrual basis of accounting, which is similar to accounting used by most private-sector companies. Accrual of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Commission's net assets and changes in them. You can think of the Commission's net assets, the difference between assets, what the Commission owns, and liabilities, what the Commission owes, as one way to measure the Commission's financial health, or financial position. Over time, increases or decreases in the Commission's net assets are one indicator of whether its financial health is improving or deteriorating. You will need to consider other non-financial factors, however, such as continuing local government support, to assess the overall health of the Commission.

### Reporting the Commission's Funds

Fiduciary Fund Financial Statements

Our analysis of the Commission's fiduciary fund begins on the following page. The fund financial statements begin on page 11 and provide detail information about the Deferred Compensation Fund.

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 13-18 of this report.

### THE COMMISSION AS A WHOLE

The Commission's total net position changed slightly from a year ago, increasing from \$4,348,204 to \$4,350,716. Our analysis below focuses on the net position (Table 1) and changes in net position of the Commission's governmental activities.

### Table 1 Net Position (in thousands)

	2013	2014
Cash and investments Grant receivable Technology Park property Total Assets	\$ 662 0 5,850 \$ 6,512	\$ 637 20 5,850 \$ 6,507
Accounts payable Technology Park payable – County Total liabilities	\$ 15 2,149 2,164	\$ 4 2,152 2,156
Net Position: Restricted Unrestricted Total net position	4,287 4,348	4,290 4,351
Total Liabilities and Net Position	<u>\$ 6.512</u>	<u>\$ 6.507</u>

Statement of Activities

Prior year revenue totaled \$270,601 versus current year revenue of \$291,193 for a variance of 8%.

Prior year expenses totaled \$303,527 versus current year expenses of \$288,681 for a variance of 5%.

### Reporting on the Fiduciary Fund

Prior year investment income in the Deferred Compensation Fund totaled \$7,698 versus current year investment income of \$10,585.

Prior year expenses and current year expenses both totaled \$9,600. The withdrawal amount does not change from year to year.

Table 2
Final Budget versus Actual Results (GAAP Basis)
General Fund

Revenues:	· <u>-</u> -	Final Budget	_	Actual		Variance_
Intergovernmental	\$	270,000	\$	270,000	\$	0
Grant revenue		0	-	19,877	•	19,877
Investment income		600		970		370
Miscellaneous income		0		346		346
Expenditures:						
Current -						
General government	\$	570,600	\$	288,681	\$	281,919

### Final Budget versus Actual Results

The Commission did not have any changes to the intergovernmental revenue since the Commission was able to reasonably estimate the predicted revenue sources throughout the year. The Commission did not budget grant revenue during the year, as the grant contract was not signed during the year. The Commission realized a slight increase in interest for the year, as prior year activity related to the Technology Park Project caused the cash balances to increase at the end of last year, and remained higher than previous balances throughout the year. The Commission had a small amount of miscellaneous income resulting from a class action lawsuit settlement involving the Technology Park.

The variance in General Government expenditures can be attributed to budgeted expenses for the FOIL Project and Technology Park Master Planning that did not occur by year end.

### **ECONOMIC FACTORS**

The economic development mission of the Commission remains constant. The Commission has contracted with a new entity formed from an active divestiture of the Greater Pensacola Chamber, the Community Economic Development Association of Pensacola and Escambia County ("CEDA"), for all of its economic activities which includes performing management duties on behalf of the Commission. In addition, Escambia County and the City of Pensacola have budgeted funds to support the Commission for the upcoming year. The Commission requested increased funding from Escambia County and the City of Pensacola for the upcoming year in order to fully fund CEDA's public funding contribution out of the Commission rather than CEDA's public funding coming from various sources. Escambia County granted the additional funding request. The additional funding request from the City of Pensacola is still under negotiation.

The Commission took ownership of property from Escambia County and the City of Pensacola for the purpose of developing it into a Technology Campus during 2008. Construction of the initial infrastructure for the Campus, partially funded with a line of credit from Escambia County, was completed in June 2012. In December 2012, the Commission sought to re-appraise the Technology Campus value to more accurately reflect the current market value of the property. Also in fiscal year 2013, the Commission approved an updated version of the Inter-local Agreement between the Commission, City of Pensacola, Escambia County and the Community Redevelopment Agency ("CRA"), which included both City and County forgiveness of debt for the Technology Campus property and the ability to market and sell or lease the property independently of City or County approval. The line of credit from Escambia County will be paid for using proceeds from the sale of the lots on the Technology Campus. Once eighty percent of the developable square footage of the Technology Campus has been conveyed by the Commission to a third party, the net ad valorem property tax received by the City and by the County from the properties within the Campus shall be applied to repayment of the line of credit. Now that the Technology Campus more accurately reflects the current market value of the property, the Commission is marketing the property to prospective companies and has retained the services of Beck Properties and CB Richard Ellis to provide commercial brokerage services for the Technology Campus. The Commission has entered into a professional service agreement with Atkins for Technology Park master planning.

The Commission entered into a Memorandum of Intent with Space Florida, a public corporation and independent special district of the State of Florida. Space Florida proposes to construct a multi-tenant facility totaling approximately 75,000 square feet on an approximately 80,000 square feet SF site at the Pensacola Technology Campus, on land located in Pensacola, Florida, and owned by the Commission, so as to provide a state-of-the-art facility to enable growth for development of a confidential aerospace company that will be the anchor tenant, as well as several additional complimentary smaller tenants.

The Commission has entered into a grant agreement with the State of Florida, Department of Economic Opportunity ("DEO"), to conduct a Feasibility, Economic Impact, and Industrial Development Study to determine the feasibility of developing sites along the Lower Escambia River Basin into major industrial sites to target high-energy, aerospace, or other industrial-manufacturing businesses to boost economic development and job growth.

The Commission remains the Grantee for Foreign-Trade Zone (FTZ) #249 and continues to fulfill all of its responsibilities as the designated grantee for FTZ #249. FTZ #249 consists of sites at the Port of Pensacola, Pensacola International Airport, Pensacola Marine Terminal (2 sites: Pensacola Shipyard and Spruce Street Industrial Complex), Century Industrial Park and a designated sub-zone for the GE Wind Energy Plant. The Commission will be reviewing FTZ #249 schedules for fees associated with FTZ usage to report to the Foreign Trade Zone Board along with FTZ #249's annual report.

### REQUEST FOR INFORMATION

This financial report is designed to provide a general overview of the Commission's finances for all those with interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the Pensacola Bay Area Chamber of Commerce, 117 W Garden Street, Pensacola, Florida 32502.

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Chief Financial Officer

FINANCIAL STATEMENTS

# PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION STATEMENT OF NET POSITION SEPTEMBER 30, 2014

### **ASSETS**

		General Fund
Cash	\$	637,398
Grant receivable		19,877
Technology Park property, net		5,850,000
Total Assets	\$	6,507,275
LIABILITIES AND NET POSITION		
Liabilities:		
Accounts payable	\$	4,143
Technology Park payable - County	Ψ	2,152,416
Total liabilities		2,156,559
Commitments and Contingencies		
Net Position:		
Restricted		61,198
Unrestricted:		01,150
Committed		52,309
Unassigned		4,237,209
Total net position		4,350,716
Total Liabilities and Net Position	\$	6,507,275

### PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION STATEMENT OF ACTIVITIES YEAR ENDED SEPTEMBER 30, 2014

	General Fund
Revenues:	
Intergovernmental - City	\$ 120,000
Intergovernmental - County	150,000
Grant revenue	19,877
Investment income	970
Miscellaneous income	346
Total revenues	291,193
Expenses:	
Current -	
General government -	
Economic Development	267,687
Audit and accounting	7,500
Miscellaneous	12,244
Total expenses	288,681
Change in Net Position	2,512
Net Position, October 1, 2013	4,348,204
Net Position, September 30, 2014	\$ 4,350,716

### PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE - BUDGET AND ACTUAL - GENERAL FUND YEAR ENDED SEPTEMBER 30, 2014

	General Fund			
	Original Budget	Final Budget	Actual	Variance - Favorable (Unfavorable)
Revenues:				
Intergovernmental - City	\$ 120,000	\$ 120,000	\$ 120,000	\$ -
Intergovernmental - County	150,000	150,000	150,000	-
Grant revenue	-	-	19,877	19,877
Investment income	600	600	970	370
Miscellaneous income		_	346	346
Total revenues	270,600	270,600	291,193	20,593
Expenditures:				
Current -				
General government -				
Economic Development	248,500	548,500	267,687	280,813
Audit and accounting	7,500	7,500	7,500	200,015
Contractual services - Foreign Trade Zone	1,500	1,500	•	260
Miscellaneous	13,100	•	1,250	250
Total expenditures		13,100	12,244	856
Tom expendicues	270,600	570,600	288,681	281,919
Excess (Deficiency) of Revenues Over	1			
(Under) Expenditures	\$ -	\$ (300,000)	\$ 2,512	\$ 302,512

### PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION STATEMENT OF FIDUCIARY NET POSITION SEPTEMBER 30, 2014

### **ASSETS**

	Deferred Compensation Fund
Investments	<u>\$ 54,445</u>
Total Assets	<u>\$ 54,445</u>
LIABILITIES AND	NET POSITION
Liabilities	<u>\$</u>
Net Position:	,
Held for retirement benefits	54,445
Total net position	54,445
Total Liabilities and Net Position	\$ 54,445

# PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION STATEMENT OF CHANGES IN FIDUCIARY NET POSITION YEAR ENDED SEPTEMBER 30, 2014

	Deferred Compensation Fund
Additions:	
Investment income	\$ 10,585
Deductions: Deferred Compensation Fund withdrawals	9,600
Change in Net Position	985
Net Position, October 1, 2013	53,460
Net Position, September 30, 2014	\$ 54,445

NOTES TO FINANCIAL STATEMENTS

# NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### A. The Reporting Entity

The Pensacola-Escambia County Promotion and Development Commission ("the Commission") was established by the Legislature of the State of Florida to promote and develop tourism and industry in Escambia County and in the City of Pensacola. The Commission is governed by a nine member board consisting of representatives of the Board of County Commissioners of Escambia County, the City of Pensacola City Council, the Town of Century and the Greater Pensacola Chamber. The Commission is a joint venture of Escambia County and the City of Pensacola and is economically dependent on funding from these entities.

# B. Measurement Focus, Basis of Accounting and Financial Statement Presentation

The Commission has adopted the provisions of Governmental Accounting Standards Board Statement No. 34, Basic Financial Statements-and Management's Discussion and Analysis-For State and Local Governments and Statement No. 37, Basic Financial Statements-and Management's Discussion and Analysis-for State and Local Governments: Omnibus.

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the nonfiduciary activities of the Commission. The Commission's fiduciary fund is not presented in the government-wide financial statements since by definition, the assets cannot be used to address activities or obligations of the Commission (i.e., the assets are being held for the benefit of retirees). Individual fund financial statements are provided for the fiduciary fund, even though it is excluded from the government-wide financial statements.

The basis of accounting refers to when revenues, expenditures or expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting, as are the fiduciary fund financial statements. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, revenues are considered to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting.

# NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

There are no material differences between the accrual basis of accounting and the modified accrual basis of accounting in the Commission's financial statements. Accordingly, separate financial statements have not been prepared for the General Fund.

The Commission reports the following funds:

Governmental Funds

The General Fund is used to account for all financial resources except those required to be accounted for in another fund.

Fiduciary Funds

The Deferred Compensation Fund is an expendable trust fund used to account for assets held by the Commission in a fiduciary capacity for a former employee.

#### C. General Budget Policies

The Board approves total budget appropriations only. Management is authorized to transfer budget amounts between department and object codes. However, any revisions that alter the total appropriations must be approved by the Board. Therefore, the level of budgetary responsibility is by total appropriations.

Formal budgetary integration is employed as a management device during the year.

#### D. <u>Budgetary Basis of Accounting</u>

The budget is prepared in accordance with generally accepted accounting principles.

The budget amounts shown in the financial statements are the final authorized amounts as amended during the year,

# NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

#### E. Restricted and Unrestricted Resources

When an expense is incurred for purposes for which both restricted and unrestricted resources are available, it is the Commission's policy to use restricted resources first, then unrestricted resources as they are needed. Within the unrestricted category, committed resources are used first, then assigned resources, if any, followed by unassigned resources as needed. The Commission establishes (and modifies or rescinds) net asset commitments by passage of a Board of Directors resolution.

#### **NOTE 2 - CASH AND INVESTMENTS**

The investment of surplus funds is governed by the provisions of Section 218.415, Florida Statutes, as to the types of investments that can be made. Investments authorized by the statute include:

- (a) The Local Government Surplus Funds Trust Fund, or any intergovernmental investment pool authorized pursuant to the Florida Interlocal Cooperation Act, as provided in Section 163.01.
- (b) Securities and Exchange Commission registered money market funds with the highest credit quality rating from a nationally recognized rating agency.
- (c) Interest-bearing time deposits or savings accounts in qualified public depositories, as defined in Section 280.02.
- (d) Direct obligations of the U.S. Treasury.

The Commission has no investment policy that would further limit its investment choices.

#### Deposits:

Chapter 280, Florida Statutes, provides that deposits must be placed in a depository designated under the provisions of Chapter 136 and the regulations of the Department of Banking and Finance as a qualified public depository. As such, these deposits are considered to be fully insured.

The Commission's deposits at year end were entirely covered by federal depository insurance or pooled collateral held by the State Treasurer under the provisions of Chapter 280, Florida Statutes. At September 30, 2014, the carrying amount of the Commission's deposits was \$637,398 and the bank balance was \$639,087.

#### Investments:

Investments in the Deferred Compensation Fund are recorded at market value and consist of amounts held in a stock mutual fund. Market value of the investments at September 30, 2014 was \$54,445.

#### **NOTE 3 - DEFERRED COMPENSATION PLAN**

In previous years, the Commission offered its employees a deferred compensation plan that permitted employees to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or permanent disability. The plan presently has no active participants and one retired participant.

All amounts of compensation deferred under the plan, all property and rights purchased with those amounts, and all income attributable to those amounts, property, or rights are (until paid or made available to the employee or other beneficiary) solely the property and rights of the Commission (without being restricted to the provisions of benefits under the plan), subject only to the claims of the Commission's general creditors. Participants' rights under the plan are equal to those of general creditors of the Commission in an amount equal to the fair market value of the deferred account for each participant. Deferred compensation plan assets are solely invested in a mutual fund, the Oppenheimer Capital Appreciation Fund Class A, and are recorded at market value.

#### **NOTE 4 - TECHNOLOGY PARK**

In 2008, the Commission entered into an interlocal agreement (the "Agreement") with Escambia County (the "County"), the City of Pensacola (the "City") and the Community Redevelopment Agency ("CRA") of the City of Pensacola to develop a Technology Park in downtown Pensacola. Pursuant to the Agreement, the County and the City conveyed certain property to the Commission with a fair value of \$6,900,000 and \$1,425,000, respectively. The development of the Technology Park was completed during the year ended September 30, 2014, and the property is now considered to be held for resale. During the year ended September 30, 2013, the Commission recorded a fair value adjustment of \$5,718,106 to account for a decrease in fair value of the Technology Park property.

Under the Agreement, this property was conveyed to the Commission subject to a right of re-entry if certain goals were not met. The County provided a line of credit to fund development of the Technology Park infrastructure. Also, the County and City were to receive 83% and 17%, respectively, of the proceeds from sales of lots in the Technology Park after the County was reimbursed for all funding provided with the line of credit.

During 2013, the Agreement was amended so that County and City no longer require the Commission to reimburse the respective property interests conveyed unto it. The forgiveness of debt totaling \$4,069,512 was recorded in the statement of activities. Net proceeds from the sale of lots will be applied to the County line of credit until the line of credit is repaid in its entirety, at which time any additional proceeds from the sale of lots will remain with the Commission for future economic development projects. The County and City retain a right of re-entry if the Commission does not sell at least one lot or enter into a long-term lease for at least one lot by September 6, 2016.

#### NOTE 4 - TECHNOLOGY PARK (Continued)

Once eighty percent of the developable square footage of the Technology Park has been conveyed by the Commission to a third party, the net ad valorem property tax received by the City and by the County from the properties within the Technology Park shall be applied to repayment of any remaining balance on the line of credit.

Infrastructure costs of \$3,243,106 have been capitalized, of which \$1,926,938 were funded by the County. The remaining infrastructure costs of \$1,316,168 were funded by a grant as more fully discussed in Note 8.

The following is a summary of the carrying value of the Technology Park property and the associated liability due to the County as of September 30, 2014:

	 County		City	 Total
Initial land conveyance Infrastructure funded by County Infrastructure funded by grant	\$ 6,900,000 1,926,938 1,316,168	\$	1,425,000	\$ 8,325,000 1,926,938 1,316,168
Technology Park property at cost Fair value adjustment Technology Park property at fair value Accrued interest and other Forgiveness of debt	\$ 10,143,106	<u>\$</u> _	1,425,000	 11,568,106 (5,718,106) 5,850,000 371,928 (4,069,512)
Technology Park payable				\$ 2,152,416

#### **NOTE 5 - NET POSITION**

Restricted net position includes \$61,198 contributed by the Emerald Coast Utilities Authority, which is restricted for economic development in the General Fund, and \$54,445 held for retirement benefits in the Deferred Compensation Fund.

Committed net position includes \$52,309 of funds for future commerce park marketing and/or improvements.

#### **NOTE 6 - CONDUIT DEBT**

The Commission issued industrial revenue bonds to provide financial assistance to the Florida Institute for Human and Machine Cognition, Inc. ("IHMC") for the refinance of debt with the University of West Florida Foundation, Inc. The bonds were secured by the property financed and were payable solely from payments received from the underlying financing agreement. The bonds were repaid during 2014 and ownership of the acquired facilities transferred to IHMC.

#### **NOTE 7 - RISK MANAGEMENT**

The Commission is exposed to various levels of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters. To mitigate some of those risks, the Commission maintains a directors and officers liability policy and a commercial general liability policy. There have been no losses for these risks in any of the prior three fiscal years, and the Commission is not aware of any material liabilities related to these risks as of September 30, 2014.

# **NOTE 8 - COMMITMENTS AND CONTINGENCIES**

The Commission has engaged the Community Economic Development Association, Inc. to promote economic development for the year ending September 30, 2015 for a fee of \$750,000.

As discussed in Note 4, the Commission entered into an interlocal agreement (the "Agreement") with Escambia County, the City of Pensacola and the Community Redevelopment Agency of the City of Pensacola to develop a Technology Park in downtown Pensacola. This Agreement was amended during 2013. Under the amended agreement, the City and County have a right of re-entry on the property if the Commission does not sell at least one lot or enter into a long-term lease, not less than 15 years in duration, of at least one lot by September 6, 2016.

As of September 30, 2014, the Commission has not yet sold or entered into a long-term lease for any of the Technology Park lots.

The Commission was awarded a Public Works and Facilities Development Grant through the EDA for construction of the Technology Park. The total grant award was \$2 million on an estimated total project cost of approximately \$3.7 million. The additional project costs not funded by the EDA grant were funded by the County, as discussed in Note 4. The grant agreement sets forth certain reporting and compliance requirements, noncompliance with which could result in the return of funds to the grantor.

#### **NOTE 9 - SUBSEQUENT EVENT**

In October 2014, the Commission signed a grant agreement with the State of Florida Department of Economic Opportunity. Under the agreement, the Commission will conduct a Feasibility, Economic Impact, and Industrial Development Study (the "Project") to determine the feasibility of developing industrial sites in Escambia County. The Commission will be reimbursed for services performed under the agreement not to exceed \$3,000,000. During the year ended September 30, 2014, the Commission incurred expenditures totaling \$19,877 that are reimbursable under the grant. Accordingly, a receivable for this amount has been recorded as of September 30, 2014.

OTHER REPORTS



# INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors Pensacola-Escambia County Promotion and Development Commission Pensacola, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the General Fund and the fiduciary fund of the Pensacola-Escambia County Promotion and Development Commission (the "Commission") as of and for the year ended September 30, 2014, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements, and have issued our report thereon dated November 13, 2014.

# Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Commission's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we do not express an opinion on the effectiveness of the Commission's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Board of Directors
Pensacola-Escambia County Promotion
and Development Commission

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Commission's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

#### Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Pensacola, Florida

Saldmarch Cleandank & Grind

November 13, 2014



#### **MANAGEMENT LETTER**

To the Board of Directors
Pensacola-Escambia County Promotion
and Development Commission
Pensacola, Florida

#### Report on the Financial Statements

We have audited the financial statements of the Pensacola-Escambia County Promotion and Development Commission (the "Commission"), as of and for the fiscal year ended September 30, 2014, and have issued our report thereon dated November 13, 2014.

#### Auditor's Responsibility

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and Chapter 10.550, Rules of the Florida Auditor General.

#### Other Report

We have issued our Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with Government Auditing Standards. Disclosures in that report, which is dated November 13, 2014, should be considered in conjunction with this management letter.

#### Prior Audit Finding

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. Corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report.

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Board of Directors
Pensacola-Escambia County Promotion
and Development Commission

# Official Title and Legal Authority

Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. The official title for the Pensacola-Escambia County Promotion and Development Commission is disclosed in the notes to the financial statements. The Pensacola-Escambia County Promotion and Development Commission was established by Chapters 67-1365 and 89-481, Laws of Florida. There are no component units.

#### Financial Condition

Section 10.554(1)(i)5.a., Rules of the Auditor General, requires that we report the results of our determination as to whether or not the Commission has met one or more of the conditions described in Section 218.503(1), Florida Statutes, and identification of the specific condition(s) met. In connection with our audit, we determined that the Commission did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Section 10.554(1)(i)5.c. and 10.556(8), Rules of the Auditor General, we applied financial condition assessment procedures. It is management's responsibility to monitor the Commission's financial condition, and our financial condition assessment was based in part on representations made by management and the review of financial information provided by same.

#### **Annual Financial Report**

Section 10.554(1)(i)5.b., Rules of the Auditor General, requires that we report the results of our determination as to whether the annual financial report for the Commission for the fiscal year ended September 30, 2014, filed with the Florida Department of Financial Services pursuant to Section 218.32(1)(a), Florida Statutes, is in agreement with the annual financial audit report for the fiscal year ended September 30, 2014. In connection with our audit, we determined that these two reports were in agreement.

#### Other Matters

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we address in the management letter any recommendations to improve financial management. In connection with our audit, we have the following recommendation:

#### Finding 2014-1

The Commission amended its budget during 2014 to include additional expenditures. These additional budgeted expenditures were covered by reserves brought forward from prior years, but these prior year reserves were inadvertently omitted from the budget amendment. As a result, the final budget was not balanced as required by Florida Statutes, Chapter 129.01(2)(b). We noted that the Commission did not exceed its budgeted expenditures during the year, and its total expenditures did not exceed its total revenues. However, we recommend that the Commission carefully review future budget amendments to insure such amendments and the final budget are balanced as required by Florida Statutes.

Board of Directors
Pensacola-Escambia County Promotion
and Development Commission

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Section 10.554(1)(i)3., Rules of the Auditor General, requires that we address noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but which warrants the attention of those charges with governance. In connection with our audit, we did not have any such findings.

#### Purpose of this Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.

Pensacola, Florida

November 13, 2014



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Century Area Chamber of Commerce

Agency Address:

P.O. Box 857

Century, FL 32535

Program Name:

Century Economic Development

Program Contact:

Allison Tyler, Economic Development Coord., L

Contact Email:

atyler1@uwf.edu

Contact Phone:

205.253.6268

25-Word Description of Program:

The program aims to implement the 50 actionable tactics identified in the Town of Century 2014 Six Pillars Community Economic Development Plan.

Amount Requested:

50,000.00

Amount Received Last Year, if applicable:

40.000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

The funds received during the last fiscal year were used to contract with University of West Florida Haas Center to provide an Economic Development Coordinator to oversee the implementation of the 2014 Six Pillars Community Economic Development Strategic Plan. See attached for a list of accomplishments and status of the plan's actionable tactics.

Briefly discuss how the funding you are currently requesting will be used.

The funds will be used to continue coordination efforts to implement the 2014 Six Pillars Community Economic Development Strategic Plan.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The town of Century provides in-kind funding in the form of office space and utilities. At this time there are no other sources of funding for personnel to oversee economic development coordination efforts.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

None.

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

The 2014 Six Pillars Community Economic Development Strategic Plan identifies three strategic goals:

- Lead the region in rural economic competitiveness.
- 2) Lead the region in rural community revitalization.
- 3) Lead the region in the development and delivery of innovative and relevant

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- Number of funding sources secured to implement strategic tactics.
- 2) Number of partnerships developed to implement strategic tactics.
- \*Note: Demographic data was collected as part of the strategic planning process but not enough time has passed to use for performance measures.

#### Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1) Number of funding sources prior to adopting the strategic plan (0).
- 2) Number of partnerships prior to adopting the strategic plan (0).
- \*Note: Demographic data was collected as part of the strategic planning process but not enough time has passed to use for performance measures.



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	2,250.00	•	N.
Programmatic Income	•		
County Funding	40,000.00	40,000.00	50,000.00
City Funding	12,000.00	12,000.00	12,000.00
State Funding	10,000.00		
Federal Funding			
Memberships	1,700.00		
Investment Income			
Other Income	3,800.00		
Total Income	69,750.00	52,000.00	62,000.00



**Expenses** 

Most Recently Completed Budget Year Current Budget Year Proposed Budget Year

**Total Staffing** 

Salaries and Wages

**Employee Benefits** 

Professional Services

**Contractual Services** 

53,800.00

40,000.00

50,000.00

Travel Expenses

Rentals and Leases

14,530.00

12,000.00

12,000.00

Communication

Postage and Freight

Repair and Maintenance

Printing and Binding

Marketing and Promotion

500.00

Fuel



#### Expenses (cont.)

Most Recently
Completed Budget Year

Current Budget Year Proposed Budget Year

Supplies

2,373.00

Capitalizable Assets

**Total Expenses** 

71,203.00

Net Income

-1,453.00

0.00

0.00

Please explain any capitalizable asset contained in your request.

# Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Information about Form 990 and its instructions is at your irs gov/form990.

Inter		nue Service	► Information about Form 990 and its instructions is at www.irs.c	iov/torm990	·	inspection
<u>A</u>	For the		ndar year, or tax year beginning , 2014, and ending			, 20
B	Check if	f applicable:	C Name of organization CENTTIRY AREA CHAMBER OF COMMERCE		D Employ	er identification number
	Address	s change	Doing business as		59-29	931610
$\overline{\Box}$	Name d	*	Number and street (or P.O. box if mail is not delivered to street address) Room/suite			ne number
H			·			
$\vdash$	Initial rei				85U-Z	56-3155
ᆜ		/m/terminated	City or town, state or province, country, and ZIP or foreign postal code			
ш	Amende	- Caracan	CENTURY, FL 32535		G Gross r	ecsipts \$ 49,748.
	Applicat		F Name and address of principal officer:	H(a) is this a gro	op return for	subordinates? 🔲 Yes 😾 No
		i	SAME AS C ABOVE	H(b) Are all a	ubordinate	s included? 🔲 Yes 🔲 No
$\overline{}$	Tax-exe	mpt status:	X 501(c)(3)	If "No	," attach a	a list. (see instructions)
1	Website			H(c) Group	evemetice	number b
_			Corporation ☐ Trust ☐ Association ☐ Other ➤ L Year of formation			of legal domicile:FL
_				12000	i wi State	or legal domiche:E-12
	arti	Summa	ary			
	1	Briefly de	scribe the organization's mission or most significant activities: To_pro	amateC	entur	y's local
Activities & Governance	1	busines	ses and provide economic development opportuni	ties wi	thin o	our community.
듄	i			•	· · · · ·	· · · · · · · · · · · · · · · · · · ·
\$	2	Check thi	s box 🕨 🔲 if the organization discontinued its operations or disposed of	more than	25% of	its net assets.
8	3		f voting members of the governing body (Part VI, line 1a)		3	38
9	4		f independent voting members of the governing body (Part VI, line 1b)		4	17
82						
Æ	5		ber of Individuals employed in calendar year 2014 (Part V, line 2a) .		5	0.
뜐	6		ber of volunteers (estimate if necessary)		6	20
Ť	7a		lated business revenue from Part VIII, column (C), line 12		7a	o
	b	Net unrela	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Yea	ır	Current Year
	8	Contributi	ons and grants (Part VIII, line 1h)	10,000.		40,000.
ğ	9		service revenue (Part VIII, line 2g)	0-		0.
Revenue	10		it Income (Part VIII, column (A), lines 3, 4, and 7d)			
æ	11			0-		0
	,		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,074.		6.668.
	12			12,074.		46.668.
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	<u>000,0</u>		40,000.
	14		aid to or for members (Part IX, column (A), line 4)	0.		0.
S.	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0_
Expenses	16a	Profession	nal fundralsing fees (Part IX, column (A), line 11e)	0-		0.
8	ь		raising expenses (Part IX, column (D), line 25)	ere a serie de la company	34 (2) (20)	986
ŭ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		-M M M M M M M M.	6.101.
				4.428 4.428		
- 1	19					47.087.
		LIGAGUDO I		2.354.		-419. End of Year
Assets or Balances		T-4-1	· · · ·	inning of Cur	rent Year	
数			ts (Part X, line 16)	4.314.		49.748.
3.5			ities (Part X, line 26) .................	8,086.		43,902.
			or fund balances. Subtract line 21 from line 20	6.228.		5_846_
Pa	rt II	Signate	ıre Block			
Unc	ter penal	ities of perjury	, I declare that I have examined this return, including accompanying schedules and statems	nts, and to th	e best of r	ny knowledge and belief, it is
true	, correct	, and comple	te. Declaration of preparer (other than officer) is based on all information of which preparer he	is any knowle	dge.	
		,	to W. Miskall		<u> </u>	/~/5
Sig	n i	Signal	dre of officer,	Date	<del>,/</del>	<del></del>
Her		i  .	Fredore W. MECAll Viec President			
	•	Tupp	or print name and title			
					1	IPTIN
Pai	d		preparer's name Preparer's signature Oate	1,10	Check (	[_] # ] · · · · ·
Pre	pare	r   <u> </u>	ngie Alley (Mey Alley) 7	حيي	self-em	oloyed
	e Only		те '▶	Firm	s EIN ►	
		Firm's ad		Phon	e no.	
May	the IR	S discuss	this return with the preparer shown above? (see instructions)			. Yes No

#### FY 14/15 Accomplishments

The following are the accomplishments made by the University of West Florida Haas Center's Economic Development Coordinator (EDC) contracted by the Century Area Chamber of Commerce with the funding previously provided by the Escambia County Board of County Commissioners. Please note that while many of the tasks may be accomplished by other entities, they are now being coordinated in an overall strategic plan for the Town of Century and surrounding community in the overall goal of improving its economy.

- 1. The Town of Century adopted the 2014 Six Pillars Community Economic Development Strategic Plan developed by the University of West Florida Haas Center in 2014. This plan was also accepted by the Florida Department of Economic Opportunity and recognized by the Florida Chamber of Commerce Foundation in November 2014. Since then the EDC has been working with the Town of Century, Century Area Chamber of Commerce, Florida West, Pensacola State College, CareerSource EscaRosa, UWF Small Business Development Center (SBDC), Florida Department of Economic Opportunity and other stakeholders towards implementation of the 50 actionable items identified in the Plan.
- 2. The Town was the recipient of a FY 14/15 Competitive Florida Partnership advanced technical assistance grant from the Department of Economic Opportunity (DEO) in October 2014. The EDC worked with Town and Chamber leadership as well as DEO to identify five (5) projects in the Strategic Plan:
  - a. Small Business Development The Town signed a memorandum of understanding with the SBDC to provide workshops and consulting services in Century. The EDC worked with the SBDC to host the no-cost "Amplify Your Business through Fundamentals" Training Series for local businesses. This five-part series was held in May 2015 at the recently opened Century Business Center's community classroom. Topics included:
    - i. Marketing I Winning with Social Media
    - ii. Marketing II Using Google Tools and Boosting Your Business with Great Customer Reviews
    - iii. Financial & Cash Flow Statements, Pt. 1
    - iv. Financial & Cash Flow Statements, Pt. 2
    - v. Human Resources: Big Trouble for Small Business?

In addition, the SBDC is providing a consultant at no cost to the Century area two days a month to work with individual businesses. The SBDC consultant is working out of the Century Business Center.

b. Century Business Center Development – Town leadership voted in December 2015 to change the name of the business incubator facility to the Century Business Center. The Center is now open and holds the Town's economic development office as well as the SBDC office. The EDC is working to identify partners to utilize the office space on days when the SBDC is not using it. An adjacent community classroom has been fit out with new carpet, paint, and audio/visual equipment and is now open for businesses and organizations needing space for workshops and meetings. The UWF College of Business developed a 5-Year Management Plan for the Town outlining the necessary steps

- towards developing and opening the business incubator. This plan has been presented to the Town Council and is now awaiting their direction.
- c. Soft Skills Training for Workforce The EDC worked with the Town of Century and the Century Area Chamber of Commerce to form a steering committee charged with developing and implementing a soft skills training program for the local workforce. This committee made up of representative from education, economic development, finance, health care, local government, and community members developed a plan using Phil Devol's 18-week curriculum, "Getting Ahead in a Just Gettin' By World," based on Ruby Payne's "Bridges out of Poverty" framework. The committee has secured a faith-based partner to hold the weekly meetings and provide childcare for participants and has recruited and trained a facilitator to lead the meetings. The committee is currently in the process of recruiting meal sponsorships from local businesses and churches, as well as, recruiting participants for the first class. The target start date for the first class is August 2015.
- d. Hotel Feasibility Study The Town of Century contracted with the UWF Haas Center to conduct a hotel feasibility study. The study included a neighborhood and market area analysis, assessment of competitors within the market, analysis of 3 proposed sites in and around the town limits of Century, hotel market trends in southern Alabama (Century's market), as well as, a cost feasibility analysis. The study concluded that a well-managed and carefully developed budget/economy hotel could succeed in the Century market but would face challenges keeping the development costs low to offset the projected low annual sales volume and occupancy rates. It was recommended that the Town focus its efforts at this time on other more localized areas of economic development in hopes of being able to support a hotel in the future.
- e. Marketing Development Plan The EDC has coordinated efforts between the Town of Century, Florida West, and the UWF Office of Economic Development and Opportunity to fund a marketing development plan conducted by the UWF Marketing and Communication's Department. This plan included a budget for a new Town of Century website and branding based on a "Live, Work, Play" model. In addition, the plan emphasized the importance of marketing the assets the Town currently has (natural resources, historical sites, etc.), beautification of main thoroughfares (Hwy. 29) and coordinated signage efforts between the Town, Century Area Chamber of Commerce and the Alger Sullivan Historical Society. The Town has recently started the website redesign and branding process. The EDC has submitted a funding request for the Town's FY 15/16 budget for a continuation of marketing and communication services, which will aim to improve the quality of life for existing and potential Century residents. These efforts will include the development of a Young Professionals Group, the development of a community resource guide and the development of a community recreation guide in addition to ongoing marketing services and website maintenance.
- 3. The EDC partnered with the SBDC to coordinate the Century Business Challenge sponsored by Quint and Rishy Studer. Ten aspiring and existing business owners competed for \$25,000 in financial support to open a business in Century. The Town of Century also offered to provide space to the top two winning businesses at the Century Business Center for \$1/year.

Participants received no-cost access to Live Plan business planning software, one-on-one consultations with SBDC consultants and attended a three-part workshop series hosted by the SBDC. Five applicants made it to the final round of judging. The judges awarded \$20,000 to East Hill Academy, who plans to open a special needs school in Century, which would initially create 4 new jobs. They awarded the remaining \$5,000 to the Children of Hope childcare center which opened in June 2015 and has plans to create 6 new jobs in Century. Two of the three remaining participants plan to continue with their businesses and one is in talks with the Town of Century to occupy a space at the Century Business Center.

- 4. The Town Council recently passed stricter code enforcement policies in an effort to improve the Town's beautification.
- 5. The EDC worked with the Town to submit a technical assistance grant to the Department of Economic Opportunity to fund a Finding of Necessity report which would serve as the first step in designating the Town as a Community Redevelopment Area (CRA).
- 6. Recognizing that approximately 35% of Century's working age population lacks a GED or high school diploma, the mayor has worked with the local business community to raise money for a GED scholarship fund at Pensacola State College's Century Center. The scholarships will cover the cost of the GED prep course as well as the cost of the exam.
- 7. The EDC worked with UWF Haas Center IT staff to develop an equipment proposal for a computer lab at the Century Business Center. This proposal can be used to apply for grants that would fund a community technology center in an effort to improve Century residents' access to online technologies.
- 8. The EDC worked with Pensacola State College's Century Center and Department of Career Services to hold a community-wide career fair in January 2015. Approximately 20 local and regional employers and 15 service providers were present. In addition, the EDC worked with Wind Creek Hospitality to hold a career fair in April 2015.
- 9. Pensacola State College's Century Center graduated its first class of welders this past spring and plans to expand its course offerings to include a HVAC program in the fall.
- 10. The Town has worked to increase the number of community events offered to local residents. These include:
  - a. The lighted boat parade held in December
  - b. Annual Sawmill Day held in May
  - c. The Town's watermelon festival, which has been rebranded as a Fall Festival to be held in November. Revenue from last year's festival enabled organizers to secure a band for the upcoming one.
  - d. A 3-4 part Music in the Park series that will start in the fall.

11. The EDC is working with the United Way of Escambia County to bring the Voluntary Income Tax Assistance (VITA) program to Century in 2016. The program provides no-cost tax preparation assistance to low-income individuals so that they can receive the Earned Income Tax Credit, which aims at reducing the community's high levels of poverty.

# Town of Century - Economic Development Strategic Plan Stakeholder Progress Review 26-Jun-15

e Tow		<del></del>		going S
Piliar: Talent e ion ite and ams s ams cola	Tactics	Not started	In progress/C	Complete
e e ion lee and aims s high shich me cola	Pi	llar: Tal	ents	
ion te and te and ams s Town s high cola	<ol> <li>Identify, promote and advertise programs and financial aid opportunities that are already present at Century's Pensacola State</li> </ol>		<u> </u>	<del>-</del> .9
e Town s high cola	College Campus, Northview High School, Automation and Production Technology Academy, and Ernest Ward Middle School		<u> </u>	7 <del>2</del> 4
s Town shigh hich me cola	2) Work with Century's Pensacola State College Campus to promote and recruit participation in locally administered financial literacy programs			<u> </u>
e Town s high which me cola	3) Offer and promote literacy, computer literacy, job preparedness classes/seminars, and "soft skil!" training through Pensacola State College, local agencies, and area churches		<u> </u>	
me cola	4) Invite regional prosperity (anti-poverty) initiatives to provide the Town with training/educational seminars on how to approach the Town's high levels of poverty.	""	Table a 1 11	<u> </u>
) Facilitate conversations between Northview High School, Pensacola tate College, and the Town to implement mentoring and tutoring rograms. which target notential at-risk graduates	5) Continue to develop partnerships with regional organizations, which provide financial assistance and educational programs to low-income households			<u> </u>
	6) Facilitate conversations between Northview High School, Pensacola State College, and the Town to implement mentoring and tutoring programs, which target potential at-risk graduates			<del>                                     </del>

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Tactics  7) Develop or identify local and regional youth mentorship programs designed to prevent at-risk graduates  8) Work with regional businesses to place and mentor Century's Pensacola State College Campus graduates in electrical, nursing, welding, cosmetic arts, and hospitality management  9) Work with Pensacola State College to offer support in implementing needed training programs, such as in Plumbing and Heating, Ventilation, and Air Conditioning (HVAC)
Not started
In progress/On going
Complete
Notes  Some PSC programs (welding) have career coaches that work with students for placement with local and regional businesses upon graduation  PSC's Century Center has introduced a new HVAC program for Fall 2015. The welding program graduated its first class in Spring 2015

	$\exists$ ,	<b>B</b>		
Tactics	Not started	In progress/On goin	Complete	Notes
pillar	350	2	2	Innovation and Economic Development
1) Identify and target regional industries/supporting industries that may complement already established clusters within the region				
<ol> <li>Solicit input from local/regional businesses for developing regional marketing efforts.</li> </ol>	1.000000 1.0000000			
3) Develop an aggressive marketing campaign which promotes Century's existing locational and infrastructural assets. This campaign should be targeted to regional/national/global industries, which find Century's assets advantageous, and should be promoted via regional trade summits, regional trade associations, and by developing relationships with regional industry leaders.				The UWF Marketing and Communication's Department completed a marketing development plan for the Town. At this time the focus is on marketing the Town's assets/resources to the residents as well as visitors. The Town is working with Whitepaper on new website design and branding. Additional marketing funds will be requested at Town's budget hearing in July.
4) Continue to develop collaborative partnerships with regional economic development organizations in order to leverage regional resources for industry recruitment				The Town continues to work with Florida West EDA and DEO in its economic development efforts. DEO has provided technical assistance through its Competitive Florida Partnership grant program. Florida West continues to include Century in its county-wide industry recruitment efforts as well as providing staff support and guidance, and financial support of the Town's marketing efforts
5) Host local business plan competitions to incentivize local entrepreneurial activity.			ng meropen til Jelog.	The Studer's sponsored a \$25,000 business challenge for Century. The Town has provided affordable rental space at the Century Business Center for the top 2 businesses.  Participants pitched their business ideas to judges' panel and winner was announced 6/25
6) Work with regional partners to promote existing and/or introduce new microloan programs, thus providing capital to local entrepreneurs.	200			A local investor has announced his intent to offer a micro-loan program for businesses in Century and the north end of Escambia County but no further information has been made available.
7) Promote the region's innovative programs at both Pensacola State College and Northview High School by incorporating them into the Town's website, newsletter, and other promotional materials				The Town is currently working on a new website and marketing plan that will include a centralized location for community and regional resources.

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9) Create a "Memorandum of Understanding" between other regional communities (Flomaton, Atmore, Jay, Dothan, etc.) and the Town of Century to solidify the future economic development partnerships, which leverage regional resources and develop regional approaches to workforce development and industry recruitment	8) Identify and pursue strategies to develop local daycare programs, which would allow single parent households to enter the workforce	Tactics
and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o		Not started
		In progress/On going
		Complete
	<ul> <li>Campfire USA has had a facility in Century since 2008 that provides free VPK and vouchers for eligible working families.</li> <li>Abundant Life opened a new childcare facility in June 2015.</li> <li>After-hours childcare facilities present their own financial and regulatory challenges making it difficult for providers to take the necessary risk</li> </ul>	Notes

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Tactics  Pillar: Infrastructure and Growth Leadership  Notes  Pillar: Infrastructure and Growth Leadership  Almerous roads in town will be repaved in coming monits.  1) Continue to pursue rehabilitation and beautification grants, which increase Century's curb appeal for residents, visitors, and potential investors.  1) Continue to pursue rehabilitation and beautification grants, which increase Century's curb appeal for residents, visitors, and potential broadband control area broadband providers to encourage expanding their poraband control area broadband providers to encourage expanding their poraband control area broadband providers to encourage expanding their poraband control area broadband providers to encourage expanding their poraband control area broadband sorvice by expanding their fiber optic network in Century would meet the requirements for the Rural Utilities Service Telecommunications Program (RUSIP)  3) Pursue grant funding through the Broadband sorvice by expanding through the Broadband sorvice by expanding through the Broadband sorvice by expanding through the Broadband sorvice by expanding through the Broadband sorvice by expanding through the Broadband sorvice by expanding through the Broadband sorvice by expanding their fiber optic network in Century would meet the requirements for the Rural Utilities Service Telecommunity Connect*  17 staff w/ the UWF Haas Center prepared a proposal for the necessary equipment needed to open a computer lab at the Century Business Center. At this time no further action has been taken due to lack of funding.  18 broadband through the Broadband sorvice by the connect of the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utilities Service trades on the Rural Utiliti
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federal sources with a focus on low income residents.	7) Continue to pursue housing rehabilitation grants from both state and	of expanding the Town's limits	6) Conduct an annexation study, which identifies the cost/benefit factors	surrounding region.	satisfying transportation needs for residents who can obtain work in the	in the discussion, with the intention of generating cross border ideas on	recommended to include Santa Rosa County, FL and Escambia County, AL	transit needs, focusing on the needs of low income residents. It is	5) Conduct a community workshop to better understand Century's mass	Tactics	
 <b>.</b>	rom both state and	6,590g	cost/benefit factors		n obtain work in the	oss border ideas on	Escambia County, AL	esidents. It is	tand Century's mass	Not started	
Shirt										In progress/On going Complete	***
•Community Action Partnership provides assistance for weatherization	•CDBG funds are used for housing rehabilitation.									Notes	

The Town's marketing development plan will focus on resources for the local community as well as visitors			9) Create streamlined, transparent, and user-friendly government processes required to start-up, relocate or expand a business, including home-based businesses
		<u> Salakana</u>	8) Work with Pensacola State college to staff and co-host agriculture and "Farmers market University" programs, which offer short seminars on entrepreneurialism, law, business strategies, and technology
A hotel/motel feasibility study was conducted by the UWF Haas Center. The study indicated the Town would likely have trouble supporting a hotel at this time unless there was some additional amenities connected to it.			7) Recognizing Century fails to capture business from visitors to the area, conducting a feasibility study for a possible hotel/motel in the area may provide support for establishing lodgings in the Town.
			6) Investigate industry preparedness programs, which can help determine the Town's readiness for industry recruitment.
		* 600	<ol> <li>Engage Escambia and Santa Rosa counties to develop a regional small business incubator partnership.</li> </ol>
•The Century Business Center opened in May and now houses the Econ. Dev. office and SBDC office as well as a community classroom. Space will be made for winners of Business Challenge if applicable. •The UWF College of Business developed a 5-year management plan for the Century Business Center. The Plan has been submitted to Town Council for further action.	and the state of		4) Pursue grant funds that will assist the Town in staffing the small business incubator.
The SBDC has been engaged to work with Century area businesses and entrepreneurs.  Their consultants have hosted a series of start up workshops for participants in the Century Business Challenge as well as the general public. They also hosted a 5 part series for existing small businesses. An SBDC consultant is holding office hours at the Century Business Center 2 days a month for Century area residents and business owners.		ering the Proposition of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section	<ol> <li>1) Engage the Florida Small Business Development Network and regional business leaders to develop a mentorship program for aspiring entrepreneurs and small business owners.</li> <li>2) Partner with the Small Business Development Center and Pensacola State College's Corporate Education Center to provide support and training to local businesses and future entrepreneurs.</li> <li>3) Pursue regular visits by the Florida Small Business Development Networks' Mobile Business Assistance Centers.</li> </ol>
ate and Competitiveness	Not started In progress/On going Complete	Not started	Tactics Pillar: B

9) Regular presence at Escambia County meetings (County Commission, RESTORE Advisory Committee, etc.)	8) Institute a Youth Leadership Training Program for Century's adolescent population in order to develop future community leaders.	7) Encourage community leaders to write brief editorials in the region's local news outlets, which tackle topics like trust in government, governmental accountability, and other "hot topics" that are important to the Council, the Mayor, and the community at large	6) Broadcast Town council meetings online and/or via ECTV	5) Publish minutes of the Town Council's meetings online to increase transparency of local government	4) Regularly update the Town's online calendar, keeping the Town up-to- date on public meetings, events, etc.	Effectively promote and distribute Town newsletter email, website, and social media	2) Work with community leaders to increase participation in local government	Pursue funding opportunities to implement an emergency alarm     system	Pill	Tactics
	ga Arrica G			10	ng jarah Tankaray Tankaras	37 (7) 37 (8)			ar: Civ	Not started
			L	11.75.7	e je se se	made dossi. Wyży			ic an	In progress/On going
<u> </u>			┡		s -	<u> </u>			d Go	Complete
					The Town's marketing development plan focuses on resources for the local community as well as visitors.			•	Pillar: Civic and Governance Systems	Notes

1			Ì	
<ul> <li>Health and Hope Clinic continues to serve the Century community.</li> <li>A local doctor has recently re-opened his practice in the former Century hospital</li> <li>Healthy Start opened its facility in June. WIC services as well as pediatric and women's health care will also be provided.</li> </ul>				7) Collaborate with regional partners on ways of increasing the presence of public healthcare services
			1,	<li>6) Work with area schools and churches to bring youth-based activities back within the Town limits</li>
•The Town's marketing development plan will include ways to better promote these events to a larger audience outside of the immediately surrounding areas.		5 . 5	,	
<ul> <li>Residents have recently started discussing a "Music in the Park" type event.</li> <li>Other events are held for MLK Day, National Day of Prayer, etc.</li> </ul>	•	· ;	-	community
•Last year's Watermelon Festival has rebranded as a Fall Festival scheduled for November. Revenue from last year has enabled organizers to secure a band for this year's event.		" Th. ".	1	attract out-of-town dollars to the local economy and 2) to develop relationships (increase trust) between different segments of the
•The PNJ and PSC have held 2 'Saturday in Century' events in the past year. •The Town continues to hold an annual Christmas boat parade.		y		5) Organize more community days where the Town celebrates a community event, much like Saw Mill Day. This tactic is two-fold: 1) to
•The Town recently celebrated its annual Saw Mill Day. •Reimagine Century was held on May 16th.		<u> </u>		
				of capstone projects at Pensacola State College or the University of West Florida
			<u>-</u> Valaa	connecting the Society to marketing and computer design majors in need
	1		4.84	4) Modernize the Alger Sullivan Historical Society's webpage by
weil as visitors.			Marin M Maring year	3) anglege the OWF Historic Trust to preserve, enhance, and promote the Town's historic assets
The Town's marketing development plan focuses on resources for the local community as		12.	100-70 100-70	the Greater Pensacola Chamber, and Florida's Great Northwest
		340 08 2 4179	S. (1.05)	2) Promote area's cultural and recreational resources via Visit Pensacola,
	24.4		Vayly (1)	Society
	171			1) Increase Century's presence on social media, including news from the
Quality of Life and Quality Places	ity of L	Qual	Pillar:	P
Notes	Complete		Not starte	Tactics
	is/On going		ad .	
		Supple		

# Century Area Chamber of Commerce FINANCIAL STATEMENT January 01, 2014- December 31, 2014

#### Income:

Annual Membership Dues	\$2,450.00
Escambia County Grant	\$36.666.63
Town of Century	\$2000.00
Lunch Sponsorship	\$275.00
Gulf Power Donation	\$400.00
Boat Parade	\$1,190.00
Misc	\$353.02

# TOTAL INCOME \$43,334.65

# Expenses:

Town of Castron, March I. C.	
Town of Century Monthly Service	\$275.80
Allied Waste	\$293.02
AT & T	\$1,258.08
Cindy Anderson/Esc Co Grant	\$36,666.63
Gulf Power	\$1,228.67
PO Box Rental /annual	\$60.00
Reimbursement/Cindy/supplies/cotton candy machine/postcards	\$609.08
Reimbursement/Don/refrigerator/Open House	\$716.93
Reimbursement/Edna/Supplies	\$154.16
Web/Ward Media	\$775.00
Harris Business Machines/copies	\$127.83
Chamber Banquet Tickets	\$300.00
Advertisement/Lion's Club	\$50.00
Florida Dept of State	\$61.25
Post Master/stamps	\$49.00
Boat Parade/insurance/Fred Robar(meat & sauce)	\$377.05
Lunch/Food Giant/Hudson's	\$216.32
GP Sympo	\$125.00
Underwood Insurance	\$410.03

#### **TOTAL EXPENSES**

## **Funds On Deposit**

Membership/Savings	\$26.56
Primary Checking- #4	\$5,404.43
Secondary Checking- #5	<u>\$245.49</u>

TOTAL FUNDS ON DEPOSIT \$5,676.48

Prepared 1/8/15 by Angle Kelley



## Charities & Non-Profits Topics

- A-Z Index
- · Search for Charities
- · Calendar of Events
- Charity and Nonprofit Audits
- Free e-Newsletter
- Online Training
- Life Cycle
- Taxpayer Bill of Rights
- Tax Exempt and Government Entities

## Annual Electronic Filing Requirement for Small Exempt Organizations — Form 990-N (e-Postcard)

Most small tax-exempt organizations whose annual gross receipts are normally \$50,000 or less are required to electronically submit Form 990-N, also known as the *e-Postcard*, unless they choose to file a complete Form 990 or Form 990-EZ instead.

If you do not file your *e-Postcard* on time, the IRS will send you a reminder notice. There is no penalty assessment for late filing the *e-Postcard*, but an organization that fails to file required *e-Postcards* (or information returns — Forms 990 or 990-EZ) for three consecutive years will <u>automatically lose its tax-exempt status</u>. The revocation of the organization's tax-exempt status will not take place until the filing due date of the third year. Watch the IRS YouTube <u>presentation</u>.

## Due Date of the e-Postcard

The e-Postcard is due every year by the 15th day of the 5th month after the close of your tax year. For example, if your tax year ended on December 31, the e-Postcard is due May 15 of the following year. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day. You cannot file the e-Postcard until after your tax year ends.

### How to File

Use this link to file the e-Postcard. If you have trouble accessing the system using that link, you may be able to access the filing site directly by typing or pasting the following address into your Internet browser: <a href="http://epostcard.form990.org">http://epostcard.form990.org</a>. When you access the system, you will leave the IRS site an file the e-Postcard with the IRS through our trusted partner, Urban Institute. The form must be completed and filed electronically. There is no paper form.

## Information You Will Need to File the e-Postcard

The e-Postcard is easy to complete. All you need is <u>eight items of basic information</u> about your organization.

### Who Must File

Most small tax-exempt organizations with gross receipts that are normally \$50,000 or less must file the e-Postcard. Exceptions to this requirement include:

- Organizations that are included in a group return,
- Churches, their integrated auxiliaries and conventions or associations of churches, and
- Organizations required to file a different return

To search for organizations that have filed an e-Postcard and to view their filings, see <u>Exempt</u>
<u>Organizations Select Check</u>. You can also download the entire database of e-Postcard filings on the site.



## Additional Information

Frequently Asked Questions - e-Postcard

- · Frequently Asked Questions Automatic Revocation for Not Filing Annual Return or Notice
- · Final regulations (July 23, 2009)
- Educational tools: Help spread the word Help small tax-exempt organizations stay exempt!
- <u>EO Update</u>: Subscribe to Exempt Organization's regular email newsletter that highlights new information posted on the Charities and Non-Profits pages of IRS.gov.
- Account, tax law, or questions about filing the e-Postcard should be directed to Customer
  Account Services at 1-877-829-5500. For questions about or problems with the e-Postcard filing
  system, use the Technical Support link on the filing site.
- Form 990-N and Form 990-EZ Filing Tips presentation.

Page Last Reviewed or Updated: 21-Apr-2015

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: Nov 2 9 2006

CENTURY AREA CHAMBER OF COMMERCE C/O DARLENE EMMANS 701 FORREST AVENUE EAST BREWTON, AL 36426

Employer Identification Number: 20-4114794 DLN: 17053024096006 Contact Person: ID# 50304 DONNA ELLIOT-MOORE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: DECEMBER 31 Form 990 Required: YES Effective Date of Exemption: JANUARY 20, 2006 Contribution Deductibility:

## Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Information for Organizations Exempt Under Sections Other Than 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner

Director, Exempt Organizations Rulings and Agreements

Enclosure: Information for Organizations Exempt Under Sections Other Than 501(c)(3)

Letter 948 (DO/CG)



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Gulf Coast African American Chamber of Comp

Agency Address:

945 W Michigan Ave Suite 12-B

Pensacola, FL 32505

Program Name:

Gulf Coast African American Chamber of Comp

Program Contact:

Nicole Dixon

Contact Email:

kdixon@gcaacc.info

Contact Phone:

850-438-3993

25-Word Description of Program:

GCAACC serves as the minority chamber of commerce for Escambia County Area. We connect the community with local minority business owners and business professionals and we

Amount Requested:

50,000.00

Amount Received Last Year, if applicable:

50,000.00



Briefly discuss how last year's funds were used. If no fun	ds were received last year, please mark N/A.	
We used last years funds to pay staff salaries.	s funds to pay staff salaries.	

Briefly discuss how the funding you are currently requesting will be used.

We will use this year funds to pay staff salaries.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

We have 5 main sources of income:

- 1. Women of Power Luncheon
- 2. Annual Membership Dues
- 3. Gulf Coast African American Chamber of Commerce Guide & Directory
- 4. Gulf Coast African American Chamber of Commerce Community Awards
- 5. 123 Grow Workshops and Seminars

We're in the process of forming a 501 (c) 3 to raise dollars for our chamber



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

NA

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1. Increase minority business engagement with government agencies.
- 2. Providing training and resources to minority business to increase economic development.

3.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1. We have a goal of 50 new minority businesses to register with Escambia County.
- 2. Provide training, workshops and resources to over 300 minority business owners and professionals.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

There is currently no baseline statistics for our performance measurements but in 2015-2016 we plan to do some research and partner with some local organizations to obtain a baseline of minority owned businesses in Escambia County,



## **BUDGET**

Total Income

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

for the previous budget	year.		
<u>income</u>	·		
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources			
Programmatic Income			
County Funding			
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			



## **Expenses**

**Most Recently** Current Proposed **Completed Budget Year Budget Year Budget Year Total Staffing** Salaries and Wages **Employee Benefits Professional Services Contractual Services** Travel Expenses Rentals and Leases Communication Postage and Freight Repair and Maintenance Printing and Binding Marketing and Promotion **Fuel** 



Expenses (cont.)

Expenses (conc.)			
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Capitalizable Assets			
Total Expenses			
Net Income			
Please explain any capi	talizable asset contained in you	r request.	
	talizable asset contained in you	r request.	

# Gulf Coast African American Chamber of Commerce

# Chamber of Commerce (GCAACC) About Gulf Coast African American

Vision-The fusion of the Gulf Coast African American Chamber of Commerce is to be the beacon for African-American businesses and other small and minority business enterprises for economic development, and wealth creation and distribution along the Gulf Coast.

Mission-To serve as an advocate and the conscience of the African American & Minority Business community, promoting and assisting in procurement opportunities, business development and strategy, increasing operating capacity and other economic assets, while striving to ensure economic fairness for all.

## Goals

- Increase Membership
- Transparency
- Promote Private & Public Diversity in the City of Pensacola, and Escambia Count Florida through collaborative partnership/network
- Mentoring our youth
- Business and Strategic Development
- Promote Tourism to Greater Pensacola/Escambia County FL/Northwest Florida

# 120 strong Membership Growth

Our Community believes in our Organization

# Our Initiatives have raised over



## Maintained 3 Jobs & Created 1 job

Communication Specialist Community Coordinator Administrative Assistant Membership Director Executive Director,

## GCAACC Ambassadors Program

Connecting our members to service our community

## Communication GAP Filled Social Media

GCAACC Website

We provide links to most community events





1witter.com/gcaacc

facebook.com/pensacolagcaacc

GCAACC Members Only Portal combined with the Website to give members more exposure

Prode bison Change password Log out

Home | Join us | Donate | Help



Sourcost African American Chamber Gulf Coast African American Chamber of Commerce

Join Us Photo Album

Ш

00000

## Partnered with Cox Communication connect 2 compete

Tackling the DIGITAL DIVIDE

# Corporate Partnership

- Gulf Power
- Cox Communications
- Baptist Health Care
- West Florida NEW
- Members First Credit Union NEW
- Lewis Bear Company NEW
- Studer Group NEW

# Chamber Relationships

- The Greater Pensacola Chamber
- Perdido Chamber of Commerce
- Pensacola Beach Chamber of
  - **Gulf Breeze Chamber of** Commerce
- Commerce
  VISIT PENSACOLA
- Santa Rosa County Chamber of
- Commerce

# **Building Media Partners**

- Pensacola Voice
- Pensacola Today
- Out Front Magazine
- In-Weekly
- PNJ
- · Cox
- Blab TV

## Coordinating with Visit Pensacola

Reaching out to Minority Photographer, Videographers, and Marketers

Promoting and linking business to the Minority Guide Published by Visit Penacola



VISITOR'S GUIDE AND BUSINESS DIRECTORY





Published 2014-2015 Visitors guide

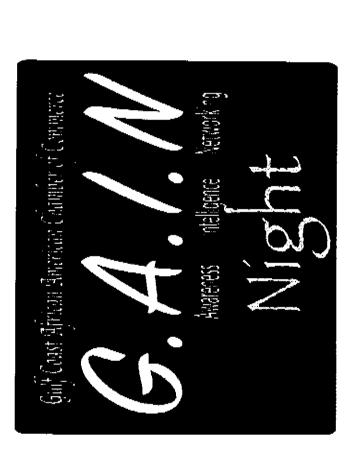
www.gcaacc.info | (850) 438 3993

To Promote our local business to visiting tourist in the area

# 30 ddy \$30 dollar challenge

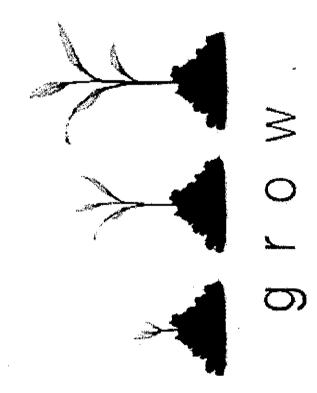
Promoting local spending via Social Media

# **Monthly Networking Event**



 Every 3<sup>rd</sup> Tuesday of the Month at the Pensacola Improv come GAIN with us

# 



- Every 1st Tuesday of the month at Anthurium's we present a seminar series.
- PREVIOUS SERIES:
- LINKEDIN
- FACEBOOK FOR BUSINESS
- SBA DAY JULY 1
- City of Pensacola WMBE Program August 4

# Upcoming Initiatives

Award Ceremony. This years theme "Learning ■ Oct 17 the 2ND Annual GCAACC Community from our Past, Celebrating our Present and Envisioning our Future"

2015-2016 GCAACC Foundation

# Women Business Luncheon

African American The Gulf Coast

Chamber of Commerce

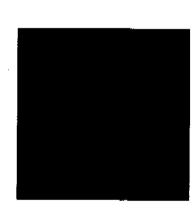
Business Conjerence & Luncheon

■ 2015 SOLD OUT

Powerful Speaker

March 5, 2016

We have sponsors lined up for 2016 ALREADY



## GCAACC Small Business Incubator Center

economic development in the Escambia County community by The GCAACC Small Business Virtual Incubator mission is to foster an environment that offers assistance for minority-owned, earlystage firms. The GCAACC will help nurture entrepreneurial and providing services to help small business grow



# What is a Virtual incubator?

- to clients residing inside the facilities of a business and services that are not (necessarily) provided What is virtual business incubation (VBI)? Tools incubator—virtuall in the sense of locationindependent.
- service that is offered to non-resident incubatees. Virtual tool: a virtual tool is a way of delivering a service to a dispersed group of users, where the service provider and service recipient are not in virtual tools: Virtual service concept refers to a We distinguish virtual service concepts from the same physical location.

# What type of Virtual Incubator we are?

- concept that emphasizes training and mentoring, They address the challenges entrepreneurs face in developing their entrepreneurial capacities to be as opposed to access to finance or networking. Hand-holdersll offer an incubation service able to get their business off the ground.
- defining and managing the incubation process and incubators include business training and mentoring, fund raising and reporting to donors/government. Hand-holders define and implement a structured incubation process, usually with several stages of business incubation. The core skills of these

# Economic Recycling

GCAACC

GCAACC Incubatee



Service Provider Small Business in our Community

Job Growth



# Incubator Business Time Line

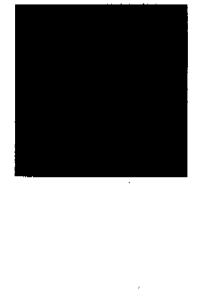
## **Business Share Cost TimeLine**

12	3.00 m
11	<b>1 1 1 1 1 1 1 1 1 1</b>
10	* * * * * * * * * * * * * * * * * * *
60	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
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0.7	50 % SP
90	
0.5	***************************************
4	<b>₹</b>
03	
07	100% Share 6.00
=	\$

Services- Accounting, Bookkeeping & Taxes, Services- Accounting, Bookkeeping & Taxes, Strategic Planning and Professional Development. Teaming up with local organization for Professional development such as SBDC for business plan assistance. This is a FREE Service

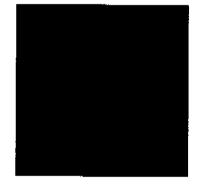
2<sup>nd</sup> Quarter we will concentrate on Support for product development Certifications, Marketing, Networking, Sales, and Networking at Chamber events, Pcola- Network 3rd Quarter- At the 3rd Quarter the business owner will be very verse with there business model and will continue to do Professional Development, Move in to Human Resources, Recruitment, Management, and Professional Development

4th Quarter -Growth



# Services Provided

- One on one counseling
- Information to access capital
- Networking opportunities
- Access to conference rooms and training rooms
- Invitation to incubator events (workshops, seminars, and guest speakers)
- Opportunity to enhance current business plans



# Incubator Service Provided

- Online Portal for MBE's to find procurement opportunities
- Match Making with Large Corporations for Minority Vendor opportunities
- Database registration for Government and Large Corporations
- Proposal & Project Management Assistance with proposal development



# Join Us Today







FY 15 (OCT 14 - SEP 15)	Т		1
APPROPRIATIONS	T		1
ESCAMBIA COUNTY	\$	50,000.00	e e
CITY OF PENSACOLA	\$	25,000.00	
TOTAL APPROPRIATIONS	\$	75,000.00	1
CHAMBER INCOME		Trada communicación de la	
MEMBERSHIP/DUES	\$	19,500.00	\$125 Membership @ 60 a year
VISITOR GUIDE	\$		\$1000 Corporate Partnership @ 24 a year
	Į		
GCAACC AWARD CEREMONY	\$	10,000.00	
Classes	\$	2,400.00	\$20 per student at 10 per class
Online Classes	\$		\$20 per class at 100 paid for classes
GCAACC Women's Luncheon	\$	5,000.00	
GCAACC Business Syposium	\$	\$,000.00	
Total Chamber Income	\$	confidence of the self-at-	
			· ·
TOTAL CHAMBER INCOME	\$	58,900.00	
TOTALINCOME	\$	133,900.00	
FY 15 (OCT 14 - SEP 15)			
-		BUDGET	
EXPENSE			
Payroll			
Payroll	\$	48,900.00	ED=\$31,008 Office Admin=\$11,100
Payroll Taxes	\$	6,381.12	
	\$	55,281.12	
62110 - ACCOUNTING FEES	\$	2,400.00	
62150 - OUTSIDE CONTRACT SERVICES	\$	20,000.00	
62100 - CONTRACT SERVICES - OTHER	\$	•	
	\$	22,400.00	
Equipment	\$	1,500.00	
SOFTWARE RENTAL (MEMBERSHIP)	\$	1,000.00	
	\$	-	
	\$	2,500,00	
62890 - RENT, PARKING, UTILITIES	\$	11,580.00	
Jtitiles	\$	2,400.00	
	\$	13,980.00	
COOL COSTAGE BASILING CONTROL			Induced BORess
65020 - POSTAGE, MAILING SERVICE	\$		Inclued POBox
65030 - PRINTING AND COPYING	\$	500.00	

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65040 - SUPPLIES	\$	1,000.00	
65050 - TELEPHONE, TELELCOMMUNICATION	l '		
·	l '.	1,200.00	
Sponsorhip	\$	5,000.00	
	\$.	•	
manufacture on an energy of a morning of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the	<u>\$</u>	•	
	\$	8,200.00	
65100 - OTHER TYPES OF EXPENSES			
65110 - ADVERTISING EXPENSES	\$	8,400.00	\$700 per month
·	\$	-	
Women Luncheon	\$	5,000.00	
Business Syposium	\$	7,000.00	
General Body Meeting	\$	600.00	\$50 per event
Classes	\$	600.00	\$50 per event
Visitors Guide	\$.	5,000.00	Printing & Layout
Commulty Awards	\$	5,000.00	
TOTAL 65100 OTHER TYPE ESPENSES	<b>`\$</b>	31,600.00	
TOTAL EXPENSE	\$	133,961.12	
NET INCOME	s	(61.12)	

### **TABLE OF CONTENTS**

### PAGE 1 OF 1

3,	Th	ree Cents Tourist Development	Amount Requested	Tab
	Av	ailable Funding: \$4,167,500		
	a.	Banks Enterprises	***************************************	No Request Submitted
	b.	Deluna Fest		No Request Submitted
	¢.	Frank Brown Songwriters' Festival	***************************************	No Request Submitted
	d.	Minority Marketing Plan		No Request Submitted
	e.	New Beginnings Publishing Company		
	f,	Pensacola Mardi Gras		No Request Submitted
	g.	Pensacola Sports Association (Scc V.P. Request)	\$ 712,160	23
	h.	Perdido Key Chamber of Commerce		No Request Submitted
	i.	Pensacola Beach Chamber	*****	No Request Submitted
	j.	Skills USA/Pensacola State College	***************************************	No Request Submitted
	k.	Visit Pensacola (V.P.)	\$5.412.863	24
	1,	Visitor's Information Center		No Request Submitted
		Total Three Cents Tourist Development Tax	\$6,125,023	



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

• A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Pensacola Sports Association

Agency Address:

PO Box 12463

Pensacola FL 32591

Program Name:

**Tourism Promotion Activities** 

Program Contact:

Ray Palmer

Contact Email:

rpalmer@pensacolasports.com

Contact Phone:

850-434-2800

850-982-0890

25-Word Description of Program:

The Pensacola Sports Association provides the sports tourism marketing effort for Escambia County, creating a positive economic benefit for the entire community.

Amount Requested:

\$712,160.00

Amount Received Last Year, if applicable:

499,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

The Pensacola Sports Association (PSA) provided the sports tourism marketing effort for Escambia County. These efforts included, but were not limited to, creating, bidding and hosting of events. PSA focused on creating and attracting new sporting activities, assisting in the marketing, management and growth of existing events to increase tourism and generating overnight stays in Escambia County accommodations.

PSA staff represented Escambia County at events relating to the sports marketing industry, including the Florida Sports Industry Leaders Summit, National Association of Sports Commissions 2015 Symposium, Connect Sports Expo, and annual and regional meetings of the Florida Sports Foundation.

Briefly discuss how the funding you are currently requesting will be used.

PSA will continue to market the area through sporting events, creating new events and assisting in the marketing, management and growth of existing events to increase tourism. These efforts bring an economic impact to the entire county as .50 cents of each dollar spent by visitors is spent in areas such as food, entertainment, retail and virtually all other segments of the local economy.

In this way the events PSA brings or assists generate outside dollars to support and enhance the local economy, job growth and economic development.

New events in the coming fiscal year include the Florida College System Activities Association (FCSAA) State Volleyball championships in November and the NCAA Division II Men's and Women's Soccer National Championships in December.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The Pensacola Sports Association will expend those funds allocated to it by Escambia County for its sports tourism efforts; there are no plans in place to offset any shortfall in funding.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

There are no active funding matches at this time; however, if opportunities arise for additional funding we would pursue those opportunities.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

- 1) Increase number of visitors coming to Escambia County for sporting events;
- 2) Increase the length of stay and per capita spending of visitors to Escambia County for sporting events;
- 3) Increase the exposure (both nationally and internationally) of Escambia County to potential visitors from outside the area.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

By taking and tallying on-site event surveys PSA will track

- Number of visitors travelling to Escambia County for sporting events;
- 2) How long the visitor stays in the community and the total room nights generated by sporting events:
- 3) The percentage of visitors that are from the immediate area and those from outside the area.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

PSA has followed and measured trends in the sports tourism industry for the last several years; therefore, we will be able to base performance evaluations of an event against 1) its history of room nights generated, 2) the number of visitors that travel here to participate in that event compared to previous years, and 3) deriving the percentage of new vs. repeat visitors.



### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	0.00	0.00	0.00
Programmatic Income	0.00	0.00	0.00
County Funding	482,780.00	499,000.00	712,160.00
City Funding	0.00	0.00	0.00
State Funding	0.00	0.00	0.00
Federal Funding	0.00	0.00	0.00
Memberships	0.00	0.00	0.00
Investment Income	0.00	0.00	0.00
Other Income	0.00	0.00	0.00
Total Income	482,780.00	499,000.00	712,160.00



### <u>Expenses</u>

	Most Recently Completed Budge	Current t Year Budget Yea	Proposed Budget Year
Total Staffing PERSONNEL	168,600.00	180,000.00	200,000.00
Salaries and Wages	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00
Professional Services OPERATIONS	55,436.00	54,000.00	66,100.00
Contractual Services	0.00	0.00	0.00
Travel Expenses	0.00	0.00	0.00
Rentals and Leases	0.00	0.00	0.00
Communication	0.00	0.00	0.00
Postage and Freight	0.00	0.00	0.00
Repair and Maintenance	0.00	0.00	0.00
Printing and Binding	0.00	0.00	0.00
Marketing and Promotion DIRECT PROGRAMMING	258,744.00	265,000.00	446,060.00
Fuel	0.00	0.00	0.00



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	0.00	0.00	0.00
Capitalizable Assets	0.00	0.00	0.00
Total Expenses	482,780.00	499,000.00	712,160.00
Net Income	0.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

N/A

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public Inspection

<u> </u>	For ti	ne 2013 c			<u>ar beginning 1</u>	0/01/13	and ending	09/30/	14	_	
В	Check if	applicable:	C Name of orga	enization						D Emplo	yer identification number
	Address	schange Pensacola Sports Association, Inc.									
$\overline{}$			Doing Busine	989 As		_				7 59.	-0767953
님	Name ch	nan <del>g</del> e	Number and	street (or P.O.	box if mail is not deliver	ed to street addre	62)		Room/suit#		one number
$\sqcup$	inițiai reț	prace	P.O. 1	Box 124	63					850	-434-2800
$\Box$	Tennina	ted			ce, country, and ZIP or t	tomica nostal code				+ 65(	7-434-2000
$\equiv$			-		on, couldy, and air or t						
Ш	Amende	d cetum	Pensac			FL 32	59I			G Gross rec	eioss <u>1,310,47</u> 9
П	Applicati	ion pending		deress of princip					Was in this a	roup return for s	ubordinates? Yes X N
_				Palmer					Life's charter?	iroob iduum ioi s	
			101 %	√est M	ain Stree	•t			H(b) Are all s	abordinates incl	uded? [ Yes [ N
			Pensa	acola		FL	32502		If "N	o," ettech a list.	(see instructions)
$\overline{}$	Тах-аха	नाम्यं संबद्धः	501(4	c)(3) <b>X</b> 5	01(c) ( 4 ) 4	(Insert no.)	4947(a)(1) cr	527	7		
<u> </u>	Websit				sports.c		14 11 (11/4)	1	H(c) Group m	emption numbe	
<u>-</u>		organization:	7774		7	Other >		1.	ear of formation:		M State of legal domicile: F)
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	art I		immary_				<del></del>				
	1				s mission or most	significant ac	tivities:		, , , ,		,
8		See .	Schedule	<b>.</b> O							
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ž	١,	Check thi	ie hyny 🖢	if the organ	ization discontinu	ed its operation	ne or dienosad o	f more than 26	Of of its part of		
Ō											40
-5	3	Number c	or voung men	noers of the	governing body (	Part VI, line 1	а)		***********	3	40
Activities	4	Number o	of independe	nt voting me	embers of the gov	eming body (I	Part VI, lin <del>e</del> 1b) <sub></sub>			4	39
茎	5	Total num	nber of individ	duais emplo	yed in calendar y	ear 2013 (Par	t V, line 2a)			5	7
ਤੁ	6	Total num	nbar of volunt	teers (estin	ate if necessary)					6	100
~	7a	Total unre	elated busine	ss revenue	from Part VIII, co	lumn (C). line	12			7a	(
	h	Nat ugrak	etad hueinae	e tavable le	come from Form	000 T Ilon 34				7b	
_	—	Het diller	aica basines	o taxabie iii	Come nom Form	990-1, IIII <u>e 3-1</u>		T	Prior Y		Current Year
		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)							5,962	241,033	
9											
Revenue										5,912	1,041,915
3					ımn (A), ilnes 3, 4				23,777		22,731
12.	11	Other rev	enue (Part V	III, column	(A), lines 5, 6d, 8d	c, 9c, 10c, and	1 11e)	L		4,800	4,800
	12	Total reve	enue – add Ilr	nes 8 throu	gh 11 (must equal	Part VIII. cofe		,	1,12	0,451	1,310,479
					(Part IX, column (					3,500	
	144	Benefite r	naid to or for	mombon /	Part IX, column (A	\ line 4\		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	;;	C-l		menacis (i	rait IX, Columni (A	(), III 762 44)		· · · · · · · · · · · · · · · · · · ·		0 001	74E 647
Expenses	15	Salanes,	omer compa	nsation, em	ployee benefits (F rt IX, column (A), I IX, column (D), Iln (A), lines 11s-11(	an IX, colum	n (A), lines 5–10)		20	8,891	345,641
Ĕ	16a	Professio	nal fundraisir	ng fees (Par	rt IX, column (A), l	line 11e)					
ğ	Ь	Total fund	traising expe	nses (Part I	IX, column (D), lin	a 25) 🟲	17,7	755		11 1 1 1 1 X	1. : 1
Ü	17	Other exp	enses (Part I	IX, column	(A), lines 11a-11d	1, 115–24e)			76	6,423	878,473
					(must equal Part I		line 25)		1.06	8,814	1,224,114
	19	Revenue	less evnense	es Subtract	line 18 from line	49	,,, ,,,.,			1.637	86,365
B 8	1			ro. Oublide	THE TO HOME	15			Beginning of Co	ITTERIT YEAR	End of Year
Net Assets or Fund Balances	20	Total asse	ets (Part X, II	ne 16)				· ·		9,381	889,507
\$2	24		lilties (Part X,	- ,,,,,						2,175	146,336
5	1							· · · · · · · · · · · · · · · · · · ·			
					tract line 21 from	ine 20			04	7,206	743,171
	art II	<u> 510</u>	<u>nature Bl</u>	IOCK							
											owledge and belief, it is
tr	UB, COIT	ect, and co	mplete. Decla	ration of prep	parer (other than offi	icer) is based o	n all information of v	which preparer h	ias any knowled	ge.	
Sig	п	Si	gnature of officer		· <del>-</del>		<del>-</del> '			Date	
He		<b>N</b>	Ray Pa	lmer				Execu	tive Di	rector	•
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		Firm's add			cola, FL	32504		_	1	Phone no.	850-476-690
Mav	the IF				parer shown abov	<del></del>	ictions)				X Yes No
					,		- : : - <b>/ _ L. ( ) . ( ) . ( ) . ( ) . ( )</b>		and A.A. Salakanan and Salah and Salah		

	rts Association, Inc.	59-0767953	Page 2
	Service Accomplishments	- 4- B W	T
	ntains a response or note to any line	in this Part III	X
1 Briefly describe the organization's missi See Schedule O			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
2 Did the organization undertake any sign	ificant program services during the year whic	h were not listed on the	-
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services or			
-	or make significant changes in how it conduc	ts, any program	
services?  If "Yes," describe these changes on Sch			Yes 🕱 No
•	requie O. Vice accomplishments for each of its three la	report program condess, as measured by	
	(4) organizations are required to report the ar		
the total expenses, and revenue, if any,		modific of grants and anocations to others,	
and their experience, and returned, it unity,	for data program sorvice reported.		
4a (Code: ) (Expenses \$	470,406 including grants of \$	) (Revenue \$	469,764
Sports Marketing Acti	470,406 including grants of \$ vities - accomplished	the goal of attracti	ng other
	. events to the Pensaco	ola area which will b	enefit the
entire community.		• • • • • • • • • • • • • • • • • • • •	
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•			
The Double Bridge Run	117,478 including grants of \$ n brought many visitors or 5K run which start Beach.	s to the area. Runner	172,356) s cola and
• • • • • • • • • • • • • • • • • • • •			
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			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c (Code: ) (Expenses \$	359,015 including grants of \$	) (Revenue \$	399,795
	eld to promote local s	porting events that	brought
players and spectator	s to the local area ar	nd created opportunit	ies for
local athletes to be	recognized.		
* * * * * * * * * * * * * * * * * * * *			
*		***************************************	
		***************************************	
d Other program pensions (Describe la Se	hadula (2.)		<u> </u>
d Other program services. (Describe In Sc (Expenses \$	including grants of \$	) (Revenue \$	<b>)</b>
le Total program service expenses >	946,899	Visconium A	
And the state of the second states and the second s	,		

	art IV Checklist of Required Schedules		T	Τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schodule A		i	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 1	x	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	. 2	<u> </u>	├
	condidates for public office? If "Yes " semilate Cabadala C. Barti	1		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	<del> </del>	X
•	election in effect during the try year? If IVon I complete Schodule C. Bort II	١.		
5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	-	
ā	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	·	<u> </u>	<del>                                     </del>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I			,
7	***************************************	. 6		X
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			٠.,
	complete Schedule D, Part	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes." complete Schedule D, Part IV	. 9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts Vi.	20186 887 9484 1885		
	VII, VIII, IX, or X as applicable.	Mr.	34%	ilist See y
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	· · · · · · · · · · · · · · · · · · ·	ļ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· .		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	·		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
þ	If "Yes" to line 20s, did the organization attach a copy of its audited financial statements to this return?	20b		
		For	990	(2013

Form 990 (2013) Pensacola Sports Association, Inc. 59-0767953 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х Part VI 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note, All Form 990 filers are required to complete Schedule O

ĎAA

Pa	Check if School to Cooptains a reasonable and Tax Compliance	+ \ /					
	Check if Schedule O contains a response or note to any line in this Par	L V			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	l 8	1.1	105	NO	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		rija.	F. 35.	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		· <del>-</del>			1 × 1	
	reportable gaming (gambling) winnings to prize winners?	•		1c	x	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · · · · · · · · · · · · · · · ·	 I	idja @	1000	- 5 Fr	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		I		x		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructi		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	96.5	i 1.9	Same	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	01107		3a	1	x	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	ile O		3b	$\overline{}$	<del></del>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth		itv				
	over, a financial account in a foreign country (such as a bank account, securities account, or other		•	[	1	i	
	account)?			4a		x	
b	If "Yes," enter the name of the foreign country:			1475	isebit	74 AP	
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	rial Accou	 Ints	e saire a	1945	Dist	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	^		_	-	x	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran-		• • • • • • • • • • • • • • • • • • • •			x	
c	If "Vee" to line En as Eh, did the superination for E 0000 TO			E.		<del></del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did				$\vdash$		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	į l	x	
b	If "Yes," dld the organization include with every solicitation an express statement that such contrib	utions or					
•	gifts were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).			5 (Just -	1.7	1,010	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods		ather Legisters Legisters	1	1	
_	and services provided to the payor?	or goods		7a	"	20.000	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		• • • • • • • • • • • • • • • • • • • •	7b		一	
c	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			$\Box$	$\overline{}$	
	required to file Form 8282?			7c	.	1	
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d			19.	17.75	
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		?	70	. '		
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file		99 as required?	7f	$\neg$		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	$\neg$		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			19 (0.0)	1000	Fig. 1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	~		1		1.5	
	organization, have excess business holdings at any time during the year?			8	"   "		
9	Sponsoring organizations maintaining donor advised funds.			: V	gefoli.	F 6, .	
а	Did the agentication will be a section to the section of the secti					l ''	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	,		9b	$\neg$		
10	Section 501(c)(7) organizations. Enter:			Δψ0 ( ·	ing Pingli	(5.00)	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		្រាមក្រែវ៉ាត្ត ស្រែក្រែក	and bad	office (final) (Control)	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				110	
11	Section 501(c)(12) organizations. Enter:			1 Maria 2 Maria (	10 To 10 To	2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
а	Gross income from members or shareholders	_11a		906. 6 705.52		Lists in	
b	Gross income from other sources (Do not net amounts due or paid to other sources			20th 111	Br. Pa	Problem 5 (1971)	
	against amounts due or received from them.)	11b		2016 ut 2016 ut 2018 u 2019 es	97.3 E 97.0 E. 10.0	liji Biriji (C Çe, adejda)	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	orm 1041	7	12a			
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_12b		5   [H80] 5   [H80]	100 July 1	Time pill	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			n, Im. Zavitša	s Ye lan	107 (12) 10 (44)	
а	le the ergenization licensed to fee a guelified booth plans in more than one state?			13a			
	Note. See the instructions for additional information the organization must report on Schedule O.			. 2006 P	тодараба 1 (20)(2)	Edeler George	
b	Enter the amount of reserves the organization is required to maintain by the states in which			1,041) (1.1 10,0161)	(1945) (1915)	Tirterfor North fee	
	the organization is licensed to Issue qualified health plans	13b		+ (46:50) - 2004/0	printige Zwysta	great.	
c	Enter the amount of reserves on hand	13c		$= \frac{ \hat{r}(k) }{\sqrt{M_{\rm eff}}}$	BPP had adapted to	Alterdan Maria dan	
14a	Did the organization receive any payments for Indoor tanning services during the tax year?			14a		Х	
þ	If "Yes," has It filed a Form 720 to report these payments? If "No," provide an explanation in Scheo	tule O		14b		<u> </u>	
AAC				Fon	<b>" 990</b>	(2013)	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management

<u> </u>	Con A. Governing Body and management					T-:-
4.0	Enter the number of veting members of the governing body at the end of the tax year	الما	40	561 10	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	1a	40	-		,
	· · · · · · · · · · · · · · · · ·			1		6.
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule Q.	}				P. A
b	Enter the number of voting members included in line 1a, above, who are independent	1ь	39	Think i		
		10	<u> </u>	-	n Pa	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					-
,	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct	· · · · · · · ·		2		X
3				_		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		• • • • • • • • • • • • • • • • • • • •	3		x
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	·		5		$\frac{\mathbf{x}}{\mathbf{x}}$
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	· · · · · · · ·		6		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint			-		
7a	one or more members of the governing body?			70		x
				7a		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7 <sub>b</sub>		x
۰	* * * * * * * * * * * * * * * * * * * *			7.5	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	аг ру тг	ie rollowing:		x	1000
a	The governing body?  Each committee with authority to act on behalf of the governing body?			8a	X	
þ				85		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			ا و		x
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Otion B. Policies (This Section B requests information about policies not required by the Intel	nal D	ovenue C			
<u> </u>	troit b. Foncies (This Section b requests information about policies not required by the filter	<u>nai ix</u>	evenue o	Jue.,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			102		
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo		11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, uie io				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	:
b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	e to co	micis?	_12b	<u> </u>	
٠	describe in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?	• • • • • • •	•••••	13	_	х
14	Did the organization have a written document retention and destruction policy?			14		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
15	Did the process for determining compensation of the following persons include a review and approval by	· · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	1000	n nietik p	(tent);
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			See [1] Jan	i li	
а	The organization's CEO, Executive Director, or top management official			15a	x	
h	Other officers as key employees of the employees			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•••••	7.753	7774	$r = \left(\frac{r^{-\alpha - 1}}{r^{-\alpha}}\right)^{\frac{1}{\alpha}}$
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1.465.4 55.55		
	with a taxable entity during the year?			16a	'	x
b	If "Yes," dld the organization follow a written policy or procedure requiring the organization to evaluate its			Programme Transport	11/21/11	400 mg 2
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					1 - 1 1
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None					,
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 56	)1(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est poll	cy, and			
	financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the				
	organization: ▶ Ray Palmer 101 West Main Stre					
D.	ensacola FL 3250	)1	850	0-43	4-2	800

Form 990 (201:	B) Pensacola Sports Association, Inc. 59-0767953	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated E	mployees, and
	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

m

/E\

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

**/Δ**\

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week		(C) Pasition (do not check more than one box, unless person is both an					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for					r/trust	·	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual trustee or director	Institutional trustee	Officer	Kay amployee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-2-1333-1111-2)	erganization and related
	below dotted	百百	PLOUS	=	큟	98 (S)	<del>4</del>			organizations
	line)	edsu:	25		æ	npens				
		•	8			<u>8</u>				
(1)Bill Hamilton										
,	1.00									
President	0.00	X		X			_	0	0	0
(2) Jackie Brown										
	1.00									
President Elect	0.00	X	$\vdash$	X				0	0	0
(3) Jehan Clark	1		ŀ							
VP-Membership	1.00 0.00	x		x				٥ ا	^	0
(4) Norm Ross	0.00	₽		1					0	<u> </u>
(4)NOIM 1033	1.00									
VP-Sports Events	0.00	x		x				ا ا	0	0
(5) Greg Thomas					_	$\vdash$				<del></del>
(-, 3	1.00									
VP - Events	0.00	x		x				l o	o	. 0
(6) Ted Gund										_
	1.00									
VP - Finance	0.00	X		X				0	0	0
(7)Rory Cassedy		ļ								
	1.00							_	_	_
VP of TDC Affairs	0.00	X		X	_			0	<u> </u>	0
(8) John Panyko										
VP-Sports Marketing	1.00	x		x				٥	o	0
(9) Jodie Webb		1		_						
(3) OCCITE WEDD	1.00									
Past President	0.00	x		x				l o	o	.0
(10)Doug Bates							_			
	1.00									
Director	0.00	X					_	0	0	O
(11)Bobby Behr										
	1.00								al.	_
Director	0.00	X						0	0	
DAA										Form <b>990</b> (2013)

Part VII Section A. Officers	, Directors, Tru	ıste	:s, K	oy E	mpl	oyee	25, a	nd Highest Compensate	d Employees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	1 ,	lo not		sition more	then o	one	Report⊋ble compensation	Reportable compensation from	Estimated amount of
	week	bo	x, uni	ess po	erson	ls both	an an	from	related	other
	(list any hours for	of	ficera	nd a	tirecto	r/trust	(99)	the organization	organizations (W-2/1099-MIŞC)	compensation
	related	23	<u>₹</u>	Officer	ξ	る主	Former	(W-2/1099-MISC)	(44-271000-141144)	from the organization
	organizations below dotted	9.5	institutional	Æ	E.	35	粟			and related
	line)	18 2	1 🖺		сеу етрюува	EX.				organizations
		or director	truslee		*	fighest compensated amployee				
wording Room		-	*	<u> </u>		图			. <u>.</u>	
(12) Chip Boes	1.00					ĺ				
Director	0.00	x			l			٥	o	,
(13)Michael Burrough	as	- <u></u> -	$\vdash$	$\vdash$		<del> </del>		<u> </u>		
	1.00									
Director	0.00	x	}					o	0	(
(14)Michael Capps										<del>"</del>
	1.00						ĺ			
Director	0.00	X	_	_	_		<u> </u>	0	0	
(15)Bruce Childers	1 00									
Director	1.00 0.00	x	Į	ļ				o		,
(16) Will Condon	0.00	┢	$\vdash$	┢	_				O	
(10)11=== =======	1.00			ĺ	ŀ					
Director	0.00	x						o	o	c
(17)Brian Cooper					_					
	1.00									
Director	0.00	X		<u> </u>				0	0	C
(18)Bill Creedon	7 00									
Director	1.00	x					.	o		
(19) Leah Drury	0.00	^						U	0	
(15)200011 52023	1.00									
Director	0.00	x						o	o	C
1b Sub-total							•		· · · ·	
c Total from continuation shee	ets to Part VII, S	Secti	on A	١			▶	78,004		
d Total (add lines 1b and 1c)							•	78,004		
2 Total number of Individuals (in				thos	e list	ed a	bove	e) who received more than	\$100,000 in	
reportable compensation from	tne organizațior	1 🏲	<u>v</u>							Yes No
3 Did the organization list any fo	rmer officer, dir	ecto	r, or	rust	ee, k	ey e	mplo	yee, or highest compensa	ted	templant many and particle
employee on line 1a? if "Yes,"	complete Sched	dule -	J for	suci	ı ind	ividu	al <sub></sub>			3 X
4 For any individual listed on line organization and related organ	e 1a, is the sum Nations greater	than	porta - \$15	V VV	ÇQM OZ II	pens "Va	atior ° " c	1 and other compensation : omniete Schedule, Lifer sur	from the	
individual	3100101							to conduct a for acc	A1	4 X
individual  5 Did any person listed on line 1:	a receive or acc	rue d	omp	ensa	ation	fron	any	y unrelated organization or	individual	10 (2) 1 Section 17 (2) 1
for services rendered to the organization B. Independent Contractor		es,	çom	piete	ŞÇI	1eaui	eJI	or such person		5 X
1 Complete this table for your fiv	e highest comp	ensa	ted i	nder	end	ent c	ontra	actors that received more t	han \$100,000 of	
compensation from the organiz	zation. Report co	ompe	nsa	ion	or th	е са	lend	ar year ending with or with	In the organization's tax ye	
Name and t	(A) business address							Descript	(B) ion of services	(C) Compensation
								·		
								•		
<del></del>										
								•		
2 Total number of independent c	ontractors (inclu	ıding	but	not I	imite	d to	thos	e listed above) who		Strate to the
received more than \$100,000 c	of compensation	from	a thia	nen:	anles	dion		•	0	[10] [10] [10] [10] [10] [10] [10] [10]

T COLUMN TO THE TOTAL TO	,	10101		,		0,00	, u	Trigitest compensate	Employees (continued)	
(A) Name and title	(B) (C) (D) (E)  Average Position Reportable Reportable nours per (do not check more than one box, unless person is both an (list any officer and a director/trustee) the organizations		(F) Estimated amount of other compensation							
	hours for related drganizations below dotted line)	Individual frustae or director	Inatibulismal trustee	Officer	Кеу етркуге	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Mike Eddins	-	$\vdash$	$\vdash$			-	┢			
	1.00							_	_	
Director (13)Buddy Hinote	0.00	X						0	0	<u> </u>
(13)24441	1.00									
Director	0.00	X						<u>o</u>	0	0
(14) Cam Johnson	1.00				ĺ				•	
Director	0.00	x						o	0	o
(15) Rick Johnson										-
Director	1.00	x						0:	•	_
(16) Katie Kehoe	. 0.00	^			_	$\vdash$	_		0	0
	1.00	١.,								
Director (17)Rhea Kessler	0.00	X						0		
(II)MICE NESSIGE	1.00									
Director	0.00	x						0	0	0
(18) Phil Kraus	1.00									
Director	0.00	x						o	o	o
(19)Mike Layton								'''		
Director	1.00	ж						о	0	o
1b Sub-total							•			
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII, S	3ecti	on A	٠		• •				
2 Total number of individuals (in	cluding but not li	mite	d to	thos	e list	ed a	bove	) who received more than	\$100,000 in	
reportable compensation from	the organization	<u> </u>						<u> </u>		Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	, or t	ruste	30, k	ey e	mplo	oyee, or highest compensa	ted	Assistant assistant for the first transfer of transfer of transf
4 For any individual fisted on line	1a, is the sum	of re	porta	ble :	com	pens	ation	and other compensation t	rom the	3   5.650   Wild   6.550
organization and related organ individual										[1] 4   4   4   4   5   5   5   5   5   5
5 Did any person listed on line 1	a receive or acc	rue ¢	omp	ensa	ition	from	any	unrelated organization or	Individual	\$54900 uenth (00000)
for services rendered to the or Section B. Independent Contracto		ės, i	com	olete	Sci	edul	<u>e_J_</u>	or such person		5
1 Complete this table for your fiv	e highest compe	ensat	led ir	ndep	ende	ent c	ontre	actors that received more t	han \$100,000 of	
compensation from the organia	zation. Report co (A) business address	mpe	nsat	ion f	or th	ė ¢a	lend	ar year ending with or with	n the organization's tax ye (B) on of services	ear. (C) Compensation
Name and	ousiness address							Descripti	on of services	Compensation
									***	
			•					1001		
2 Total number of independent -	ontractors (last)	- بدالم	La4		معاييد	- ۱۰ اس	14	a Basad abana		En any Armadal
2 Total number of independent of received more than \$100,000 or	ontractors (inclu of compensation	_from	out i the	not li orga	mite Miza	a to : ition	inos ▶	e listed abové) who		dia aprili pagai di Se Tabah Kabupatèn Me

- Care VIII	,, , , , , , , , , , , , , , , ,		,	-, -		+,	, -	gest estipolisator	a Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	Ьо	x, unl	Pos check ess po	prson i	Ition Reportable more than one compensation rson is both an from irector/trustee) the		Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
·	hours for related organizations below dotted line)	Individual trustee or director	institutionel trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)Richard McLeod	1.00									
Director	0.00	x						l o	o	· c
(13)Wesley Pate										
Director	1.00 0.00	x						0	o	o
(14) Jay Patel										
Billian	1.00							_	_	_
Director (15)Ron Pulley	0.00	X	$\vdash$					<u> </u>	<u> </u>	0
	1.00									
Director (16)Michael Rhodes	0.00	х						0	0	
(16)MICHAEL KIOGES	1.00									
Director	0.00	x						0	0	0
(17) Ted Roy	1.00									
Director	0.00	x						o	ا	0
(18)Robbie Rushing						T				<u> </u>
Director	1.00 0.00	x						o	اه.	o
(19)Adam Russell	0.00	_			$\neg$		_			
Director	1.00	x						o	0	0
1b Sub-total		,		,,,,			>			
c Total from continuation shee d Total (add lines 15 and 1c)	ets to Part VII, S	ecti:	on A	٠						
2 Total number of individuals (In-	cluding but not li	mite	d to	hos	e list	ed al	bove	) who received more than	\$100,000 in	•••
reportable compensation from	the organization	<u> </u>						<del></del>	·- ·-	Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	, or t	ruste	ee, k	ey eı	mplo	yee, or highest compensa	ted	and the second for the
<ul> <li>For any individual listed on line organization and related organ</li> </ul>	1a, is the sum	of rep	porta	ble (	com	ens:	ation	and other compensation to complete Schedule J for suc	from the	
Individual	a receive or acc		omo	ensa		from		unrelated organization or	individual	4 TE TE TE TE TE
for services rendered to the org	ganization? If "Y	es," (	com	plete	Sch	edul	e J f	or such person		5
Section B. Independent Contractor  1 Complete this table for your five		neat	od ir	oden	oode	ant co	ontre	actors that received more t	han \$100,000 of	
compensation from the organiz	ation. Report co	mpa	nsat	ion f	or th	e cal	end	ar year ending with or withi	in the organization's tax ye	
Name and t	(A) Xusiness address							Descripti	(B) ion of services	(C) Compensation
11/1						$\dashv$				
<u>,                                      </u>										
	"					_			- 1111	
2 Total number of Independent or received more than \$100,000 or	ontractors (inclu of compensation	ding <u>from</u>	but i the	not il orga	mite miza	d to t	thos ►	e listed above) who		And the second second

Latt Att Coccount Culcon	7	10100	, n	, -		~,~		ile ingliest compansator	a Employees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	bo	ix, und	Po: check ess po	erson	than distribution of the contract of the contr	ı an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-210894MI3C)	organization and related organizations	
(12)Dave Scott											
Director	0.00	x						6	. 0	0	
(13)David Taylor	0.00			<u> </u>	_	$\vdash$					
Director	0.00	x			İ			o	0	0	
(14) Jeff Vannoy	0.00	┢						0			
Ti	1.00	x							٥	,	
Director (15)Monroe Watley	0.00	^		<del> </del>			$\vdash$				
	1.00				ļ ·			_		_	
Director (16) Finley Woodward	0.00	X			$\vdash$			0	<u> </u>	0	
	1.00							_	_	_	
Director (17)Ray Palmer	0.00	X				$\vdash$		0	0	0	
	40.00									_	
Executive Director (18)	0.00			X	$\vdash$			78,004	O	0	
(19)		$\vdash$	$\vdash$		$\vdash$						
1b Sub-total							▲	78,004			
c Total from continuation she	ets to Part VII,	Secti	ion A	۸			١				
d Total (add lines 1b and 1c)  Total number of individuals (in		limite				ted a	bov	le) who received more than	[] \$100,000 In		
reportable compensation from	the organization	n 🕨					_			Yes No	
3 Did the organization list any for employee on line 1a? If "Yes."								oyee, or highest compensa	ated	(mil. 0.3) (frame to 10 years) (mil. 0.3)	
4 For any individual listed on Iln	e 1a, is the sum	of re	port	able	com	pens	atio				
organization and related organization	nizations greater	' than	) <b>\$</b> 15	50,00	00? 1	f "Ye 	s." c	omplete Schedule J for su	ch	4	
individual  Did any person listed on line of for services rendered to the or	la recelve or acc rganization? If "Y	rue ( 'es."	comp	pens Iplete	atlor e Sci	ı fror hedu	n any Ia J	y unrelated organization or for such person	individual	<b>5</b>	
Section B. Independent Contracto	ors							'			
Complete this table for your fit compensation from the organi	zation, Report c	ensa ompe	ited i ensa	inde; ition	pend for ti	ent d ne ca	ontr ilend	<u>far year ending with or with</u>	in the organization's tax ye	aar	
Name and	(A) business address						_	Descrip	(B) ton of services	(C) Compensation	
	-				_		一				
							<u> </u>				
2 Total number of Independent	contractors (incli	udino	but	not	llmit	ed to	thos	se listed above) who		47 CH ( 1988 )	
received more than \$100,000								<b>,</b>		ad a de la composição d	

-	11 L V	Check if Schedule	O contains a	response	or note to any line	in this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundralsing events Related organizations	1a 1b 1c 1d	26,450				
d Other Simi	e f	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-	16 1f 5	214,583				
<u>೧೯</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	241,033			
Зечепие	2a b	•		Busn. Code	572,151 469,764			निष्कृतिविक्षेत्रीर्थेष्ट्रीति । स्वति । १८८० । १८८०
3	C	Esambia Co tourist	developmen		409,704	409,704		
Ser	d							
	e							
Pro	f a	All other program service reve Total. Add lines 2a-2f			1.041.915	T. M. A. Harris, A. J. J. March	e de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composic	The factor of the second of th
	3	Investment income (including and other similar amounts)		est,	22,731			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4	Income from investment of tax						MR 7
	5	Royalties						
	6a	Gross rents (i) Real	800	Personal				
	b	Less: rental exps.	400					
	¢		800					
	d 7a	Net rental income or (loss)			4,800			4,800
	,	sales of assets (1) Securities	(ii	Other				
	ь	other than inventory  Less: cost or other			문의 분들이 받다		<b>人</b> 医内部 取解性	The matter of section (see A) The section (section )
		basis & sales exps.			Personal Paris Company			
	C	Gain or (loss)			Section 1 to provide persons of the control of the		<b>自己特别的</b>	
	d	Net gain or (loss)		<u> </u>	t operates in positive or a constant	e a musik masa musik sa sa sa sa sa sa sa sa sa sa sa sa sa	979 7 7 5 11 704	and the second second second
evenue	04	Gross income from fundraising ever (not including \$ of contributions reported on line 1c)				ြေကျားပြုတွင်တဲ့ နှစ်သည်။ ရုပ်မျှားပြုပြုပြုပြု ကြည်းကြည်များသည် ရုပ်မျှားသည်၏ကျောင် သည် သောကြသည်။ ကျောင်းသည် မကျော်တွင်		विकेशित क्षेत्री के प्रतिकार के विकेश हैं। अने कहा होता के प्रतिकार के किया के किया के किया अने किया किया किया किया किया किया किया किया
Other Rev	_	See Part IV, line 18	. a		Esterne Der Green in der eine Aus- Geffen ist der Affende bei der Leiter der Ausstralie in der Stehen der Ausstralie in der Stehen der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der Ausstralie in der Leiter auf der			
ਰ	b	Less: direct expenses  Net income or (loss) from fund		<u> </u>		L. B. G. B. & J. & H. & W. M. & Phys. B 11 (1997)	१५२३ - १५४६,वर्षे	likuda sebakatuan beantur da y
		Gross income from gaming activitie See Part IV, line 19	\$.					
	b	Less: direct expenses	ь				Paris to Selfablican entre de 1919 de se	
		Net income or (loss) from gam	ing activities				ari, in the contract of	arministration in the State of
	10a	Gross sales of inventory, less returns and allowances					40(1964)   30 (1964) 40(1964)   30 (1964)	
	b	Less: cost of goods sold	. a b			raelas, substitutado en la composição de la composição de la composição de la composição de la composição de l Composição de la composição de la composição de la composição de la composição de la composição de la composiç		
		Net income or (loss) from sale		🕨				
		Miscellaneous Revenue		Busn. Code	i i i i i i i i i i i i i i i i i i i			
	11a b	4	,			11 III III -		
	c	All other revenue						
	d e	All other revenue		<u> </u>		regular grade e Polostico grade e distri	grade in the particle was a supplication of the con-	a de arrieval de Cillado (1866 y 1816) De arrieva da de Cillado (1866 y 1816)
	12	Total revenue. See instruction			1,310,479			4,800

Sect	ion 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response	complete all columns. All o		mplete column (A).	
Do n	not include amounts reported on tines 6b.	(A)	(B)	(C)	(D) <b>X</b>
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			Hilling to be supply on a great production of the second o	Country the state of the last
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			構成的ないの場合は背景では背景の ではいる   できます こうしょう ボロート はんかん	
	the U.S. See Part IV, line 22			da alda di serekalan ajagiten	d Marille Williambida Nich Marillon (1994)
3	Grants and other assistance to governments,			The first of the factor of the second of the factor of the	Charles Market (1971) (1995) Charles Maded, See Heller (1976) (1976) Aller Market (1976) (1976) (1976) Charles (1976) (1976) (1976) (1976)
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16				TELEPHONE THE THEORY OF THE THE
4	Benefits paid to or for members				रत्यक्रीक्षां स्टब्स् क्रिक्ट के स्टब्स्ट्रिक्ट के स्टब्स्
5	Compensation of current officers, directors,	78,004	62,403	15 601	
-	trustees, and key employees  Compensation not included above, to disqualified	78,004	62,403	15,601	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	213,310	94,739	118,571	
8	Pension plan accruals and contributions (include		24,723	110,371	
u	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,108		33,108	
10	Davidali Javaa	21,219	11,458	9,761	
11	Fees for services (non-employees):			5,.02	
 a	Management				
b	Legal				
c	Accounting	9,000	9,000		
d	Lobbying				
е	Professional fundralsing services. See Part IV, fine 17		distrance in delicited beautiful diff.	<ul> <li>See a treation of partial program and the control of</li></ul>	
f	Investment management fees				
g	*··			111-11-111-11	
_	(A) amount, list line 11g expenses on Schedule O.)	14,000		14,000	
12	Advertising and promotion	29,701	11,946	•	17,755
13	Office expenses	16,660	6,146	10,514	
14	Information technology	1,631	* " -	1,631	
15	Royalties			•	
16	Оссиралсу	39,580	34,414	5,166	
17	Travel	26,505	21,812	4,693	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	AP 45		***	
22	Depreciation, depletion, and amortization	27,082	676	26,406	
23	Insurance	20,009	and the first of the state of t	20,009	Bungang Sergen (1984) Service and Commission of
24	Other expenses, Itemize expenses not covered	The control of the co		Company of the property of the company of the compa	Control of the Contro
	above (List miscellaneous expenses in line 24e. If	Tire of the Section Committee of the Com		i arranda (h. Comission (h. Berberg) (h. Gerba). Gusperges (a englaren (koasal berba) (h. Galler)	Transport and the first of the
	line 24e amount exceeds 10% of line 25, column		The confirmation of the particular control of the confirmation of	Percentification of the control o	
_	(A) amount, list line 24e expenses on Schedule O.)	217 010	(中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	province trades of the form formations.	tegun polastikatan bilandasan asalah Kelebah d
a	Tourist development hosti Bridge Run	217,812 117,478	217,812 117,478		
D	College Baseball event	98,840	98,840		
ç	Marathon expenses	97,922	97,922		
a		162,253	162,253		
e 25	All other expenses Total functional expenses, Add lines 1 through 24e	1,224,114	946,899	259,460	17,755
25			240,039	203,200	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	TOILOWING GOT 30-2 (AGO 330-120)		, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (2013)

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 100 100 Savings and temporary cash investments 82,956 64,652 Pledges and grants receivable, net Accounts receivable, net 26,271 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section ····专州(第一) 1.10 / 64 (1.30) (1.31) 1.60 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 15,649 10a Land, buildings, and equipment: cost or 
 other basis. Complete Part VI of Schedule D
 10a
 497,313

 b Less: accumulated depreciation
 10b
 437,404
 497,313 **B3,087** 59,909 10c Investments—publicly traded securities 581,318 697,643 11 Investments—other securities. See Part IV, line 11 12 12 Investments---program-related, See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 789,381 889,507 16 Accounts payable and accrued expenses 17 1,346 17 2,240 18 Grants payable 18 Deferred revenue 19 127,779 119,848 19 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 13,050 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal Income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 💢 and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 743,171 647,206 27 Temporarily restricted net assets 28 Permanently restricted net assets **Net Assets or Fund** 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and skladija ili ja liviji Videnostra serebaji complete lines 30 through 34, Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32

> 889,507 Form 990 (2013)

743,171

32

647,206 33

789,381

OIII	990 (2013) Pensacola Sports Association, Inc. 59-0767953			Page	e 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			ĺ	П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,31	0,4	79
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,22	4,1	14
3	Revenue less expenses. Subtract line 2 from line 1	3		6,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,2	
5	Net unrealized gains (losses) on investments	5		9,5	
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			冝
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	74	3,1	71
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[	
				es t	Νo
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				7747
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		. 0.00 //		
	Schedule O.		. 4 P - 1 i i	Ţij.	Lillia.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a_	_   ;	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		fightin d	17.	144.5
	reviewed on a separate basis, consolidated basis, or both:		est Par Side at	alira da	
	Separate basis Consolidated basis Both consolidated and separate basis		$\begin{bmatrix} -1 \gamma_{ij} \alpha_i^{\dagger}[g] \\ \gamma_i \gamma_j^{\dagger}[e_i] & \beta_j \end{bmatrix} = 0$		g.
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Apple 57 - 41 All 57 - 41	ag 1 3	r 1 - 1
	separate basis, consolidated basis, or both:		(100 miles)		uplini Galetin
	Separate basis Consolidated basis Both consolidated and separate basis		1 1 1 1 1 E	\$0 P	e Ju
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x 📗	
	If the organization changed either its oversight process or selection process during the tax year, explain in				7
	Schedule O.		late Mar	<u>4</u> 5. [9]	100
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	2	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Зь		
			Form	990 <sub>(2</sub>	2013)

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990,

OMB No. 1545-0047

Name of the organization

Employer identification number

Pensacola Spor	rts Association, Inc.	59-0767953
Organization type (check one	a):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 4 ) (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	
	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule, See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (i contributor, Complete Parts I and II.	n money or
Special Rules		
under sections 509(a)(	organization filing Form 990 or 990-EZ that met the 33½% support test of the re (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a c 00 or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, I.	contribution of
during the year, total co	o, (8), or (10) organization filing Form 990 or 990-EZ that received from any one or contributions of more than \$1,000 for use exclusively for religious, charitable, sciences, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	ntific, literary,
during the year, contrib not total to more than t year for an exclusively applies to this organize	t, (8), or (10) organization filing Form 990 or 990-EZ that received from any one couldons for use exclusively for religious, charitable, etc., purposes, but these contribitions for use exclusively for religious, charitable box is checked, enter here the total contributions that were received religious, charitable, etc., purpose. Do not complete any of the parts unless the Gatton because it received nonexclusively religious, charitable, etc., contributions of	ibutions did f during the General Rule f \$5,000 or
	s not covered by the General Rule and/or the Special Rules does not file Schedul	
990-EZ, or 990-PF), but it mus	t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its certify that it does not meet the filing requirements of Schedule B (Form 990, 990	Form 990-EZ or on its
For Paperwork Reduction Act No	otice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	acola Sports Association, Inc.		9-0767953
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>. 1</b>	Lewis Bear Co. 6120 Enterprise Drive Pensacola FL 32505	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Escambia County Sheriff's Office P. O. Box 18770  Pensacola FL 32523-8770	s 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Sacred Heart Health Systems 5151 North Ninth Avenue Pensacola FL 32504	s 16,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PR Sports, Inc. dba Running Wild 3012 E. Cervantes Street Pensacola FL 32503	\$ 6,500	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Cox Communications 2205 LaVista Avenue Pensacola FL 32504	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PSA Foundation P.O. Box 12463 Pensacola FL 32582	\$ <b>18,100</b>	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 2 Name of organization Employer Identification number Pensacola Sports Association, Inc. 59-0767953 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution . **7**.... Publix Person 9786 West Beaver Street Payroll s 16,500 Noncash Jacksonville FL 32220 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 CITGO Petroleum 1293 Eldridge Parkway Person Payroll **\$ 13,000** Noncash Houston (Complete Part II for noncash contributions.) (a) (c) (d) No. Total contributions Name, address, and ZIP + 4 Type of contribution 9 Subway Franchisee Advertising Fund Person 325 Bic Drive Payroll \$ 25,000 Noncash Milford CT 06461 (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 10 Andrews Institute Person 1040 Gulf Breeze Pkwy Payroll 12,000 Noncash Gulf Breeze FL 32561 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 11 Anderson Subaru Person 7050 Pensacola Blvd. Payroll **\$** 11,000 Noncash Pensacola FL 32505 (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Type of contribution Total contributions 12 Whataburger Person Whataburger 300 Concord Plaza Drive

Payroll

Noncash

(Complete Part II for noncash contributions.)

\$ 5,600

San Antonio TX 78216

	organization sacola Sports Association, Inc.		Employer Identification number 59-0767953
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 13.	Florida Sports Foundation 2930 Kerry Forest Parkway Ste 101 Tallahassee FL 32309	\$ 28,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	• • • • • • • • • • • • • • • • • • • •	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE PARTY OF THE P	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE C (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only,

### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

1444	Pensacola Sports Ass	ociation, Inc.		59-07679					
Pa	rt I-A Complete if the organization is exem	npt under section 501(c	) or is a sectio	n 527 organizatio	on.				
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV.						
2		••••		▶\$					
3	Volunteer hours	. , , , , , , , , , , , , , , , , , , ,			************************				
Pa	rt I-B Complete if the organization is exem	pt under section 501(c	)(3).						
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		<b>≥ </b>					
2	Enter the amount of any excise tax incurred by organizatio	n managers under section 495	5	▶ \$					
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No				
42	Was a correction made?								
<u>b</u>	if "Yes," describe in Part IV.								
<u>Pa</u>	rt I-C Complete if the organization is exem			on 501(¢)(3).					
1	Enter the amount directly expended by the filing organization								
	activities			▶\$					
2	Enter the amount of the filing organization's funds contribu	T							
	527 exempt function activities			<b>&gt;</b> \$					
3	Total exempt function expenditures, Add lines 1 and 2. Ent	er here and on Form 1120-PO	L,						
	line 17b			▶ \$ ,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4	line 17b  Did the filling organization file Form 1120-POL for this year?  Yes No								
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing								
	organization made payments. For each organization listed,								
	the amount of political contributions received that were pro								
	as a separate segregated fund or a political action committee	tee (PAC). If additional space is	s needed, provide i	<u>nform</u> ation in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's	contributions received and promptly and directly				
				funds, if none, enter -0	delivered to a separate				
					political organization. If				
	<u> </u>				none, enter-0				
(1)									
	···								
(2)									
(3)									
(4)									
(E)	<u> </u>								
(5)									
(6)	· · · · · · · · · · · · · · · · · · ·								
(4)									
For P	aperwork Reduction Act Notice, see the Instructions for Form	990 or 990-EZ.		Schedule C (Fo	rm 990 or 990-EZ) 2013				

Part I.A. Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).  A Check ▶  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  B Check ▶  if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures  The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines to and 10)  d Other exempt purpose expenditures (add lines to and 10)  d Other exempt purpose expenditures (add lines to and 10)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  ### ### ### #### ###################	Sched	tule C (Form 990 or 990-EZ) 2013 <b>Pens</b>	acola Sport	s Associati	on, Inc	. 5	9-0767953	1	Page 2
section 501(h)).  A Check   if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  B Check   if the filing organization checked box A and "limited control" provisions apply.  (The termits on Lobbying Expenditures (the filing organization checked box A and "limited control" provisions apply.  (The termits on Lobbying Expenditures (the filing organization of the filing organizations to the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization of the filing organization organization organization organization organization below organization of the filing organization org	Pa								n under
A Check			<u> </u>				,		
B Check   if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures (to Administration of Provisions and Provisions apply).  (b) Administration of Provisions and Provisions and Provisions and Provisions and Provisions (b) Administration of Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provisions and Provisions (b) Administration of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision of Provision	Α	Check 🕨 📋 if the filing organiza	ation belongs to an	affiliated group (a	and list in Pa	irt IV ea	ach affiliated gr	oup n	nember's
Limits on Lobbying Expenditures (t) Filling (t) Affiliated group totals  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  a Total exempt purpose expenditures (add lines 1a and 1d)  f Lobbying nontavable amount. Enter the amount from the following lable in both columns.  If the amount on line 1s, column (a) or (b) is:  The lobbying nontavable amount is the column (a) or (b) is:  If the amount on line 1s, column (a) or (b) is:  The lobbying nontavable amount (room the following lable in both columns.  If the amount on line 1s, column (a) or (b) is:  The lobbying nontavable amount (room the following lable in both columns.  If the amount on line 1s, column (a) or (b) is:  The lobbying nontavable amount (room the following lable in both columns.  If the amount on line 1s, column (a) or (b) is:  The lobbying nontavable amount (room the following lable in both columns.  If the standard is the following lable in the 1s of the season over \$1,000,000.  Over \$1,000,000 but not over \$17,000,000  g Grassroots nontavable amount (renter 25% of line 1f)  Subtract line 1f from line 1s. If zero or less, enter -0-  J If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  A-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) Total  Grassroots colling amount  (150% of line 2a, column(e))								·	
The term "expenditures" means amounts paid or incurred.)  In Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1e and 1b)  Other exempt purpose expenditures (add lines 1e and 1d)  I Obbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1s, column (a) or (b) is:  The tobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1s, column (a) or (b) is:  The tobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1s, column (a) or (b) is:  The tobbying nontaxable amount is:  Net own \$10,000 but not over \$1,000,000  Over \$10,000,000 but not over \$1,000,000  Over \$10,000,000 but not over \$10,000,000  Over \$10,000,000 b	В	Check 🕨 🔲 if the filing organiza	ation checked box.	A and "limited con	itrol" provisk	ons app	oly.		
1a Total lobbying expenditures to influence a legislative body (direct lobbying) b Total lobbying expenditures (add lines 1s and 1b) d Other exempt purpose expenditures 1 Total exempt purpose expenditures 1 Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1s, column (a) or (b) is: This lobbying nontaxable amount in line 1s, column (a) or (b) is: This lobbying nontaxable amount in line 1s, column (a) or (b) is: This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying nontaxable amount is: 1 This lobbying expenditures is: 2 Soo plus 150,000.00  2 Soo of the access over \$1,000.00  2 Soo of the access over \$1,000.00  2 Soo of the access over \$1,000.00  2 Soo of the access over \$1,000.00  3 Soo of the access over \$1,000.00  3 Soo of the access over \$1,000.00  3 Soo of the access over \$1,000.00  3 Soo of the access over \$1,000.00  3 Soo of the access over \$1,000.00  4 Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2 athrough 2 fon page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) Total  5 Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots ceiling amount (150% of line 2a, column(e))		Limits on L	obbying Expendi	tures	***	<u> </u>	(a) Filing		(b) Affiliated
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures e Total exempt purpose expenditures  1 Lobbying nontaxable amount. Enter the amount from the following table in both coclumns.  ### the amount on line 1e, column (a) or (b) is:  ### the amount						ong.	anization's totals		group totals
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1e, column (a) or (b) is:	1a					ļ			
d Other exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1s, column (a) or (b) is:   The lobbying nontaxable amount is:	b	Total lobbying expenditures to influence	a legislative body (dire	ect lobbying)	,,				
e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1e, column (a) or (b) is:	C	Total lobbying expenditures (add lines 1	a and 1b)						
# Lobbying nontaxable amount. Enter the amount from the following table in both columns.  ### the amount on line 16, column (a) or (b) is:  ### The amount on line 16, column (a) or (b) is:  ### Section 2000	d								
Columns							1001-1		
If the amount on line 1s, column (a) or (b) is:   The lobbying nontaxable amount is:   Not over \$500,000   20% of the amount on line 1s.	f	Lobbying nontaxable amount. Enter the	amount from the follow	ving table in both					
Not over \$500,000  Over \$500,0000 but not over \$1,000,000  Si 100,000 plus 10% of the excess over \$500,000.  Over \$1,000,000 but not over \$1,000,000  Si 15,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Si 1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1s. If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year?  A-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) Total  d Grassroots celling amount  (150% of line 2a, column(e))								1	
Cere \$60,000 but not over \$1,000,000  Civer \$1,000,000 but not over \$1,000,000  St75,000,000 but not over \$1,000,000  St75,000,000  Civer \$1,000,000 but not over \$1,000,000  St75,000,000  Civer \$1,000,000 but not over \$1,000,000  St75,000,000  St75,000,000 but not over \$1,000,000  St75,000  St75,000,000  St75,000  St75,000,000  St75,000  St75,000  St		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxal	ble amount is:			and the second of the second	$[r_0, I_0, \sigma]$	
Cere \$60,000 but not over \$1,000,000  Civer \$1,000,000 but not over \$1,000,000  St75,000,000 but not over \$1,000,000  St75,000,000  Civer \$1,000,000 but not over \$1,000,000  St75,000,000  Civer \$1,000,000 but not over \$1,000,000  St75,000,000  St75,000,000 but not over \$1,000,000  St75,000  St75,000,000  St75,000  St75,000,000  St75,000  St75,000  St	-	Not over \$500,000	20% of the amount on (i	ne 1e.		9世 第四		99102	es i Selji (de prima).
Over \$17,000,000 but not over \$17,000,000   \$1,000,000   \$1,000,000    g Grassroots nontaxable amount (enter 25% of line 1f)	-	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	ne excess over \$500,000.		40.90			
Over \$17,000,000 s1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f).  h Subtract line 1g from line 1a. If zero or less, enter -0-  J if there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) Total  b Lobbying caling amount (150% of line 2a, column(e))	-	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	ne excess over \$1,000,000.					kada kalandari dari
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- I Subtract line 1f from line 1c. If zero or less, enter -0- J if there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year?  A-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) Total  Lobbying ceiling amount (150% of line 2a, column(e))  C Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,000.		10.60		91 å	Sale Section 1
h Subtract line 1g from line 1a. If zero or less, enter -0-   Subtract line 1f from line 1c. If zero or less, enter -0-   Subtract line 1f from line 1c. If zero or less, enter -0-   If there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year?    A-Year Averaging Period Under Section 501(h)     (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)    Lobbying Expenditures During 4-Year Averaging Period					<u></u>	relation (1966	<u>. इ.स.च्या चार्याच्या होता स्ट्रांस</u> ्टर	econd or s	el else difference a la fin
I Subtract line 1f from line 1c. If zero or less, enter -0-  Jif there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) Total  b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))			- 1111111111						
If there is an amount other than zero on either line 1h or line 1l, did the organization file Form 4720 reporting section 4911 tax for this year?   Yes   No	h								
A-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) Total  b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots ceiling amount (150% of line 2d, column (e))	!								
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(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2010  (b) 2011  (c) 2012  (d) 2013  (e) Total  Lobbying nontaxable amount  (150% of line 2a, column(e))  C Total lobbying expenditures  d Grassroots nontaxable amount  (150% of line 2d, column (e))			4-Year Averagi	ing Period Under S	Section 501(	1)			
Calendar year (or fiscal year beginning in)  (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) Total  2a Lobbying nontaxable amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column(e))	,	(Some organizations					plete all of the t	five	
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Calendar year (or fiscal year beginning in)  (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) Total  2a Lobbying nontaxable amount (150% of line 2a, column(e))  C Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))			 Lobbying Expendite	ures During 4-Year	Averaging i	Period	- II - I		
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2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column(e))			(a) 2010	<b>(b)</b> 2011	(c) 201:	2	(d) 2013		(e) Total
b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))							, ,		
b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))	29	Lobbying pontavable amount							
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c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots celling amount (150% of line 2d, column (e))	b		The state of the s				The second of th		
d Grassroots nontaxable amount  e Grassroots celling amount (150% of line 2d, column (e))		(150% of line 2a, column(e))	the Military of the State of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000	- 1	grant Complete J		
e Grassroots celling amount (150% of line 2d, column (e))	C	Total lobbying expenditures						İ	
e Grassroots celling amount (150% of line 2d, column (e))								-	
	0	<u> </u>	The first one of the state of t	[2] A. A. A. A. A. A. A. A. A. A. A. A. A.	i de la	Mary Str.	The Arthur Stakes of the Cold		
f Grassroots lobbying expenditures		(150% of line 2d, column (e))	Tables most 16 550	भ कार्निकी क्षेत्रकारिक विकास		a Paga Y	lead in letts stort, etd	úp <sup>h</sup>	
	f	Grassroots lobbying expenditures						-	

Schedule C (Form 990 or 990-EZ) 2013

For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	- (4	H)		(b	)	
	cription of the lobbying activity.	Yes	No		Amo	unt	
a b	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?						
d	Mailings to members, legislators, or the public?						
0	Publications, or published or broadcast statements?						
1	Grants to other organizations for lobbying purposes?						
y h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					_	
j	Total. Add lines 1c through 1i	H (2007)	17.75				
24	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	.			Ty T	17.17	And Sec
b	If "Yes," enter the amount of any tax incurred under section 4912	. 700					
Ċ	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			. 0.40 P. O.	19		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  It III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5),	or se	ction	ïŋ ·	1 ( -	
	W/set authorities   1 /000/					Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members?				1	X	$\vdash$
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	X	x
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members		Part	. III-A,	line :	3, IS ——	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1 %				
	political expenses for which the section 527(f) tax was paid).		n e. Tie				
a	Current year		28				
ь	Carryover from rast year		2b				
Č	l otal		2¢				
4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
	Taxable amount of lobbying and political expenditures (see Instructions)		5				
Provi	t IV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Pall-B, line 1. Also, complete this part for any additional information.	rt II-A, Ilne	e 2; ar	d			
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	·						,,,,,

Part IV Supplemental Information (continued)	Schedule C (Farm 99		_Pensacola	Sports	Association,	_Inc.	<u>59-07</u> 67953	Page 4
	Part IV	Supplementa	al Information (c	ontinued)				
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990,

OMB No. 1545-0047 Open to Public Inspection\_

Employer identification number Pensacola Sports Association, Inc. 59-0767953 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically Important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, Held at the End of the Tax Year a Total number of conservation easements 2а Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located 🕨 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, Inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_\_ Yes \_\_\_ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues Included in Form 990, Part VIII, line 1 (ii) Assets Included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2013 Pensacol							Page 2
<u>. Pa</u>	art III — Organizations Maintaini						(continue	d)
3	Using the organization's acquisition, access collection Items (check all that apply):	ssion, and other record	is, check any	of the following that	are a significant us	e of its		
a	Public exhibition	d 🗌	Loan or excha	ange programs				
b	Scholarly research							
c								
4	Provide a description of the organization's	collections and evolai	n how they fur	ther the organization	n's avamet numer	a la Dad		
·	XIII.	concotorio and explai	ii iiow arcy iai	uici uic organizatioi	13 exempt barbose	, iii Fait		
5	During the year, did the organization solici	t ar racelus denetions	af act blotada	al trans	- alealla			
•	assets to be sold to raise funds rather than						L	<u> </u>
Da	art IV Escrow and Custodial A		part or the orga	anization's collection	17		Yes	No
,	Complete if the organization		" to Form 9	90, Part IV, line	9, or reported a	in amount d	on Form	
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custo							
	included on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table:		,,,,,,		· —	_
							Amount	
C	Beginning balance				•	1c		
đ	Additions during the year	***************************************						
e	Distributions during the year					10		
f	Ending balance					15		
2a	Did the organization include an amount on	Form 990 Part X line	212				X Yes	No
h	If "Yes," explain the arrangement in Part X	III. Check here if the e	volanation has	heen provided in P	ort XIII		163	x "
	irt V Endowment Funds.	III. GNOCK HOLE II IIIG G	Apidilation ride	been provided in F	at Am			Λ
	Complete if the organization	on answered "Yes	" to Form 99	90 Part IV line	10			
	The state of the s	(a) Current year	(b) Prior			nree years back	(e) Four yea	ro book
10	Beginning of year balance	(-) (-)	(=),	(0) 1 10 )	Sais Dack (d) II	ree years back	(e) Four year	I B DACK
h	Contributions						<del>                                     </del>	
	Net investment earnings, gains, and					<del></del>	<del> </del>	
٠								
_	losses						-	
	Grants or scholarships			<del></del>				
е	Other expenditures for facilities and						1	
	programs							
f	Administrative expenses							
9	1111			<u> </u>				
2	Provide the estimated percentage of the cu	ırrent year end balancı	e (line 1g, colu	ımn (a)) held as:				
a	Board designated or quasi-endowment	%						
b	Permanent endowment > %	ı						
C	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.						
3a	Are there endowment funds not in the poss	ession of the organiza	ition that are h	eld and administere	d for the			
	organization by:						Yes	s No
	(i) unrelated organizations						3a(i)	
	(II) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ns listed as required o	n Schedule R	?			3b	
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.			************		
	rt VI Land, Buildings, and Equ							
	Complete if the organization		to Form 99	0. Part IV. line	11a. See Form	990. Part X	. line 10.	
	Description of property	(a) Cost or other b		) Cost or other basis	(c) Accumulate		(d) Book value	,
		(Investment)	'"	(other)	depreciation		,	
1a	Land				Service (Service of Francis)			
b	Buildings	.		423,757		, 908	38	,849
ń	Leasehold improvements	''				<del>/  </del>		,
				73,556	E 2	,496	21	,060
	Equipment			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		,490	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
	Other		X. column (B)	<u>`</u>	J		50	.909
				1919///				

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" to	Form 990, Part IV, lin	ne 11b, See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(Including name of security)		Cost or end-of-year market value
(1) Financial of	derivatives		<u> </u>
(2) Closely-he	eld equity interests		
(A)		"	"
( <b>D</b> )			
/ C*\		**	
(⊑)			''
(F)			
(G)			
/LIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		"
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)		Talefül is est pain efficiela in end al fille de la fi
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			· ·
(2)			
(3)			
(4)			
(5)	<u> </u>		
(6)			
(7)	<del></del>		<del>-</del> "
(8)			
(9)	11.		
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	·	
Part IX	Other Assets.  Complete if the organization answered "Yes" to	Form 990, Part IV, lin	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·
( <del>6</del> )			····
(7)	•	•	
(8)		•	
(9)			
	ı (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X	Other Liabilities.  Complete if the organization answered "Yes" to line 25.	Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	For the state of the state of the first of the management of the state
	ncome taxes	(a) think amon	
	nconc taxes		The first profession of the state of the sta
(2)			নিশ্বস্থা প্ৰকাশ কৰে কিছে কৰিব কৰিব কৰিব। বিশ্বস্থা কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব
(4)			TN 가는 바람들이 되고 있는데 그는 사회에서 되는 것이 하고 되는 것 말했습니다. 말하게 하는 것 말했습니다.
(5)	<u> </u>		
(6)			
(7)			
(8)			■■ 中央 10 1 10 20 0 (中央 1 日本) (中央 1
(9)	(h) must sound flam poor party and one h		- 현대자연구 (기업) (학교학자 전) 전기 전기 (학교학자 전) (학교학자 대학교학자 기기 (학교
	(b) must equal Form 990, Part X, col. (B) line 25.)	trate to the organization's	ा कर हो दश्मीर देशीय ज्या एउटा विकास अस्ति प्राप्त के स्थानिक स्थिति । स्थानिक स्थानिक स्थानिक स्थानिक स्थानिक
	uncertain tax positions. In Part XIII, provide the text of the foo		
organization's I	lability for uncertain tax positions under FIN 48 (ASC 740). Cl	leck nere il the text of the	iootriote has been provided in Part Alii

Schedule D (Form 990) 2013 Pensacola Sports Associat				Page 4
Part XI Reconciliation of Revenue per Audited Financial St Complete if the organization answered "Yes" to Form 9			urn.	
Total revenue, gains, and other support per audited financial statements	30, Fait IV, Inle	<u>12a.</u>	1	1,370,048
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			: 1:81	1,3,0,030
a Net unrealized gains on investments	2a.	9,599	41.4	
b Donated services and use of facilities	2b	49,970	oggania Periopi	
c Recoveries of prior year grants	2c		73	
d Other (Describe In Part XIII.)	2d		siliis.	
e Add lines 2a through 2d			2e	59,569
3 Subtract line 2e from line 1			3	1,310,479
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·····	i i	
a Investment expenses not included on Form 990, Part VIII, line 7b	48		ia ir Grafi	
b Other (Describe in Part XIII.)	4b		8130	
c Add lines 4a and 4b		-	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · ·		5	1,310,479
Part XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per Re	turn.	-
Complete if the organization answered "Yes" to Form 9				
Total expenses and losses per audited financial statements			1	1,274,083
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		d de	
a Donated services and use of facilities	_2a	49,970	d (6)	
b Prior year adjustments	2b		griff.	
c Other losses	2c		Singi Singi	
d Other (Describe in Part XIII.)	2d		176	
e Add lines 2a through 2d			2e	49,970
3 Subtract line 2e from line 1			3	1,224,113
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		100	4	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		1.70	
b Other (Describe in Part XIII.)	4 <u>b</u>	<b>1</b>	Y e	
C Add lines 4a and 4b			4c	1
5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information	<u>.)</u>		6	1,224,114
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p Part IV, Line 2b - Escrow Liability Arra Part X Line 2l consists of escrow funds awarded annually and as fiscal agent for tourist development expense reimburseme	ngement Ex held for s Visit Pen	planation tudent scho sacola, Inc	. 's	receipt of
Part XII, Line 4b - Expense Amounts Incl Book / Tax Depreciation Difference	uded on Re	turn - Othe	<b></b>	
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DAA			Sche	dule D (Form 990) 2013

Schedule D (I	Form 990) 2013	Pensacola	Sports	Association,	Inc.	59-0767953	Page 5
Part XIII	Suppleme	ntal Information (	continued)		'		
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#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, fine 25a, 25b, 28, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

See separate instructions,

OMB No. 1545-0047

Open To Public

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

lame of the organ	nization						€m	ployer ide	ntificat	ion nui	mber		
	Pensacola Sports	Association,	Inc.				. 59	-07679	953				
Part I	Excess Benefit Transacti	<b>்ரா</b> \$ (section 501	(c)(3) and sect	tion :	501(	c)(4) organization	s only),						
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV	/, lin	e 25	a or 25b, or Form	990-EZ, Part	V, line 4	ОЬ.				
_	And the control of th	(b) Relatio	nship between disq	;ualific	d per	son and					(d)	Соттес	ted?
1	(a) Name of disqualified person		organizatio	п			(c) Description o	ftransactio	ın		Yes	$\Box$	No
(1)			•								1	$\neg$	
(2)							•				${}^{\dagger}$	$\top$	
(3)											${}^{\dagger}$	+	
(4)											$\vdash$	+	
(5)	· ·										$\vdash$	+	
(6)											$\vdash$	+	
	e amount of tax incurred by the orga										Ь		
under s	ection 4958		,,,.,			····		►: ►:	<u> </u>				
Part II	Loans to and/or From Int												
	Complete if the organization answ				line	38a or Form 990	, Part IV, line 2	6; or if t	he				
	organization reported an amount (a) Name of interested person				(-		1 76 6 1	1, 1,4-		1 4 1 4 .		40.14	1-04
	(4) Name of Interested person	(b) Relationship with organization			oan to om the		(f) Balance due	(g) in	deramit.		oproved pard or		ritten ment?
					rg.?	ļ				-	nittee?	<u> </u>	
				To	From			Yes	No	Yes	No	Yes	No
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(2)				l .	L.								1
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otal	··· <del>_</del>		<u> </u>			<b>&gt;</b> \$		100 Jun	(Pjad f	- Ja 1	ogis, e.d.,	90.00	dia min
Part III	Grants or Assistance Ber Complete if the organization answ				<b>9 27</b> .								
	(a) Name of interested person	(b) Relations	ship between intere	sted		mount of assistance	(d) Type of assistar	KC#8	(e)	Ригров	e of ass	istance	
(1)	•				$\vdash$								
(2)					<del> </del> -			—					
(3)	* -	<del>-  </del>			$\vdash$								
(4)	***			-	$\vdash$			-+					
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(5) (6)						<del> </del>		_				-	
(6)													
(7)					$\vdash$	<del></del>							
(8)					$\vdash$								
(9)					+			_					

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) St of c reven
1) Logo Motion, LLC	Current officer	11.390	Promotional items	100
2) James Currie	Former officer	14.000	Event planning	
3) Hiles-McLeod Insurance	Board Member	17 618	Insurance	╅
4)		17,010	Instrance	$\dashv$
5)				+
6)			• • •	+ - 1
<u>,                                     </u>				+
7) 8) 9)		·		
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Part V: Supplemental Information		- !441		
Provide additional information for resp	oonses to questions on Schedule L (see	e instructions).		
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#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection 🕒 🕆

Open to Public

Employer Identification number

Pensacola Sports Association, Inc. 59-0767953 Form 990 - Organization's Mission To work with international, national, state and local governments and other public and private entities in the development, organization, bidding, advertising, promotion, encouragement, hosting and the operation of amateur and professional sports in Northwest Florida for the purpose of regional economic development (Sports Economic Development). Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is reviewed by the Executive Director, accountant, and Vice President of Finance prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The conflict of interest policy is discussed with board members as part of the annual board member orientation. The Organization's bylaws include a conflict of interest policy related to any contracts or other transactions which requires disclosure by its Directors or any other corporation, firm, association or entity in which one or more of the Directors are Directors or officers or are financially interested. ...... Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Committee reviews and approves the compensation of the Executive Director. Form 990, Part VI, Line 15b - Compensation Process for Officers The Executive Committee reviews and approves compensation for all officers

Pensa	cola Sports Ass	ociation, I	nc.	59-07679	
and employees.					
Form 990, Part V	I, Line 19 - Go	verning Doc	uments Disc	losure Expla	nation
The Form 990, go	verning documer	nts, and mos	t recently i	ssued audit	ed
financial stateme	ants are made a	vailable up	on request o	during norma	l office
hours.					
Form 990, Part I	K, Line 24e - 0	ther Expens	es		25
Description	·	Am	ount	******	
High School All					
ş	40,231	\$	0	\$	0
FCCAA Softball			***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<b>ş</b>	38,542	<b></b> \$	0	\$	o
Futures Tennis					
\$	28,650	\$	0	\$	0
Awards Banquet					
\$	20,169	\$	0	\$	0
Senior Scholar					
\$	19,385	\$	0	<b></b>	0
Other program exp		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,	***************************************	<del>.</del>
	11,038	\$	0	\$	o
Racquet Roundup				· · · · · · · · · · · · · · · · · · ·	<del>.</del>
,,,,	4,238	<b>s</b>	o	<b>.</b>	ი
·····			,	······································	
Form 990, Part XI		onciliation	of Changes	- Other	
Book / Tax Depre					1
Down / Tax Depide	acton Differe	ALCE		₹	
<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •			

## Form **4562**

Name(s) shown on return

#### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Attachment Sequence No.

	Pensa	<u>cola Sports</u>	Association	, Inc.		59-	-076	57 <u>9</u> 53
	tess or activity to which this form relates							
	<u>ndirect Deprecia</u>							
Р		ense Certain Prop						
		e any listed property	<u>r, complete Part V b</u>	<u>efore you c</u>	omplete Par	t I.		
1	Maximum amount (see instruct						1	500,000
2	Total cost of section 179 prope	rty placed in service (se	e Instructions)				2	
3	Threshold cost of section 179	property before reduction	ı in limitation (see instru	ctions)			3	2,000,000
4	Reduction in limitation, Subtrac						4	
5	Dollar limitation for tax year. Subtract		<u>r less, enter -0 If married fi</u>	ing separately, :	see instructions	<del>,</del>	5_	
6	(a) Descri	ption of property	(b) C	ost (business use	on(y) (c)	Elected cost		or product of the first of the control of the contr
								પ્રાપ્તાન પ્રોપ્ટાની કરી હતી. કોર્સ્ટિક
7	Listed property. Enter the amou	unt from line 29	,,,,,		7			dieda de di ale diadone fi
8	Total elected cost of section 17	'9 property. Add amount	s in column (c), lines 6 a	nd 7			- 8	
8	Tentative deduction. Enter the	smaller of line 5 or line 8	B				9	
10	Carryover of disallowed deduct	ion from line 13 of your 2	2012 Form 4562				10	
11	Business income limitation, En	ter the smaller of busine	ss income (not less thar	zero) or line :	5 (see instrucțio	ns)	11	
12	Section 179 expense deduction			line 11			12	
13_	Carryover of disallowed deduct	ion to 2014. Add lines 9	and 10, less line 12	<u> </u>	13			ing whether a manager transfer with a second of the second
	: Do not use Part II or Part III be							
		<u>ation Allowance ar</u>				<u>ed prope</u>	rty.)	(See instructions.)
14	Special depreciation allowance		her than listed property)	placed in ser	vice		1	
	during the tax year (see instruc						14	
15	Property subject to section 168	(f)(1) election					_15	
16_	Other depreciation (including A	CRS)					16	27,081
P	art III MACRS Depreci	ation (Do not inclu		<u>(See instru</u>	ctions.)			
			Section A					
17	MACRS deductions for assets	olaced in service in tax y	ears beginning before 2	013	, , ,		17	0
18	If you are electing to group any assets pla						1.11	i firm of the special control of the special
	Section B-	-Assets Placed in Ser		ear Using the	General Depr	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciation (business/investment use only-see instructions)</li></ul>	(d) Recovery period	(e) Convention	(r) Meth	od	(g) Depreciation deduction
19a	3-year property					L		
<u>b</u>	5-year property			İ	<u> </u>			
¢	7-year property	the field of the f					, i	
þ	10-year property							
e	15-year property	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						" " " " " " " " " " " " " " " " " " " "
f	20-year property							
Я	25-year property	gen i sa napreside saja sis		25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
1	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	\$/L		
	Section C	Assets Placed in Service	e During 2013 Tax Yea	er Using the A	Alternative Dep	rectation	Syste	П
0a	Class life	on voge and une grapel Desce deske by tal (bask by tal my tal my dated, for early (bask but only tal octor), 1911 (1916-1944), bask by				S/L		11-1111-1
þ	12-year	1 40 44 1 470 441 400 4 0 100 44 1. 100 6 321 400 46 14 14 14 14 16		12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
Pa	ırt IV Summary (See ir	structions.)						
1	Listed property. Enter amount fr						21	
2	Total. Add amounts from line 12	2, lines 14 through 17, lli	nes 19 and 20 in column	(g), and line :	21. Enter here			
	and on the appropriate lines of y						22	27,081
3	For assets shown above and pla							e de de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della c
	portion of the basis attributable		-		23			· 你你你说说: 她的的话 (1) (1) 你要你的话

59-0767953

## Federal Asset Report Form 990, Page 1

	•	Date		Bus	Sec	Basis				
Asset	Description	In Service	Cost	%	179Bonus		Per	Conv Meth	Prior	Current
Puis-	MACRS:									
	Cougar Mountain Software	12/02/97	3,011			3,011	5	HY 200DB	3,011	0
			3,011			3,011			3,011	0
	<b>5</b>					·				
Other (	r Depreciation; 2-5 Ton A/C Condensing Units	6/07/07	8,055			8,055	15	MO S/L	3,401	537
2	Leasehold Improv / Building Typewriter	8/01/96 7/02/87	423,757 795			423,757	20	MO S/L	363,720	21,188
4	Refinished 16 Chairs	8/07/96	1,200			795 1,200	5	MO S/L MO S/L	795 1,200	0
5 10	Refinished BD Table Correct Prior Year Note Computer Purchas	9/25/96 • 1/31/05	600 <b>75</b>			600 75	5	MO S/L	600	0
11	17 inch Monitor	7/11/05	203			203	5 5	MO S/L MO S/L	75 203	0
12 14	File Cabinet Drafting and Task Chairs	12/02/04	231 489			231	5	MO S/L	231	0
15	Telephone system	2/15/06 1/10/06	5,886			489 5,886	5 5	MO S/L MO S/L	489 5,886	0 0
16 17	5 - 3 Drawer Lateral Files	2/15/06	1,760			1,760	5	MO S/L	1,760	0
18	Desk and Credenza Double Pedestal Executive Desk L-Shaped	2/15/06 12/10/05	1,857 593			1,857 593	5 5	MO S/L MO S/L	1,857 593	0
19	4 Double Pedestal Exec Desks	12/10/05	2,184	•		2,184	5	MO S/L	2,184	0
20 21	3 Credenzas with Doors Credenza with 3 ft Lateral files	12/10/05 12/10/05	1,638 497			1,638 497	5	MO S/L MO S/L	1,638 497	0
22	Double Pedestal Exec Desk 72 in	12/10/05	1,096			1,096	5	MO S/L	1,096	0
23 24	10 Mahogany Conference Chairs Wood & 5 Blue Conference Chairs Wood & Vinyl	V#2y110/05 12/10/05	62 <b>5</b> 313			625 313	5 5	MO S/L MO S/L	625 313	0
25	Blue Conference Chair- Wood & Fabric	12/10/05	81			81	5	MO S/L	81	ő
26 27	4 Pink Conference Chirs Wood & Fabric Task Chair with Arms	12/10/05 12/10/05	322 81			322 81	5 5	MO S/L	322	0
28	Tradition Button-tufted Reception Lovesea	12/10/05	213			213	5	MO S/L MO S/L	81 213	0 0
29 30	Tradition Button-tufted Reception Chairs Dell Computer - MT	12/10/05 7/31/08	300 690			300	5	MO S/L	300	0
31	2006 Big Tex 45LA-14Trailer 16VNX1426		1,250			690 1,250	5 5	MO S/L MO S/L	690 1,250	0
32 33	24 Chairs for Board Room	3/19/09	667			667	5	MO S/L	600	67
34	4 Storage Racks 4 Storage Racks	3/19/09 4/20/09	388 281			388 281	5 5	MO S/L MO S/L	349 249	39 32
35	2 Deli Vostro 220 Computers-GH/JC	4/30/09	1,503			1,503	5	MQ S/L	1,328	175
36 39	Wireless Credit Card Machine Digital Camcorder	9/03/09 10/04/03	860 575			860 575	5 5	MO S/L MO S/L	702 575	158
41	Color Laser Printer	3/15/05	5,900			5,900		MO \$/L	5,900	ŏ
42 43	2 Raceclocks, Stand, & Case Folding Machine	8/09/06 5/03/06	2,280 538			2,280 538	5 5	MO S/L	2,280	0
45	Olympic E510 Camera w/ 8GB Sandisk	12/08/08	678			678		MO S/L MO S/L	538 656	0 22
46 47	Dell computer Vostro 220 - \$G	4/27/09	637			637	5	MO S/L	563	74
48	Sound Equipment Optiplex 380 Computer - MY	9/23/10 10/04/10	2,895 795			2,895 795	5 5	MO S/L MO S/L	1,737 477	579 159
49	Gas Grill	2/28/11	1,000			1,000	5	MO S/L	517	200
50 51	Optiplex 380 Computer - Jason 2008 Toyota Tundra	10/04/10 9/11/13	795 15,816			795 15,816	5	MO S/L MO S/L	477 264	159 3,163
52	iPad (Ray)	4/29/14	633			633	5	MO S/L	0	53
53 54	iPad - Jason iPad-Mykel	8/06/14 8/07/14	508 400			508 400		MO S/L MO S/L	0	17 13
55	Dell 17 Inspiron	10/03/13	747			747	5	MO S/L	ŏ	149
56 57	Optiplex 3020 computer - Jason Inspiron 660 computer - Ray	10/30/13 10/30/13	611 472			611 472		MO S/L MO S/L	0	112 87
58	Spray Rhino Liner for truck	10/31/13	532		_	532		MO S/L MO S/L	0	98
	Total Other Depreciation	_	494,302		-	494,302			407,312	27,081
	Total ACRS and Other Depre	iation _	494,302		_	494,302			407,312	27,081
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense	rs	497,313 0 0			497,313 0 0			410,323 0 0	27,081 0 0
	Net Grand Totals	=	497,313		-	497,313			410,323	27,081

59-0767953	Federal Statements
	Taxable Interest on Investments
Ďiti	Taxable interest on investments
Description	Unrelated Exclusion Postal Acquired after US
INTEREST INCOME-BANK	Amount Business Code Code Code 6/30/75 Obs (\$ or %)
Total \$_	5
	Taxable Dividends from Securities
Description	
DIVIDEND/INTEREST- IN \$	Unrelated Exclusion Postal Acquired after US Amount Business Code Code Code 6/30/75 Obs (\$ or %)  NVESTMENT 24,428
Total \$	24,428
	i
	<u>,</u> 1
	·
•	

59-0767953	Federal Statements	tements		:
Œ	Form 990, Part IX, Line 11g - Other I	Line 11g - Other Fees for Service (Non-employee)	-employee)	
Description	Expe	Program Service	Manageme Genera	Fund Raising
cowiraci mabor Total	\$ 14,000	0 0	\$ 14,000	\$ \$
	Form 990, Part IX, Line 24	24e - All Other Expenses	 ØΙ	
Description	Total Expenses	Program Service	Management & General	Fund Raising
High School All Stars FCCAA Softball Futures Tennis Awards Banquet Senior Scholar Other program expenses Racquet Roundup	\$ 40,231 38,542 28,650 20,169 19,385 11,038 4,238 \$ 162,253	\$ 40,231 38,542 28,650 20,169 19,385 11,038 4,238 \$ 162,253	· · · · · · · · · · · · · · · · · · ·	v. v.

#### Internal Revenue Service

**Date:** July 7, 2004

Pensacola Sports Association, Inc. PO Box 12463 Pensacola, FL 32591 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Richard E. Owens 31-07974 Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m, EST 877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

59-0767953

Dear Sir or Madam:

This is in response to your request of July 7, 2004, regarding your organization's tax-exempt status.

In July 1959 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(4) of the Internal Revenue Code.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is also liable for tax under the Federal Unemployment Tax Act for each employee to whom it pays \$50 or more during a calendar quarter if, during the current or preceding calendar year, the organization had one or more employees at any time in each of 20 calendar weeks or it paid wages of \$1,500 or more in any calendar quarter.

If your organization's character, method of operation, or purposes change, please let us know so we can consider the effect of the change on the organization's exempt status. Also, your organization should inform us of all changes in its name or address,

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

Because your organization is not one described in section 170(c) of the Code, donors may not deduct contributions made to it. You should advise your organization's contributors to that effect.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Internal Revenue Code. If your organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your organization's activities are unrelated trade or business as defined in Code section 513.

Pensacola Sports Association, Inc. 59-0767953

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

As this letter could help resolve any questions about your organization's exempt status, you should keep it with your organization's permanent records.

if you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Stufen

Janna K. Skufca, Director, TE/GE Customer Account Services



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Visit Pensacola, Inc.

Agency Address:

1401 E. Gregory Street

Pensacola, FL 32502

Program Name:

Tourism Marketing & Promotion

Program Contact:

Steve Hayes

Contact Email:

shayes@visitpensacola.com

Contact Phone:

850-435-8703

25-Word Description of Program:

Visit Pensacola supports the community vision of tourism by serving as the central body responsible for building tourism as an economic engine for our community.

Amount Requested:

5,412,863.00

includes 75% of estimated supplemental

Amount Received Last Year, if applicable:

5,578,232.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Visit Pensacola is Escambia County's designated Destination Marketing Organization, promoting the Pensacola Bay Area as a world-class destination to travelers nationally and internationally. The investment in Visit Pensacola by Escambia County allowed us to take a multi-faceted and unified approach to build awareness of the Pensacola Bay Area's unique and diverse offerings for the traveling public. This layered approach included Advertising, Direct Sales, Public Relations, Promotions, Research and servicing the visitor (info centers). The dollars were also used to develop a 5-year strategic plan which provides a road map for increasing the economic impact of tourism to the community. 12% of expense went to personnel; 7% to operations and 81% to direct programming.

Briefly discuss how the funding you are currently requesting will be used.

Visit Pensacola is the umbrella organization that positions Escambia County as a dynamic option for travelers. To gain the desired positioning, Visit Pensacola brings together a wide variety of interests, including political, civic, business and visitor industry representatives and provides a leadership role in unifying assets within the destination to market as one. Visit Pensacola is requesting funds to support the sales/marketing efforts to attract leisure travelers, book meeting business, as well as leisure groups, weddings, reunions and and act as an outlet to provide information to potential and in-market visitors. In addition these funds will be used to start implementing action items that will come out of the 5-year strategic plan. Our request is part of a greater request as a unified budget that includes the Pensacola Sports Association (PSA), Arts, Culture and Entertainment (ACE) as well as the information centers in Pensacola Beach & Perdido Key. 74% of the expense will go towards direct programming; 7% to operations and 19% to personnel.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

TDT dollars are the primary revenue stream for tourism promotion and if we did not receive our full request we would re-evaluate all areas of our business to determine what areas will need to be cut or reduced. While we generate private revenue through various other means (memberships, cooperative advertising & direct sales programs) it is not enough to make up any loss of TDT revenue.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

As a partner with Visit Florida (state's tourism marketing agency) and Brand USA (America's tourism marketing agency) we can partner with them on certain marketing programs. Typically the require a 1:1 match & involve specific marketing programs (medical tourism, air service development).

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

The primary goals of tourism promotion are (1) Increase the economic impact of visitors to our community; (2) As a destination management organization collaborate with local entities (business & governmental) for the development of tourism & quality of life for community residents; (3) Foster a collective collaboration among organizations, governmental entities and community

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

(1) Number of visitors to our community and the direct spending associated with those visitors; (2) Specific metrics related to the visitor industry including: TDT collections, lodging occupancy/ADR; number of room nights associated with specific activities. We currently track 30 different metrics in our monthly reports; (3) Items 2 & 3 under primary goals are being developed under our Destination 2020 strategic plan and will be rolled out September 2015

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1) In calendar year 2014 over 1.7 million visitors spent at least one day in Escambia County and which generated over \$700 million in spending.
- 2) TDT Collections (est. at \$9 million for FY 2015); Occupancy is up YTD 0.7%; ADR is up 9.0%; Room nights up 12.2%. We track 30 different metrics in our monthly reports to our board, industry and community.
- 3) Items 2 & 3 under primary goals are being developed under our Destination 2020 strategic plan and will be rolled out September 2015



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	14,990.00		
Programmatic Income	54,135.62	58,000.00	50,000.00
County Funding	3,851,863.60	5,578,232.00	5,412,863.00
City Funding			
State Funding			
Federal Funding			
Memberships	39,676.28	85,000.00	80,000.00
Investment Income			
Other Income	110,345.89	542,135.00	10,000.00
Total Income	4,071,011.39	6,263,367.00	5,552,863.00



#### <u>Expenses</u>

Fuel

	Most Recently Completed Budge	t Year	Current Budget Year	Proposed Budget Year
Total Staffing	12.50	14.00		16.00
Salaries and Wages (Personnel Costs)	482,430.39	1,154,500	0.00	1,035,839.53
Employee Benefits				
Professional Services (Operating Costs)	300,252.12	418,732.0	00	403,819.00
Contractual Services				
Travel Expenses				
Rentals and Leases			<b>v</b>	
Communication				
Postage and Freight				
Repair and Maintenance				
Printing and Binding				
Marketing and Promotion (Direct Programming)	3,152,186.76	4,575,00	0.00	4,113,204.47



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Capitalizable Assets			
Total Expenses	3,934,869.27	6,148,232.00	5,552,863.00
Net Income	136,142.12	115,135.00	0.00

Please explain any capitalizable asset contained in your request.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

APR 14 2015

VISIT PENSACOLA INC 1401 E GREGORY ST PENSACOLA, FL 32502 Employer Identification Number: 46-3684826 DLN: 17053058354005 Contact Person: BRYAN C WOESTE ID# 31660 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: September 30 Form 990 Required: Effective Date of Exemption: August 26, 2013 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Contributions to you are not deductible by donors under section 170(c)(2) of the Code.

Sincerely,

Director, Exempt Organizations

# **FOR TAX YEAR 2013** VISIT PENSACOLA INC Jason R Loeffler CPA PA 1906 West Garden Street Pensacola, FL 32502 (850) 525-5663

# Jason R Loeffler CPA PA

1906 West Garden Street Pensacola, FL 32502

Phone: (850)525-5663 | Fax: (850)470-0298

May 15, 2015

Visit Pensacola Inc 1401 East Gregory St Pensacola, FL 32502

Subject: Preparation of 2013 Tax Returns

Visit Pensacola Inc:

Thank you for choosing Jason R Loeffler CPA PA to assist with the 2013 taxes for Visit Pensacola Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2013 federal and state income tax returns for Visit Pensacola Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Visit Pensacola Inc, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2013 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

	17-L	
We appreciate your confidence in us. Please call if you have questions.		
Sincerely,		
Jason Loeffler CPA Jason R Loeffler CPA PA		
Accepted By:		
Officer COPY		
Date		
	•	

# Jason R Loeffler CPA PA

1906 West Garden Street Pensacola, FL 32502

Phone: (850)525-5663 | Fax: (850)470-0298

May 15, 2015

Visit Pensacola Inc 1401 East Gregory St Pensacola, FL 32502

Visit Pensacola Inc:

Enclosed is the 2013 federal return for a tax-exempt organization, prepared for Visit Pensacola Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (850)525-5663.

Sincerely,

Jason Loeffler CPA
Jason R Loeffler CPA PA

## Jason R Loeffler CPA PA

1906 West Garden Street Pensacola, FL 32502

Phone: (850)525-5663 | Fax: (850)470-0298

May 15, 2015

Visit Pensacola Inc 1401 East Gregory St Pensacola, FL 32502

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- \* Information we receive from interviews regarding your tax situation;
- \* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- \* Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Tason Loeffler CPA Jason R Loeffler CPA PA

#### 990

**Return of Organization Exempt From Income Tax** 

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

2013

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Form 990 (2013)

OMB No. 1545-0047

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	n 990 (2013) Visit Pensacola Inc 46-3684826 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To promote the common business interests of Escambia County, Florida's tourism industry, and
	to unify the private sector, visitor, tourism, meeting and convention interests of the
	various incorporated and unincorporated areas of Escambia County.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes No
	If "Yes," describe these new services on Schedule Q.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
,	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,625,128 including grants of \$) (Revenue \$)
	Several key tourism metrics all showed solid increases, including but not limited to tourist
	development tax receipts and hotel occupancy rates.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	A Company of the Comp
	4 ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4c	(Code: Code:
	10 (28) 11 (17)
4d	Other program services. (Describe in Schedule Q.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 3,625,128

Form 990 (2013) Visit Pensacola Inc

Part IV

Yes is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I Х Section 501(c)(3) organizations. 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 4 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI. VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedula D, Part VIII Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets. reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other flabilities in Part X, line 257 if "Yes," complete Schedule D, Part X 110 Old the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN.48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Х Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule € Х Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х If "Yes" to line 20a, dld the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			112
	government on Part IX, column (A), line 1? If "Yes," complete Scheudle I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	}		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		.	
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in fion-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art; historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M."	30		X
31	Did the organization liquidate, terminate, of dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		-	
33	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		}	
34	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I	33	-	X
<b>J</b> T	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pert II, III, or IV, and Part V, line 1		ĺ	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u>X</u>
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? if "Yes," complete Schedule R, Part V, line 2	9.		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
*	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		İ	
	Part VI · · · · · · · · · · · · · · · · · ·	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			21
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			4.3	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V  $\Box$ Yes No Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable . . . . . . . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ٥ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3а Did the organization have unrelated business gross income of \$1,000 or more during the year? 3а Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Oid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х ď θ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 75 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g if the organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members of shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12**a** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional Information the organization must report on Schedule Q. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Х 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

#### 17 18

available for public in:	spection. Indicate how you made	these available. Check all that apply,	
Own website	Another's website	☑ Upon request ☐ Other (avole	

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

\*Steve Hayes (850)434-7626, 1401 East Gregory St, Pensacola, FL 32502

Form:	990 (	(2013)
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Visit Pensacola Inc

46-3684826

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age 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	· · ·		(¢	)	₹.	2	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box 6 Individual frustee	ot check Inless p	Posif k mo pergo direc	ion re this en le t etor/tr	An object an ustee) Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Collier Merrill Director	1.00	x	, ·				•	0	0	
(2) Lt. Gen. Duane Thiessen Director	1.00	X						0	0	0
3) Robin Reshard Chairman	1.00	х		х				0		0
4) Tosh Belsinger Vice-chairman	1.00	Х		х				0	0	
5) Ajit Patel Treasurer	1.00	X		х				о	0	0
6) Richard Lamar Secretary 7) Dr. Brendan Kally	1.00	х		x				0	O	0
Director  8) J. T. Young	1.00	х		$\dashv$	$\dashv$			0	. 0	
Director	1.00	х		$\dashv$				о	0	0
Director 10)John Panyko	1.00	Х		$\dashv$			_	0	0	, o
Director 11)Jason Nicholson	1.00	Х			-			0	0	<u>c</u>
Director 12)Steve Hayes President	40.00	X		x				0	0	
[13]								121,200	0	<u> </u>
14)										

Part VII   Section A. Officers, Directors, Trustee	s, Key Employ	ees, a	nd H	<u>ligh</u>	est	Comp	003	ated Employees (	continued)				
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						( <b>O</b> )  Reportable  compensation  from  the	(E) Reportable compensation from related organizations	€stim emou oth compen		ated nt of ner	
	related organizations below dotted line)	Individual trustee or director	Institutional Inusiee	Officer	Key emptoyee	Highest comparisated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	Of ±	from the genizati nd relati genizeti	llan ted	
(15)						_	-						
(16)						<u></u>		· · · · · · · · · · · · · · · · · · ·				•	
(17)								<u> </u>					
(18)							â						
(19)						# 127 mg/s	,	(4) (4)				•	
(20)				į,	eg48t			-125 <b>%</b> 					
(21)			46	e j	1.5								
(22)						*::							
(23)	- AMERICANA			* -									
(24)	- <del> </del>	<u> </u>	,										
(25)		.તો											
the Sub-total continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A												
Total number of individuals (including but not limits reportable compensation from the organization	ed to those liste	d abov	(e) w	ho r	ecei	ived m	ore	121,200 than \$100,000 of				0	
					_	•			2		Yes	No	
3 Did the organization list any former officer, director	or, or trustee, ke	y emp	loye	e, or	higi	hest c	omp	ensated		•			
employee on line 1a? If "Yes," complete Schedule  For any individual listed on line 1a; is the sum of n	J for such indiv	vidual		,		• • •	• •			3	<u> </u>	X	
organization and related organizations greater tha	п \$150.000? if	"Yes."	comi	piete		hedule	euse ≥ J fo	nion nom tile or such					
individualva										4	1	Х	
5 Did any person listed on line 1a receive or accrue	compensation	from a	пу и	nrela	ited	organ	izati	on or individual					
for services rendered to the organization? If "Yes," Section B. Independent Contractors	' complete Sche	edule J	for :	such	per	son				5		X	
1 Complete this table for your five highest compensation from the organization. Report compensation.													
(A) Name and business addres								(B)			(C)		
ivanie and promitée #dûlés								Description of s	sea vicies	Comp	pensetic	<u>#1</u>	
		••••											
Total number of independent contractors (including	but not limited	I to tho	se li	sted	abo	ve) w	ho						
received more than \$100,000 of compensation fro			•										

'		Check if Schedule O contains a response or no	te to any line in thi	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
高記	1a	Federated campaigns 1a					
渡충	ь	Membership dues 1b	40,195	1			
ΘĔ	c	Fundraising events 1c	40,233				
#2=	d	Related organizations 1d		<b>†</b>			
<u>@</u> :≝	-			-			•
Sig	9	Government grants (contributions) - 1e	38,638	-			
뜮ㅋ	f	All other contributions, gifts, grants,				•	
毫		and similar amounts not included above 1f	3,924,342				
Contributions, Gifts, Grants and Other Similar Amounts	ĝ.	Noncash contributions included in lines 1a-1f. \$	14,565_				
<u> </u>	h	Total. Add lines 1a-1f		4,003,175			
45			Business Code				
2	2a						
Ş	ь						
8	C						
ě	d			. "			
Ĕ				8:			
Program Service Revenue	f	All other program service revenue		*	'.		
ā.		Total, Add lines 2a-2f		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'		
	3	Investment income (including dividends, interest,	<u> </u>	reaction!			
	"	and other similar amounts)					
	4	Income from investment of tax-exempt bond proce	ande				
	5	Royalties		- A.A. 35.4			
	*	-	(ii) Personal	<u> </u>			· · · · · · · · · · · · · · · · · · ·
	6a	Gross rents	(ii) Personal	1			}
	QA L		(in a	-			
	_	Less: rental expenses					
		Rental income or (loss)		ļ			
	ţ	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	, (ii) Other				
		assets other than inventory	ende han a set a	· ·			
	b	Less: cost or other basis	***	!			
		and sales expenses		,			1
		Gain or (loss)		ļ			
		Net gain or (loss)	<u>, 1 </u>				
E E	8a	Gross income from fundraising					
₹		events (not including \$ \$\frac{4}{3} \tag{2}					
Other Reve		of contributions reported on line 1c).				•	
媑		See Part IV, line 18					
₹	ь	Less: direct expenses					
	C			]			
	9a	Gross income from garning activities.					
		See Part IV, fine 19					
	b	Less direct expenses b				•	
		Net income or (loss) from gaming activities			•		, i
		Gross sales of inventory, less					
	104	returns and allowances					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					1
		Miscellaneous Revenue	Business Code				
	11a	THIS SOURCE INCOME.	Principles Ange				
	b						
	6				<del></del>	"	
	_	All other revenue	•	· · · · · · · · · · · · · · · · · · ·			-
		Total. Add lines 11a-11d					
		Total revenue. See instructions		4,003,175	0	o	0
					U		<u></u>

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to a	ny line in this Part IX			[]
Do r	not include amounts reported on lines 65, 75,	(A)	(B)	(C)	(D)
8Ь, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and			g= in all order loop	
	organizations in the United States. See Part IV, line 21		:		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22		1		
3	Grants and other assistance to governments,		"		· <del>-</del>
	organizations, and individuals outside the				
	United States, See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				•••
	trustees, and key employees	121,200	121,200		
6	Compensation not included above, to disqualified	121,200	121,200		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	318,207	196 700	505 400	
8	Pension plan accruals and contributions (include	318,207	186,799	131,408	<del>.</del>
•	section 401(k) and 403(b) employer contributions)		137	j	
9	Other employee benefits		4.000 mm		
10	Payroll taxes	40.004	305117		
11	Fees for services (non-employees):	43,024	307117	12,907	
''a	Management	4	4		
b	Legal	***	200 No 701		
c	Accounting	, and parties	Manga Maga		
d	Lobbying	77. 194	- Test		•••
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	100 TV	"		
g	Other. (If line 11g amount exceeds 10% of line 25, column	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
9		1.69		ŀ	
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	5,812		5,812	
13	Office expenses	2,596,890	2,576,828	20,062	
14	Information technology	90,483	69,850	20,633	
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16			· · · · · · · · · · · · · · · · · · ·		
17	Occupancy Travel		10		
18	Payments of travel or entertainment expenses	48,801	47,774	1,027	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		52,877	52,877		
21	Interest Payments to affiliates		····		
22	Depreciation, depletion, and amortization		,		
23	Insurance	286	286		
24	Other expenses Itemize expenses not covered	16,716	8,478	8,238	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				1
	(A) amount; list line 24e expenses on Schedule Q.)				
a	Marketing Research	222 224			
b		305,294	305,294		
C	Agency Fees	127,406	127,406		
ď	Repairs and Maintenance Utilities	75,917	56,938	18,979	
9	All other expenses	30,723	23,042	7,681	
25		33,387	18,229	15,158	
<del>25</del> 26	Total functional expenses. Add lines 1 through 24e - Joint costs. Complete this line only if the	3,867,033	3,625,128	241,905	0
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
,	fundraising solicitation, Check here     if following SOP 98-2 (ASC 958-720)				
	10HOWING SOP 98-2 (ASC 958-720)				

Form 990 (2013) Visit Pensacola Inc
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u> </u>	1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	675,338
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			,
	1	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		<del>-</del> -	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		!	
	İ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	4,029
Asi	9	Prepaid expenses and deferred charges		9	
_	10a	Land, buildings, and equipment; cost or		<del>                                     </del>	24,300
		other basis. Complete Part VI of Schedule D 10a 14,565			
	to	Less: accumulated depreciation		10c	14 070
	11	Investments - publicly traded securities	5	11	14,279
	12	Investments - other securities. See Part IV, line 11	(Trial)	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	•
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	·····	16	717 046
	17	Accounts payable and accrued expenses	<u> </u>	17	717,946
	18	Grants payable		18	359,524
	19	Deferred revenue		19	OF 007
	20	Tax-exempt bond liabilities		20	25,207
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors,		21	
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		!	
ij	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties	.,	23	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	197,073
		Organizations that follow SFAS 117 (ASC 958), check here > X and	. 0	20	581,804
\$		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	136 140
34	28	Temporarily restricted net assets		28	136,142
뒫	29	Permanently restricted net assets	<del>-</del> -	29	
Ē :		Organizations that do not follow SFAS 117 (ASC 958), check here   and			
o o		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	0	33	136,142
	34	Total liabilities and net assets/fund balances	0	34	717,946
					,

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Page 12
Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Revenue less expenses. Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990: Cash Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountain?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountain?  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited and separate basis  Separate basis Consolidated basis Both consolidated and separate basis  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis  Separate basis Cons	
2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  6 Investment expenses  7 Investment expenses  7 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	□
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 13 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Investment expenses 10 Investment expenses 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990:	,175
3	
A Net assets or fund balances at beginning of year (must equel Part X, line 33, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  7 Prior period adjustments  8 Prior period adjustments  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  10 Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	,142
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 11 Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Y If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 2b Y Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis, consolidated basis Both consolidated and separate basis  Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Y	
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13 13	
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 13:  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. column (B))    Part XII	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. column (B))    Part XII	0
33, column (B))   10   13:	
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c  2	,142
Accounting method used to prepare the Form 990:   Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  The "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c 2	,,,,,,
Accounting method used to prepare the Form 990:   Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  The "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c 2	П
1 Accounting method used to prepare the Form 990:	s No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c   2	<del>-                                     </del>
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2b The second separate basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated basis Consolidated and separate basis Consolidated basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated and separate basis Consolidated Consolidated Consolidated Consolidated Consolidated Consolidated Consolidated	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	,
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	+
<ul> <li>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>☑ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>2c ☑</li> </ul>	
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	ĺ
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	, [
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	+-
Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	
***************************************	,
	·
Schedule O.	
$v_{ij}$	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	.,
the Single Audit Act and OMB Circular A-133?  b. If "Yes " did the omenization undergo the required end to a suffice" if the organization did not undergo the	<u> </u>

Form **990** (2013)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

### **SCHEDULE A**

(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

2013

Department of the Treasury Internat Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the	organization							Employer	Identification	number		
		Pensacola Inc			- ,	<u>,</u>				684826			
	rt l			<b>Status</b> (All organiz				s part.) (	see instr	uctions.			
The	orgar	•		se it is: (For lines 1 thro	_	-							
1	$\Box$			sociation of churches de		section 17	'0(b)(1)(A)(	(i).					
2	$\Box$		hool described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.) spital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .										
3	П		ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
4		A medical research of	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(fill). Enter the										
		hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
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.)											
		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6		A federal, state, or lo	cal government or	governmental unit descr	ribed in sec	tion 170(b	)(1)(A)(v).						
7	X	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 organization that	normally receives:	(1) more than 33 1/3% o	of its suppoi	t from con	tributions, :	memb <del>e</del> rsh	iip fees, an	d gross			
		receipts from activities	es related to its exe	mpt functions - subject t	to certain e	ceptions,	and (2) no	more than	33 1/3% o	f its			
		support from gross in	nvestment income	and unrelated business t	taxable inco	me (Ješš s	ection 511	tax) from	businesses	3			
		acquired by the orga	nization after June	30, 1975. See section 6	509(a)(2). (4	Complete F	Part III.) 🦥	À.					
10		An organization orga	nized and operated	l exclusively to test for p	ublic safety	See sect	lon 509(a)	(4).					
11		An organization orga	inized and operated	i exclusively for the bene	efit of, to pe	fform the f	unctions of	, or to can	y out the				
		purposes of one or n	nore publicly suppo	rted organizations descr	ibed in sec	ion 509(a)	(1) or secti	on 509(a)(	2). See se	ction			
		509(a)(3). Check the	box that describes	the type of supporting o	organization	and comp	lete lines 1	1e through	h 11h.				
	_	a 🔲 Typel	<b>b</b> 🗌 Тур	ә⊪ с 🗌 Тур <del>е</del>	III-Function	ally integr	ated	a [	Type III-	Non-funtion	nally int	egrated	đ
0		By checking this box	, I certify that the or	rganization is not control	lled directly	or indirecti	iy by one o	r more disc	qualified pe	ersons			
		other than foundation	n managers and oti	ner than one or more pu	blicly suppo	rted organ	izations de	scribed in	section 50	9(a)(1)			
		or section 509(a)(2).		<u> </u>									
Ŧ		If the organization re	ceived a written de	termination from the IRS	Sthat it is a	Type I, Typ	e II, or Typ	e III supp	orting				
		organization, check t	this box										$\cdots \square$
g		Since August 17, 200	06, has the organiz	ation accepted any gift o	ir contributi	on from an	y of the						
		following persons?		1									
		(i) A person who d	lirectly or indirectly	controls; either alone or	together wi	th persons	described	in (ii) and				Yes	No
		(iii) below, the g	joverning body of t	je supported organizatio	n? •						119(1)		l .
		(ii) A family member	er of a person deşç	ribed in (i) above?				<i></i>			11 <u>9</u> (ii	<u>,                                     </u>	
		(iii) A 35% controlle	ed entity of a person	n described In (i) or (ii) a	bove? ·						11g(ii	)	
<u>h</u>		Provide the following	Information about	the supported organizati	ion(s).								
	(I) N	ame of supported	(ii) E/N	(III) Type of organization	(iv) is the o		(v) Did yo	u notify	(vi) li	e the	(vii) Amo	unt of m	onetary
		organization		(described on lines 1-9)	in cot. (1) iis governing (		the organi col. (i) a		organizati (j) organiz			support	
		4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(see instructions))	governing			port?		S.?	İ		
		d.s.	S. 10. 10. 10. 10.	ļ	Yes	No	Yes	No	Yes	No			
(A)							•						
		<u>-#∫ ₹7,7</u>											
(B)		$F^{p_p}$	#						j				
		112	134								<u> </u>		
(C)		1 S. C. C. C. C. C. C. C. C. C. C. C. C. C.	V37			1				ļ	ļ		
		- :V.A						· .					
(D)				<u> </u>		]				1			
										<u> </u>			
(E)													
Tota	ŀ		1	1	ı		1	1	1	!	1		

90 or 990-EZ) 2013 Visit Fensacola Inc 46-3684826
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support				process corrigion		
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					136,746	136,746
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,				3,851,864	3,851,864
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					3,988,610	3,988,610
5	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)						
6	Public support. Subtract line 5 from line 4 · · ·						3,988,610
Sec	tion B. Total Support			Transfer to the first to the	1.00 g/		
Caler	ndar year (or fiscal year beginning in) 🕨 🖰	(a) 2009	(b) 2010	ें′ (c) 201⁄1	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		€.		-2.0	3,988,610	3,988,610
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		( 1 m ) ( m				
9	Net income from unrelated business activities, whether or not the business is regularly carried on		原の ************************************	\$1.00 \$2.00 \$1.00			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						3,988,610
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			n, or fifth tax year a	as a section 501(c)	(3)	▶□
	tion C. Computation of Public Su					1 1	
14 15	Public support percentage for 2013 (line 6, c Public support percentage from 2012 Sched						0.00 %
16a	33 1/3% support test - 2013. If the organiza						%
100	box and stop here. The organization qualified						<b>&gt;</b> 🔯
ь	33 1/3% support test - 2012. If the organiza						🔼
_	check this box and stop here. The organiza					, <i></i>	▶ □
17a							
	10% or more, and if the organization meets	-					
	Part IV how the organization meets the "fact						
							▶ □
ь	10%-facts-and-circumstances test - 2012						)
	15 is 10% or more, and if the organization m	-					
	Explain in Part IV how the organization mee				•	icly	
							▶ 🔲
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions			•			🕨 🗂

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

Section A.	Public Support
	If the organization fails to qualify under the tests listed below, please complete Part II.)
	If the organization fails to qualify under the tests listed below above above and the
	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
100	177

36	cuon A. rugne support						
Cak	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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						
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			4. 3		•	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			4 Li Francis	te		
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		9		(9), (7)		
C	Add lines 7a and 7b · · · · · · · · · · · · · · ·		J. T. T. T. T.	(14. mag)			
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	<i>K.</i> **-		e l			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 · · · · · · · · · · ·		,			1 1	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	and the state of	vi i şariyêri				
b	Unrelated business taxable Income (less section 511 taxes) from businesses acquired after June 30, 1975	1000 A	,				
C	Add lines 10a and 10b · · · · · · · · ·	A. 110			<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(*) (*)			, ,,		***
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<i>.</i>			· ·		
13	Total support, (Add lines 9, 10c, 11, and 12.)				,		
	First five years. If the Form 990 is for the org organization, check this box and stop here			or fifth tax year as a			▶ □
	tion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8, co					15	%
16 Ser	Public support percentage from 2012 Schedu tion D. Computation of Investme	ie A, Part III, line 1	5	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	16	%
3et 17	Investment income percentage for 2013 (line					1 4-4	
	Investment income percentage for 2013 (and Investment income percentage from 2012 Sci			.mr; (1)) • • • •		17	<u> </u>
						18	<u>%</u>
	33 1/3% support tests - 2013. If the organize 17 is not more than 33 1/3%, check this box a	and stop here. The	organization qualif	ies as a publicly su	pported organizat	tion	▶ 🗆
	33 1/3% support tests - 2012. If the organization 18 is not more than 33 1/3%, check this bearing the condition. If the organization did not	ox and stop here.	The organization q	ualifies as a publici	y supported organ	1/3%, and nization	
20 := ^	Private foundation. If the organization did no	it check a box on fir	ne 14, 19a, or 19b,	check this box and	see instructions	<del></del>	<u></u>

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete If the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	" "	Employ	er Identification number
Vi:	sit Pensacola Inc			-3684826
Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	ds or Accounts	3004020
	Complete if the organization answered "Ye		as of Accounts.	
		(a) Donor advised funds	(b) 5	unds and other accounts
1	Total number at end of year		(4)	and direct accounts
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor	in writing that the assets held in dono	r advised	
	funds are the organization's property, subject to the orga			· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and dor		an housed	
	only for charitable purposes and not for the benefit of the	donor or donor advisor, or for any other	CUMBACA	
		· · · · · · · · · · · · · · · · · ·	- •	Г. V П. И.
Pa	rt II Conservation Easements			···· Yes No
_	Complete if the organization answered "Y	es" to Form 990. Part IV line 🐔		
1	Purpose(s) of conservation easements held by the organ	dization (check all that apply)		
	Preservation of land for public use (e.g., recreation of		् of an historically importa	
	Protection of natural habitat		of a certified historic stru	
	Preservation of open space	Li Joseph Vallon	or a certified historic stru	cure
2	Complete lines 2a through 2d if the organization held a q	ualified consequation contribution in the	for the commence of the commen	
	easement on the last day of the tax year,	damed conservation contribution in the		and addless Food addless Toward
a	Total number of conservation easements	The state of the s		leld at the End of the Tax Year
ь	Total /		2a	<u>.</u>
c	Number of conservation easements on a certified historic	1 PT	2b	
d	Number of conservation easements included in (c) acqui		· · · · · · · 2c	
	· · · · · · · · · · · · · · · · · · ·	ed aner 6/1/00, and flot on a		
3		1 5.73	2d	
•	Number of conservation easements modified, transferred tax year	i, released, extinguished, or terminated	by the organization duri	ing the
4				
5	Number of states where property subject to conservation	easement is located	<del></del>	
-	Does the organization have a written policy regarding the	periodic monitoring, inspection, handli	ng of	
6	violations, and enforcement of the conservation ensemer			····· ∐ Yes ∐ No
۰	Staff and volunteer hours devoted to monitoring, inspecti	ng and enforcing conservation easeme	ents during the year	
7	Amount of amount of			
•	Amount of expenses incurred in monitoring, inspecting, a	nd enforcing conservation easements	during the year	
8	Dog ooth concentration			
v	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section	on 170(h)(4)(B)	
9	(i) and section 170(h)(4)(B)(ii)?		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
٠	In Part XIII, describe how the organization reports conser	vation easements in its revenue and ex	rpense statement, and	
	balance sheet, and include, if applicable the text of the fooganization's accounting for consequation easements.	othote to the organization's financial st	atements that describes	the
Pai	t III Organizations Maintaining Collecti	one of Art Historical Traceu	roe or Other Sim	:I At-
•	Complete if the organization answered "	(se" to Form 990 Port IV line 9	res, or Other Sim	iiar Assets.
1a	If the organization elected as permitted under SFAS 116	(ASC 059) not to most in its source.		
	works of art historical treasures, or other similar assets it	eld for public exhibition, education, es	statement and balance	sneet
	public services provide in Part XIII, the text of the footnot	to its financial statements that describ	esearch in turmerance (	JT .
b	If the organization elected, as permitted under SFAS 116	ACC 059) to send to the severe state	es these items.	
•	Works of art, historical traceurse, or other similar assets h	(ASC 930), to report in its revenue stat	ement and balance she	et
	works of art, historical treasures, or other similar assets in public service, provide the following amounts relating to ti	eiu for public exhibition, education, or r	esearon in furtherance (	TO
				<b>.</b> .
	(f) Revenues included in Form 990, Part VIII, line 1			· • • • • • • • • • • • • • • • • • • •
2	(ii) Assets included in Form 990, Part X			
~	If the organization received or held works of art, historical		nancial gain, provide the	)
•	following amounts required to be reported under SFAS 11			h.a.
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			<b>*</b> \$
-				

	ulc D (Form 990) 2013 Visit Pensacol:	a Inc					46-3684	826 F	age 2
Par								ets (continu	ed)
3	Using the organization's acquisition, accession,	and other records, ch	heck any of th	e followi	ng that are a	signific	ant use of its		
	collection items (check all that apply):	_							
a	Public exhibition	d 🛄 Loa.	n or exchang	e prograi	ms				
b	Scholarly research	er 🔲 Oth	er						
¢	Preservation for future generations								
4	Provide a description of the organization's collec-	tions and explain how	w they further	the orga	nization's ex	empt pu	rpose in Part		
	XIII.								
5	During the year, did the organization solicit or re-	ceive donations of ar	t, historical tr	easures,	or other sim	ilar			
_	assets to be sold to raise funds rather than to be		of the organiz	ation's c	ollection?		<u>.</u>	· 🔲 Yes	☐ No
Par	rt IV Escrow and Custodial Arran		'						
	Complete if the organization ar	nswered "Yes" to	Form 990	), Part	IV, line 9,	ог гөр	orted an amour	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other Intermediary	for contributi	ons or ot	her assets n	ot			
	included on Form 990, Part X?					<i>.</i>		· 🖺 Yes	∐ No
b	if "Yes," explain the arrangement in Part XIII and	d complete the following	ing table:						
							Amo	ount	
C	Beginning balance			<i>.</i>		. 10	:	'	
d	Additions during the year					10			
e	Distributions during the year				. ¶.,	16	,		
f	Ending balance				· • • • •	11			
2a	Did the organization include an amount on Form	n 990, Part X, line 213		A STATE			* * * * * * * * * * * * *	· Yes	No
b	If "Yes," explain the arrangement in Part XIII. Ch		nation has be	en provid	ded in Part X	III			_
Par	rt V Endowment Funds.	····	vi.	18	3. Vid		•		
	Complete if the organization ar	nswered "Yes" to	Form 990	), Part <sup>°</sup>	ÎV, line 10	_			
		(≥) Current year			(c) Two years		(d) Three years back	(e) Four years t	
1a	Beginning of year balance	1-7		1,400		4-4-(	(=) tilles yours back	(4) 1 342 / 4418 2	Juon
b	Contributions		(		ÿ /				
c	Net investment earnings, gains, and	45		50.4					
	losses	1		·"				}	
d	Grants or scholarships	187	7						
e	Other expenditures for facilities and	W 5	* 4					<del> </del>	—
_	programs	, , , , , , , , , , , , , , , , , , ,	المواليم	ì					
f	Administrative expenses	7 (1)		<del></del>				<del> </del>	
a	End of year balance	1.072			•				
2	Provide the estimated percentage of the current	-7.47	ne 1a column	. (a\\ hot	d 201				
а	Board designated or quasi-endowment	No. 4	ne ry, colum	ı (a)) nen	u 40.				
b		<u>~ ~~~</u> / <b>%</b> ************************************							
c	Temporarily restricted endowment	<b>%</b>							
•	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possession		that are hold		_!_!	. AL .			
-	organization by:	on or the organization	ı fırat stê Dêlû	and adn	ninisterea to	ın <b>e</b>		[ <del>]</del>	T
	(i) unrelated organizations							Yes	No
	(II) related organizations			, , ,			<i>.</i>	3a(i)	<del> </del>
h	if "Yes" to 3a(ii), are the related organizations is	tad an examinad an Co	ahadula D2					3a(il)	<del>                                     </del>
4	Describe in Part XIII the intended uses of the or	aenization's endama	ent funde					3b	<u></u>
Par	t VI Land, Buildings, and Equipm		ent lunus.						—
	Complete if the organization ar		Form 990	Part	IV line 11	a \$66	Form 990 Par	+ V line 10	
	Description of property		77.						<del></del>
	Lescarption of property	(a) Cost or other			other basis ther)	, ,	Accumulated epreciation	(d) Book value	
1a	Land	(IIIV##VIII)	01				op. womand I		
b	Buildings	· · ·	+						
-	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·			. <u>-</u> .				
d	Equipment	* * *	4 565			<del></del>	20.5		
8	Other	· · · <del> 1</del>	4,565				286	14,2	219
		iol Form 000, D-4 Y	dolume (D)	ino 40/-1	<u> </u>		<u> </u>	- 14	270
rotal	, Add lines 1a through 1e. (Column (d) must equ	isi romi 990, PariX,	column (B), I	ne ru(c)	.)			14,3	279

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(w) Dook value	Cost or end-of-year market value
) Financial d		· · · · <u> </u>	
	dd equity interests	· • • • <u> </u>	
Other			
<u>(A)</u>			·
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(Ġ)			
(H)			
tal. (Column (b)	) must equal Form 990, Part X, col. (8) line 12.)	<b>&gt;</b>	
art VIII	Investments - Program Relate		art IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	11		TOTAL
(2)		43.5	
(3)			
(4)			
(5)		4	(A)
(6)		S. Commercial Street, Commercial	77
(7)			
(8)		4.1	
			7
(9) otal. (Column (b)	) must equal Form 990, Part X, col. (B) line 13.)		
(9) tal. (Column (b)	Other Assets.	swered "Yes" to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(9) tal. (Column (b) Part IX	Other Assets.		ort IV, line 11d. See Form 990, Part X, line 15.
(9) tal. (Column (b) Part IX  (1)	Other Assets.  Complete if the organization an	swered "Yes" to Form 990, Pa	
(9) tal. (Column (b) Part IX  (1) (2)	Other Assets. Complete if the organization an	swered "Yes" to Form 990, Pa	
(9) tal. (Column (b) Part IX  (1) (2) (3)	Other Assets. Complete if the organization an	swered "Yes" to Form 990, Pa	
(9) tal. (Column (b) Part IX  (1) (2) (3)	Other Assets. Complete if the organization an	swered "Yes" to Form 990, Pa	
(9) tal. (Column (b) Part IX  (1) (2) (3) (4)	Other Assets. Complete if the organization an	swered "Yes" to Form 990, Pa	
(9) tal. (Column (b) Part IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization an	swered "Yes" to Form 990, Pa	
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EEA

Schedule D (Form 990) 2013

	ule D (Form 990) 2013 Visit Pensacola Inc	46-3684826	Page 4
Pai	The state of the s	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1 4	,071,011
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	5	
C	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)	-  _	
. 6	Add lines 2a through 2d Subtract line 2e from line 1	2e	67,836
3		3 4	,003,175
4.	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
h	Investment expenses not included on Form 990, Part VIII, line 7b		·
	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		003 175
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses		,003,175
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per recurs.	
1	Total expenses and losses per audited financial statements	1 3	,934,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Donated services and use of facilities	<u>,                                    </u>	
b	Prior year adjustments	7	
c	Other losses		
d	Other (Describe in Part XIII.)	$\neg$	
9	Add fines 2a through 2d	20	67,836
3	Subtract line 2e from line 1	3 3	,867,033
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
8	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe In Part XIII.)	<b>⊣</b> ∣	
C	Add fines 4a and 4b	4c	
5 (Ba)	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3	,867,033
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	A Marine Committee Committ		

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

## 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.

2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection
Employer Identification number

Visit Pensacola Inc	46-3684826
01. Form 990 governing body review (Part VI, line	11)
Form 990 is made available for review upon request by any governi	ng body member or
officer.	
02. Conflict of interest policy compliance (Part V	I, line 12c)
The Conflict of Interest policy is covered in the employee handbo	ok under "Business Ethics
and Conduct". All employees have signed a document acknowledging	that they have read and
understand the policies covered. A specific conflict of interest.	policy related to board
members is currently being developed for implementation.	<u> </u>
03. CEO, executive director, top management comp (	Part VI, line 15a)
The oversight/compensation committee is responsible for the review	w and recommendation on
the President's annual compensation. The committee has a variety	of industry data
including comparable positions, geographic location, cost of livi	ng and overall
performance to assist in making their final recommendations.	
04. Governing documents etc, available to public	(Part VI, line 19)
The Organization's governing documents, conflict of interest poli	
statements are made available to members and non-members upon rec	uest.
To American	

Form 4562

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

2013

Department of the Treasury Attachment See separate instructions. Attach to your tax return. Sequence No. 179 Internat Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number Visit Pensacola Inc FORM 990 - 1 46-3684826 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation: Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11800. 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property, instead, use Part V. 54 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2013. If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction (anoltourtani eee-vino, period ...service 3-year property b 5-year property 14,565 7-year property HY SL 286 10-year property 15-year property 20-year property g 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property ( ) 27.5 угв. MM \$/1. Nonresidential real ММ 39 yrs. Ş/L property Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life Character S/L 12-year Ş/L 12 yrs. 40-year 40 yrs. MM \$/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 286

For assets shown above and placed in service during the current year, enter the

23

IRS e-file Signature Authorization for an Exempt Organization

		_	_		
calendar year 2013,	or fiscal year beginning	09-19-2	013	, and ending (	09-30-2014

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Information about Form 8	879-EO and its instructions is at www.irs.gov/form8879eo.	2013
Name of exempt organization		
Visit Pensacola Inc	Employer identifica	
Name and title of officer	46-3684826	·
Ajit Patel, Treasurer		
Part I Type of Return and Return Informa	tion (Whole Dollars Only)	
	1 8879-EO and enter the applicable amount, if any, from the return. If y	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the am	count on that line for the return being filed with this form was blank, the	ou
leave line 16, 26, 36, 46, or 56, whichever is applicable, blank	( (do not enter -0-). But, if you entered -0- on the return, then enter -0-	nn nn
the applicable line below. Do not complete more than 1 line in	Part I.	Oil
1a Form 990 check here 🕨 🔯 👂 Total revenue, if any	(Form 990, Part VIII, column (A), line 12)	<b></b>
	any (Form 990-EZ, line 9)	b 4,003,17!
_ ` ·	rm 1120-POL, line 22)	· · · · · · · · · · · · · · · · · · ·
· - ···	vestment income (Form 990-PF, Part VI, line 5)	<u> </u>
	1868, Part I, line 3c or Part II, line 8c)	
		′ <del></del>
Part II Declaration and Signature Authoriz	ration of Officer	<del></del>
Under penalties of perjury, I declare that I am an officer of the	above organization and that I have examined a copy of the	
organization's 2013 electronic return and accompanying scheme	dules and statements and to the best of my knowledge and belief they	,
are true, correct, and complete. I further declare that the amou	ant in Part I above is the amount shown on the copy of the	
o send the organization's return to the IDS and to reache for	diate service provider, transmitter, or electronic return originator (ERO)	ı
he transmission, (b) the reason for any delay in processing the	n the IRS (a) an acknowledgement of receipt or reason for rejection of a return or refund, and (c) the date of any refund. If applicable, I	
adulorize the 0.5. Treasury and its designated Financial Agen	t to initiate an electronic funds withdrawal (direct debit) entacte the	
inancial institution account indicated in the tax preparation sof	Ware for navment of the organization's federal taxon award on this	
eturn and the linancial institution to debit the entry to this acco	bunt. To revoke a payment, i milistrophact the U.S. Tracque Cinemaial	
ngent at 1-000-333-4537 no later than 2 business days prior to	othe Davmant (settlement) date. I also authorize the financial institution	ns
'esolve issues related to the navment. I have selected a name	o receive confidential information necessary to answer inquiries and nal identification number (PIN) as my signature for the organization's	
seculoriic return and, ir applicable, the organization's consent i	to electronic funds withdrawal	
Officer's PIN: check one box only	<b>T</b>	
X lauthorize Jason R Loeffler CDA DA		
X lauthorize Jason R Loeffler CPA PA  ERO firm name	to enter my PIN 11111 as my signature	!
Men do	Enter five numbers, but do not enter all zeros	
on the organization's tax year 2013 electronically filed	return. If I have indicated within this return that a copy of the return is	
vany may will a state adency(les) radillating chambes	: 38 D3D At the IPS Fed/State amorrow I also suit the -form of	oned
ERO to enter my PIN on the return's disclosure conse	nt/screen.	
N Take		
As an officer of the organization, I will enter my PIN as	my signature on the organization's tax year 2013 electronically filed re	eturn.
the IRS Fed/State program, I will enter my PIN on the	return is being filed with a state agency(ies) regulating charities as part	: of
( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g ) ( a g )	returns disclosure consent sorcen.	
Part III Certification and Authentication	Dete ► 05-10-2015	5
RO's EFIN/PIN. Enter your six-digit electronic filing identificat umber (EFIN) followed by your five digit self-selected PIN.	ion	
(2) Wy John Wes by your Ive-digit self-selected PIN.	508484 41974	
	do not ente	r an zeros
Certify that the above numeric enter is one DIAL which is one	annium on the 2012 classicalist file	
"PIVELEY BOOYDI.COIDHII DHII PHIN SHINMING THE FAILIN IN SA	gnature on the 2013 electronically filed return for the organization cordance with the requirements of Pub. 4163, Modernized e-File (MeF	<b>:</b> \
nformation for Authorized IRS e-file Providers for Business Re	tums.	,
RO's signature		_
	Date > 05-15-2015	<u>;                                    </u>
FRA Must B	etain This Form - See Instructions	
Do Not Submit This Fa	orm To the IRS Unless Requested To Do So	

For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EQ (2013)

990	Overflow Statement	2013 Page 1
Name(s) as shown on return		FEIN
<u>Visit Pensacola Inc</u>		46-3684826

Description	Δπ	ount
Professional Services	\$	5,812
Total:	\$	5,812

## **TABLE OF CONTENTS**

## PAGE 1 OF 2.

4.	Fourth Cent Tourist Development Tax	Amount Requested	<u>Tab</u>
	Available Funding: \$1,660,650		
a.	African American Heritage Society	\$ 25,000	
Ь.	African American Heritage Society Arts Council		No Request Submitted
c.	Arts, Culture & Entertainment (ACE)	\$1,092,128	
d.	BCC Discretionary Event Funding	\$1,092,128 \$ 250,000	BCC Discretionary
e.	Downtown Improvement Board	\$ 200,000	2'
f,	Frank Brown Songwriters' Festival		No Request Submittee
g.	Historic Preservation Board	\$ 70,000	
h.	Maintenance & Utilities of Artel Facility		No Request Submitted
i.	Naval Aviation Museum	\$ 100,000	•
j,	Pensacola Alumni Charity Event		No Request Submitted
k.	Pensacola Chamber/VIC		No Request Submitted
l.	Pensacola Museum of Art		No Request Submitter
m,	Uncle Sandy's Macaw Park		No Request Submitted
п,			
o.	Sertoma 4th of July Skills USA		No Request Submitted
p.			
q.	St. Michael's Cemetery Visit Pensacola	(See	Three Cents TDT Request
	Total Fourth Cent Tourist Development Tax	\$1,837,128	



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organizations' federally tax exempt status.

Agency Name: African American Heritage Society, Inc.

Agency Address: 200 East Church Street

Pensacola, Florida 32502

Program Name: Heritage Programs of The African American Heritage Society, Inc.

Program Contact: Lornetta T, Epps

Contact Email: aahs990@earthlink.net

Contact Phone: 850.469.1456

25-Word Description of Program: A series of programs, projects, presentations and exhibits designed to increase the public's knowledge, awareness and appreciation of African American history and culture in Northwest Florida.

Amount Requested: \$25,000

Amount Received Last Year, if applicable: \$25,000

Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

The funds received last year were used for executing our public programs, and the operations of



The Society. Programmatic goals reached last year include:

- Before Jamestown: Europeans, Africans and Indians in La Florida
- Who Are Your People? (Tracing Your Family Tree)
- Black Magic A History of African American Illusionists
- Black History Month Speakers at Naval Air Station, Naval Aviation Museum, Bagdad Museum,
   Santa Rosa prison, Pace Center for Girls
- Participation in UWF Historic Trust teacher's symposium
- Development of The Heritage Scholars program for middle school and high school students

The funds also enabled The Society to continue the employment of two part-time employees who supported the above programs and gave public tours of the Coulson House exhibit during operating hours.

Briefly discuss how the funding you are currently requesting will be used.

The funds requested will be used to execute our public programs, continue The Heritage Scholars Program, operations and employment of office personnel.

Scheduled public programs for the coming fiscal year beginning October 1 include:

- Isaac Murphy Burns: The Prince of Jockeys presentation and discussion
- Exhibit: Isaac Murphy Burns: Prince of Jockeys November 1- December 15
- Black Farmers Coming Home presentation and discussion
- Continuation of The Heritage Scholars Saturday programs ( 2 sessions) and Heritage Scholars
   History Summer Camp (5 days)
- Participation in project By These Hands with UWF Archeology Institute
- Black History Month Speaker's Bureau
- Unveiling of third edition of African American Heritage Trail brochure

If Escambia County funding can only fund a portion of your request, how will you offset the difference? A shortfall of funding at this juncture of the fiscal year will cause a decrease in the number of Heritage Scholars program offerings, and a possible decrease in the hours of employment until other sources of revenue can possibly be procured.

If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

The Society has received a \$5,000 grant from the Florida Humanities Council for a humanities series and exhibit which requires a 100% cash match.



Please list the primary goal(s) that this program is targeting. Maximum of three, for example, "reduce homelessness in Escambia County"

- To continue to offer programs and events that significantly contribute to and diversify cultural tourism in Northwest Florida
- To continue to enhance the programs that diversify the cultural, commercial and community landscape to further The Society's cultural tourism potential
- To continue to increase partnerships with local, diverse institutions to satisfy individual, organizational and community development needs

## Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- The success of our programs will be measured by the attendance of the public at program
  offerings and exhibits
- Each program will be evaluated by the public with a questionnaire which will be analyzed
  and codified for further study and use in developing programs that contribute to cultural
  tourism and community economic development.

### Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- Increase the attendance at public programs from an average of 65 to 100 (35% over the previous fiscal year)
- Increase by 50% our use of questionnaires and surveys of the public to enhance participation in cultural tourism
- Increase and diversify our list of long term partners from the current list of three (UWF Historic Trust, Pensacola State College Multicultural Committee, Florida African American Heritage Preservation Network) to six (6).



### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year (as of 31 July)	Proposed Budget Year
Contributions from Private Sources	0	9,380	10,000
Programmatic Income	2,610	3,100	4,000
County Funding	21,984	25,000	25,000
City Funding	0	500	1,000
State Funding	500	4,500	5,500
Federal Funding	o	o	0
Memberships	1,790	1,860	2,500
Investment Income	0	0	0



Other Income	5,577	1,042	3,858
Total Income Expenses	32,461	43,840	51,858
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	2	2	2
Salaries and Wages	13,136	9,598	15,000
Employee Benefits	3,146	3,577	4,050
Professional Services	6,952	6,594	9,500
Contractual Services	6,421	5,644	5,500
Travel Expenses	0	0	0 `
Rentals and Leases	824	2,500	3,500
Communication	2,380	1,358	2,500
Postage and Freight	274	570	2, 500
Repair and Maintenance	1,346	1,873	2,000
Printing and Binding	766	2,178	2,000
Marketing and Promotion	550	1,500	1,500
Fuel	0	0	0



## Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	1,390	1,598	2,000
Capitalizable Assets	o	o	0
Total Expenses	35,137	36,990	50,050
Net Income	(2,676)	7,650	1,808

Please explain any capitalizable asset contained in your request. N/A

## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2013

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.

➤ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2013 calenda	er year, or tax year beginning	October 1	. 2013. a	nd ending	Sen	tember 30	, 20 14
		يوناستانين:	C Name of organization	10-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onang			, 20 14
	Achtress	change	African American Heritage Society, I						
므	Name ch	egrupe	Number and street (or P.O. box, if mail is no	rec. It delivered to street addre	64)	Room/suite	E Tale	59-302	
닏	Initial ret		200 East Church Street			· WONDERLE	E lesen	Prone number	
H	Terminat		City or town, state or province, country, and	1.21P or fronten exetal exet				850469	
Ħ	Amended			· m · m mailu bosta con	•			up Exemptic	n n
믓		iting Method:	Pensacola, Florida 32502-6917	14.1 -				nber 🕨	509(a)2
	Websit		☑ Cash ☐ Accrual Other (spec	:ify) ►		Н	Check I	► 🗹 if the	organization is not
			aahspensacole.org		<u> </u>		rectristed	i to attach S	ichedule B
_	Carres de	mbs 20000 (12)6	ck only one) — 🗸 501(c)(3) 🔲 501(c) (		4947(e)(1) or	<b>□</b> 527	(Form 9	90, 990 <del>-EZ</del> ,	or 990-PF).
N.	rom o Add line	r organization:	☑ Corporation ☐ Trust	☐ Association	Other				<del>" " "</del>
/Do	et II oo	is 30, 60, and	7b, to line 9 to determine gross receipt	s. If gross receipts are \$	\$200,000 or m	ore, or if tota	al assets		
VL 6	ut II, CO	HUITIN (E) DENOV	/) are \$500,000 or more, file Form 990 i	nstead of Form 990-EZ				► s	32,461,32
<u> </u>	art E	Revenue	e, Expenses, and Changes in	Net Assets or Fun	d Balance	s (see the	instruc	ctions for	Part I)
_	<del> </del>	Check if	<u>rne organization used Schedule (</u>	O to respond to any	question in	this Part I			
	1	Contribuing	ns, gms, grants, and similar amour	its received				1	20 672 20
	2	Program se	rvice revenue including governmer	nt fees and contracts			•	2	30,671.32
	3	Membershi					• •	3	0.00
	4	Investment	Income			• • • •	• •	4	1,790,00
	5a	Gross amor	unt from sale of assets other than is	oventory	.   5a			50 N-100	0.00
	b	Less: cost o	or other basis and sales expenses		5b		0.00		•
	C	Gain or (los	s) from sale of assets other than in	ventory (Subtract line		. = \	0.00	(Hersell)	
	6	Gaming and	fundraising events	Agricoly (Spiritary Miss		a sa)		5c	0.00
	a		ome from gaming (attach Sched	ude G H arestor H			i i		
3	}	\$15,000) .	gaming (article) Correct	mie cz ii Arestet A	1 - 1		- 1		
Revenue	Ь	Gross incor	ne from fundraising events (not inc		6a		0.00	60	
ě	i -	from fundrs	rising events reported on line 1) (a	ruding <u>\$</u>	<u>0.00</u> of c	ontribution	s į	984	
-	1	sum of such	n gross income and contributions e	uach Schedule G II '					
		Loop: direct	Observation and Controlled Se	xceeus à 12,000) .	- <u>6</u> 6		0.00	X	
	ď	Net income	expenses from gaming and fundra	ising events	. <u>  6c   </u>		0.00		
	_	line 6c)	or (loss) from garning and fundra	iising events (add Iir	es 6a and (	3b and sub	stract	802/17/52 30.0053	
						- 1. ·	{	6d	0.00
	7a	Gross sales	of inventory, less returns and allov	vances	. <u>7a</u>		0.00	SECTION SECTION	
	Ь		of goods sold ,		. 7b		0.00		
	C	Gross profit	or (loss) from sales of inventory (S	ubtract line 7b from I	ine 7a)			7c	0.00
	8	Other reven	ue (describe in Schedule O) . 🕠 .				t	8	0.00
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8			. ▶ 1	9	
	10	Grants and	Similar amounts paid (list in Schedu	ute ())				10	32,461,32 0,00
1	11	Benefits pai	d to or for members					11	
#	12	Salaries, of	ter compensation, and employee b	enefits			`	12	0.06
2	13	Professiona	fees and other payments to indep	endent contractors				13	<u>16,134.61</u>
Expense	14	Occupancy,	rent, utilities, and maintenance				`	14	0.00
ω	15	Printing, put	dications, postage, and shipping.				, , F	15	9,601.39
	16	Other expen	ises (describe in Schedule ())				. , F		2,448.00
	17	Total expen	ses. Add lines 10 through 16				· 📺 ŀ	16	8,952.92
,	18	Excess or (d	eficit) for the year (Subtract line 17	from tine (1)	· · ·	• • •		17	35,136.92
9	19	Net assets	or fund balances at beginning of	ear ffrom line 27 ~	 « «A) comple	· · ·		18	(2,675.60)
<b>9</b>		end-of-year	figure reported on prior year's retu	m)		iust agree	WIED	024	
Net Assets	20	Other chann	es in net assets or fund balances (	nominin in Cabachte 4			Ļ	19	10,763.73
z	21	Net assets of	r fund balances at end of year. Co	experimental actions of the con-	<i>"</i> ,,,,,	· · ·	· :	20	0.00
or i		work Body-Na	n Act Matter the control of year. Con	III THE REPORT TO TO THE	<u> In 20</u>	<u> </u>	<u>. ▶  </u>	21	8,088.13

7.5	Details to the second s					Page 2
Ρ:	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	iny question in this		<del></del>	<u> </u>
22	Cash, savings, and investments		}	(A) Beginning of year	-	(B) End of year
23	Land and buildings			10,763.73 0.00	_	
24	Other assets (describe in Schedule ()			0.00	-	0.00
25	Total assets			10,763.73		0.00 8,088.13
26	Total Rabilities (describe in Schedule O)			0.00	<del>- 1</del>	0.00
27	Net assets or fund balances (line 27 of column	n (B) must agree wil	hline 21)	10 769 77		8,088.13
Pai	Statement of Program Service Accon	plishments (see ti	ne instructions for t	Part III)	<del></del>	
	Check if the organization used Scheduk	O to respond to a	ny question in this	Part III	(Ber	Expenses when for section
	t is the organization's primary exempt purpose?				501(	c)(3) and 501(c)(4)
<b>a</b> 5 I	cribe the organization's program service accomplinessured by expenses. In a clear and concise no	nanner describe th	of its three largest p	rogram services,	4947	nizations and section (a)(1) trusts; optional
pers	ons parietited, and other relevant information for e	ach program title.	o services provide	, the fichilder of	toro	thers.)
28	Who Are Your Paople? - Genealogy Program					
	265 People in attendance at Pensacola State College				l	1
	(Court &					ĺ
29	(Grants \$ 2,162.10) If this amount	includes foreign gr	ants, check here	. ▶ 🗆	28a	2,162.10
20	Before Jamestown: Europeans, Africans and Indian	s in La Florida			"	
	80 people in attendance at Pensacola Historic Villag	<u> </u>				i
	(Grants \$ 1 182 75) If this amount			· · · · · · · · · · · · · · · · · · ·		
30	(Grants \$ 1,182.75) If this amount Black Magic: History of African American Magicians	includes foreign gra	ints, check here .	<u> ▶ □ </u>	29a	1,182.75
	220 People in Attendance at Pensacola State College					}
	THE THE PARTY OF PETSACOIS SIRE COING	, нептаде нап				
	(Grants \$ 3,608.07) If this amount	includes foreign on	mto sheet book			
31	Other program services (describe in Schedule O)	a kalades Toreign gra	inis, check nere	<u> </u>	30a	3,608.07
		includes foreign gra			24-	
32	Total program service expenses (add lines 28a	through 31a)	zies, check fiele .	🟲 📋	31a 32	
Par	List of Officers, Directors, Trustees, and Key	v Employees (list each	One even if not com-	nancated see the in	32	6,952.92
	Check if the organization used Schedule	O to respond to a	ny question in this .	Part IV	avuc	
		(b) Average	(c) Reportable	(d) Health benefits.	Ť	<u>· · · · Lul</u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-M/SC)	contributions to employe benefit plans, and	- 1	Estimated amount of ther compensation
		GOVERNO TO POSICION	(if not paid, enter -G-)	deferred compensation	-	-
	Frazer, J.D.		·		T	· · · · · ·
	dent, Board of Directors	4			0	
	ia McCorvey, Ph.D.			"		<u> </u>
	President, Board of Directors	2	0		0	
	Munoz	{			1	
	stary, Board of Directors etts T Epps, M.D.	1	<u> </u>		0	0
	urer, Board of Directors				1	
	McCray	6	0		9	<u> </u>
Direc		ļ_				
	ta Scott	0	0		)	
Direc		0	_		.1	
	LaDuff	<u> </u>			<del>"</del>	0
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Fred	Gant, J.D.	<u></u>	0		<del>' </del>	0
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	Danieis			"	╁	0
Direc	or		O.		,	
	ia Gill Brown	· · _			1	<u> </u>
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	as Friedrich, Ph.D.				$\top$	
<u>Direct</u>		<u>.                                    </u>		·	)	0
Toni i	Broughton	-			1	
	t Director					

Part		s in t	he .	augo ·
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	٧	
33	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		Yes	No
34	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	33		<b>-</b>
35a	change on Schedule O (see instructions)	34		1
	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)?	35a		
C	If "Yes," to line 35a, has the organization filled a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		Ž
36	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	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00	Santa and Santa and Santa	Wales	MANAGAY MONAGAY
38a	Did the organization file Form 1120-POL for this year?  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?	37b 38e		<b>√</b>
39	If "Yes," complete Schedule L., Part II and enter the total amount involved	4	36.44	li (a)
a a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
ь	Grace receipts included a Maria Co.	4	30.74	<b>A</b> 2
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  o ; section 4911   o ; section 4915			
b	Section 501(c)(3) and 501(c)(4) 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.	40b		
G	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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	40e	9. juli	
41	List the states with which a copy of this return is filed Florida	100	1	
42a	The organization's books are in care of ► Lornetta T Epps — Telephone no. ►	850469	91456	
h	Located at > 200 East Church Street Pensacola, Florida	32502	-6017	
	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)?		Yes	No
	If "Yes," enter the name of the foreign country:	42b	Cont. man.	_/_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	<b>42</b> c	No. Walk	5/99/60 
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			• M
	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	
44 <u>a</u>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44b	2732	
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	14974	
45a	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	45a		<u> </u>
45b	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).	45b		

	+EZ (2013)						_	<b>190</b>
46	Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political complete Schedule (	campaign activities	on behalf of o	r in opposition	10.000	Yes	No
Part V	Section 501(c)(3) organization All section 501(c)(3) organization 50 and 51. Check if the organization used Se	ns only ns must answer qu	estions 47–49b an	d 52, and co	mplete the ta	46 ables f	or line	L√ es –
	or and or guinations about of	Chedule O to respon	o to any question a	unis Part VI	<del>* • • •</del>	· · ·	122	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	g activities or have a	section 501(h) elec	tion in effect o	during the tax	47	Yes	No
48 i 49a i	ls the organization a school as described Did the organization make any transfers	in section 170(b)(1)(A):	(ii)? If "Yes," complete	e Schedule E		48 49a		Ž
50 (	if "Yes," was the related organization a s Complete this table for the organization employees) who each received more that	section 527 organizati 's five highest compe	on?	ther then office	ore divertors	49b	es an	d ke
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions	benefits, to employee (e) and deferred (	Estimate ther com	d amou	ant of
NONE		-		Compan	SELEXI.			
				_				
						•		
51 (	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the org	n's five highest como	NONensated independer		who each re	ceived	more	thar
	(a) Name and business address of each indepen		(b) Type of so	ervice "	(c) Con	pensatio		
NONE								
				-		<del></del>		
							····	
						<u> </u>		
	otal number of other independent contr			. >	NONE			
n	onexempt charitable trusts must attach	a completed Schedul	<u>e A</u>		Î ►[	∕ Yes	<u> </u>	
Under pen true, correc	alties of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other the	return, including accompan in officer) is based on all info	ying schedules and states vination of which propers	ments, and to the i r has any knowled	best of my knowle igo.	dge and	ballat, i	t ia
Sign	Signature of officer							
Here	Lornetta T Epps, M.D., Treasurer, Type or print name and title	Board of Directors	·	Date	15 Jan	20	15	
Paid	Print/Type preparer's name	Preparer's signature		Dette	Check 🔲 if	PTW	<del></del>	
Prepar	rer	<u> </u>			self-employed			

ਲਿm'a name

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Firm's EIN ►

Phone no.

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4847(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Af	rican A	merica	n Heritage S	Society Inc					<del>59-</del> 302	<b>せっれば60mは</b> ウらよ1	ou mangair.	
Pa	rt I	Reason	for Public Cha	urity Status (Ali orga	anization	s must	complet	e this pa	rt.) See	instructi	ons.	
The	organiza	tion is no	t a private found	ation because it is: (Fe	or lines 1	through	11, checi	k only one	e box.)			-
1	A c	iurch, cor	rvention of churc	ches, or association of	f churche	s describ	ed in see	ction 170	(b)(1)(A)(	7).		
2	A 3≪	hool des	cribed in section	170(b)(1)(A)(ii). (Atte	ch Sched	tule E.)						
3	∐ And	ospital or	a cooperative ho	spital service organiz	ation des	cribed in	section	170(ь)(1)	(A)(iii).			
-	nos	petal's nar	ne, city, and stat									
5	20C	BOU 170fi	<b>эдтдадаў.</b> (Corr							vemmer	atal unit describ	ed in
6 7	∑X]An⊲	xyanizati	on that normally	mment or government receives a substanti )(A)(vI). (Complete Pa	al part of	scribed i its supp	n <b>sectio</b> ort from	n <b>170(b)</b> (' a govern	1)(A)(v). mental u	nit or fro	m the general p	public
8				in section 170(b)(1)(A		molete P	ert II.)					
9	cece لسا An d	organizati iipts from port from	on that normally activities relate gross investme	receives: (1) more the distancement functions and unresent income and unresent functions 30, 1975. S	an 33½9 tions—au lated bu	6 of its s bject to siness ta	upport fr certain e xable in	ecome (le	s, and (2 ss sectio	) no mor	a than 991/-94	~* ***
10	🔲 An c	xganizatio	on organized and	d operated exclusively	to test fo	or public:	safety S	ee eactio	n 500(a).	<b>(4</b> 1)		
11	L An ∩	organizati	on organized a	nd operated exclusiv	ely for th	re benefi	t of to	perform :	the time	tions of	or to carry ou	t the
	brisk	XXS62 OT 1	one or more put	olicly supported orga	nizations	describe	d in sect	tion 5096	a)(1) or a	action 60	19/a\/2\ San an	ction
	SUS(	визу. Спе	ock the box that	describes the type of	anbboug	ng organi	zation an	id comple	ate lines 1	1e throu	gh 11h.	
		⊒ Туре І	ь 🗌 Туре		I-Functio	mally inte	grated	d 🔲	Type III-I	Von-func	tionally integrat	edi
•	∐ By o	hecking t	his box, I certify	that the organization	is not co	ntrolled o	directly o	r indirecti	ly by one	or move	discreptified no	T000
	Ome	r man rot rotion 500	indation manage	ers and other than on	e or mon	e publicly	support	ed organ	izations (	described	in section 509	(a)(1)
1		ection 509		#44. #. # 19	_			. 4				
•	Orda	e organiz Inization. :	check this box	a written determination	on mom	the IRS	that it is	аТуре	I, Type	ii, or Ty <sub>l</sub>	oe III supportin	9
9	Sinc		17, 2006, has t	he organization acce	pted any	gift or c	ontributic	on from a	my of the	•		
	(i) A	person	who directly or i	ndirectly controls, eit ody of the supported	her alone omanizat	or toget	her with	persons	describe	d in (ii) a	<del></del>	No
				on described in (i) abo	_		• • •		• • •		1190)	
	(iii) A	35% co	ntrolled entity of	a person described in		above?					11000	
h	Prov	ide the fo	Bowing informat	on about the support	ed organ	ization(s).	· · ·				119(11)	
(1)	Name of a organiza		(II) EIN	(#8) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. 🖨 🗈	organization sted in your document?	the organical. (I)	rou natify nization in of your port?			netary	
					Yes	No	Yes	No	Yes	No		
(A)						,						
		<del></del>		_				ļ	<u> </u>			
(B) 			·									
(C)												
(D)												
(E)									·			
T-4-1									:			

Par	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 1700\/	1)(A)(n) and	1700-V-VAVA	Page 2
	(Complete only if you checked t	he box on line	95.7. or 8 of	Part Lor if th	ia organizatio	a failed to	) Alifacunciae
<u> </u>	rantin, nune organization tails to	o qualify unde	or the tests II:	sted below, p	lease comple	ete Part III.)	any dilder
	aon A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		]				
	membership fees received. (Do not include any "unusual grants.")			1	ŀ		
2	T + + + + -	19,214.98	27,976.46	28,295.00	73,769.98	32,461.32	181,717.74
_	Tax revenues levied for the organization's benefit and either paid	İ		1	1		
	to or expended on its behalf				İ	i	
3	The value of services or facilities	<u>o</u>			0	0	0.00
_	furnished by a governmental unit to the	Ĭ		ĺ		1 1	
	organization without charge		_	_	1	l i	
4	Total. Add lines 1 through 3	19,214.98	27,976.46	28,295.00	72 700 77	0	0.00
5	The portion of total contributions by			THE PARTY OF THE P	73,769.98	32,461.32	<u> 181,717.74</u>
	each person (other than a		1. 12 · 1. 23 · 1.	4,725	120 Sept. 1		
	governmental unit or publicly						
	supported organization) included on				6.2.3.695	10 S & 12 S & 15	
	line 1 that exceeds 2% of the amount						
4	shown on line 11, column (f)						0.00
Sect	Public support. Subtract line 5 from line 4.	ornani og viletaretti	No goth above the	rigation (in		な。現代は大学的など	181,717.74
	ndar year (or fiscal year beginning in)	(a) 2009	(h) 2010	4-1-00-4			
7	Amounts from line 4	19,214.98	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends,	19,214.56	27,976.46	28,295,00	73,769.98	32,461.32	181,717.74
	payments received on securities loans.	l					
	rents, royalties and income from similar						
	sources		o	n	ام	٥	6.00
9	Net income from unrelated business						0.00
	activities, whether or not the business					ľ	
10	is regularly carried on	0	. 0	o		o	0.00
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)	_					
11	Total support. Add lines 7 through 10	O   TOTO FINANCIA DI LILINO I	O Province of the Control of the Con	O Control State Control State Control	-0-6 on was	0	0.00
12	Gross receipts from related activities, etc.	fsee instruction	<b>06)</b> Section (2017)	と、他のではない。これは個人のできる。	550000000000	Mary Services (1986)	<u> 181,717.74</u>
13	First five years. If the Form 990 is for th	e organization	s first, second	third fourth	or 66h toy ye	12	0.00
	A Service of Charles and Stop 164	·			, or murizacye	·····	ουτ(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	)		• • • • • • • • • • • • • • • • • • • •	<del></del>	<u> </u>
14	Public support percentage for 2013 (line 6	i, column (f) div	ided by line 1	, column (f))		14	100 %
15 16a	Public support percentage from 2012 Sch	edule A. Part il	. fine 14		ľ	15	
CA	33's% support test—2013. If the organization and stop here. The organization and	zation did not o	heck the box o	on line 13, and	line 14 is 331/2	% or more, che	ck this
b	box and stop here. The organization qual	mes as a public faction old not	sy supported	organization			. 🟲 🗾
	331/s% support test—2012. If the organicheck this box and stop here. The organic	zation die net zation die lillier	CNECK a DOX	on moe 13 or	16a, and line	15 is 3312% o	
17a							· • 🗖
	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	vis. II the organ vis the "facts-a	nzauon did no nd-circi imeten	t check a box	on line 13, 162 ok this boy on	, or 16b, and ir	ne 14 is
	Part IV how the organization meets the "fa	acts-and-circur	nstances" test	. The omaniza	uk kiis Dox ari ition qualifles s	scop nere. Ex	piain in
	organization					s a polaricity sup	
ь	10%-facts-and-circumstances test 20	12. If the organ	Dization did no	t check a boy	on line 13 16:	1.16b or 17a a	· P [
	13 is 10% or more, and if the organizati	on meets the	"facts-and-cin	cumstances" i	test check thi	e how and atom	· b
	Explain in Part IV now the organization me	ets the "facts-	and-circumsta	inces" test. Th	ve omanization	qualifies as a p	oublicly
18	supported organization						
10	Private foundation. If the organization did instructions	I not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	e
	instructions						. 🕨 🗂

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

(COMPlete only if you chacked the boy	on line 0 of Doct Louist the summate at a constant of the cons
(	on line 9 of Part I or if the organization failed to qualify under Part II.
16 Ab. a 1 At	- a a a a- to quality of the Falt II.
If the Organization tails to qualify under	the tests listed below, please complete Part II )
	uic lesis usied delow. Dieske complete Mart II i

	tion A. Public Support			ow, please c	Omplete ran	11.)	<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(2) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(=1.00±0	
1	Gifts, grants, contributions, and membership fees	14,200	VOI ZOI O	(b) 2011	(0) 2012	(e) 2013	(f) Total
	received. (Do not include any "unusual grants.")			1	1		•
2	Gross receipts from admissions, morehowing	<del> </del>	<del></del>	<del>                                     </del>	ļ <u>.</u>		
	SOIO Of Services performed or fordition			ļ	ł		
	furnished in any activity that is related to the			i			'
3	organization's tax-exempt purpose			<del> </del>			
_	unrelated trade or business under section 513	Į		1	ĺ	1	
4	<b>T</b>			<b> </b> _			
-	in the state of the party					. —	
	organization's benefit and either paid to or expended on its behalf	Į i		1	1		
5					<u>L</u>		
3	The value of services or facilities				1		
	furnished by a governmental unit to the organization without charge			· .			
					<u> </u>		
6 7a	Total. Add lines 1 through 5.						<del></del>
74		l i		··			
_	received from disqualified persons .						
b	same moderate on mics 2 and 3					**-	
	received from other than disqualified			!			
	persons that exceed the greater of \$5,000	j		·			
_	or 1% of the amount on line 13 for the year						
С 8							<del>-</del>
	Public support (Subtract line 7c from line 6.)				a a a a a a a a a a a a a a a a a a a		**-
Sect	ion B. Total Support		र्वे असे विकास अस्ति हैं हैं हैं			2000000	
9	ndar year (or fiscal year beginning in) > Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_							<del></del>
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.	1				ĺ	
						ı	
Ь	Unrelated business taxable income (less	1					,
	section 511 taxes) from businesses				ļ		
_	acquired after June 30, 1975					i	
C							<del></del>
11	Net income from unrelated business						
	activities not included in line 10b, whether	İ			•	ŀ	
	or not the business is regularly carried on				·		
12	Other income. Do not include gain or						
	loss from the sale of capital assets					1	
13	(Explain in Part IV.)		<u> </u>			·	
147	Total support. (Add lines 9, 10c, 11, and 12.)	j					
14					l		
.7	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second	i, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor	•		<u> </u>		<del></del>	· • <u> </u>
15	Public support percentage for 2013 (line 8	. rercentage		3 t t <del></del>			
15	Public support percentage from 2012 Sch	s, contrain (1) taly	ided by line 1: 1. Book 6	s, column (t))		15	<u>%</u>
	on D. Computation of Investment Inc	come Person	1, WIE 15 .	<u> </u>	<del></del>	[ 16	96
17	Investment income percentage for 2013 m	ne 10e esteri		B 10	- 44	1 1	
18	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)						
19a	331/3% support tests—2013. If the organi	sation did not :	ercill, MDB 1/. Thock the bes	 		18	<u></u>
-	17 is not more than 331/a%, check this box a	and stan here	noun um DOX The orospisatio	on me 14, an Detaileas as -	a me 15 is mo	xe than 331∕3%	
ь	331/a% support tests—2012. If the organization 18 is a second tests—2012.	ation did not st-	erio veganicalio Antro bav an i	ing 14 or 45 c	Property anbbo	riaci organizatio	n
	Spo 19 in not more than 201, or all the district		The engine	kie 14 OT IMB ]	98, ANG IM 6 16	is more than 33	1/196, and
	mind to so mor those men 23./3% Cueck this p	OX ANO SION PA	re. The oroson	SEIOU ULIBRUGO		Paragraph was a second	rohon
20	line 18 is not more than 331/s%, check this be Private foundation, if the organization did	iox and stop ne I not check a h	re. The organiz ox on ⊮ne 14	ation quaimes 19a. or 19b. ∧	as a publicly su heat this have	pported organiz	tation ► 🗌

	A. Carrier and Car	Page 4
Part IV	Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions).	and
· · · · · ·	- set in; into 12: Also complete this part for any additional information. (See instructions).	
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### SCHEDULE O (Form 990 or 990-EZ)

## 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.

20**13** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form@90.

Open to Public Inspection

African American Heritage Society., Inc.	Employer Identification number 59-3022641
Program Service Accomplishments from Part III	
Black Magic: History of African American Magicians	220 People in Attendance at Pensacola State
State College and Heritage Hall Amount	\$3,608.07 expended in grant funds from Escambia
County Commission	
Before Jamestown: Europeans, Africans and Indian	s in La Florida 80 people in attendance at
Pensacola Historic Village Amount 1,182.75 expe	ended in grant funds from Florida Humanities
Council and Escambia County Commission	
Who Are Your People? Genealogy Program 265	
Amount \$2,162.10 expended from Escambia County	Commission Grant
Total Funds Expended \$6,952.92 from Part II, line 32	
	W 1;
/*************************************	
	***************************************
**************************************	

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

## **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.

2013

OMB No. 1545-0047

Department of the Treasury Informal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

								Employar i	وزاهجالاتهما	M number		
	n American Herita	age Society, inc.							5 <del>9</del> -3	02241		
Par	4 Réason	for Public Cha	rity Status (All orga	<u>enizatior</u>	is must d	complete	this pa	rt.) See i	instructi	ons.		
	organization is no	t a private found	ation because it is: (F	or lines 1	through	11, check	only one	box.)				
1	A cource, coi	overnion of churc	hes, or association o	f churche	s describ	ed in sec	tion 170	(b)(1)(A)(	i).			
2	A school des	cribed in saction	1 <b>70(b)(1)(A)(ii).</b> (Atta	ch Sched	Jule E.)							
4	A medical res	search organizati	spital service organiz on operated in conjur	ation des action wit	cribed in h a hospi	section tal descri	1 <b>70(b)(</b> 1) bed in <b>s</b> e	(A)(iii). ection 17	D(b)(1)(A)	(iii). Ente	r the	
5	An organizati	me, city, and station operated for	the benefit of a colle	ge or un	iversity o	wned or	operated	iby a go	vernmen	tal unit d	escrit	ed in
6	Section 170(	<b>D)(1)(A)(N).</b> (Com	plete Part II.) nment or government									
7	✓ An organizati	on that normally	receives a substanti. (A)(vi). (Complete Pa	al part of	ita supp	ort from a	govern	mental ur	nit or from	n the gen	neral p	oilduc
8	A community	trust described	n section 170(b)(1)(A	)(vi). (Co	mplete Pa	art II.)						
9	An organizati receipts from support from	on that normally activities relate gross investme	receives; (1) more the discount function and unrestiter June 30, 1975. S	an 33½9 tions—su lated bu	6 of its s object to siness ta	upport fre certain és xable inc	xception: come de:	s, and (2) as sectio	no mor	o than 93	1/404	-f 14-
10			i operated exclusively						M			
11	☐ An organizati	ion organized a one or more put	nd operated exclusivalicity supported organ	ely for ti nizations	he benefi describe	it of, to ; d in sect	perform ion 5096	the funct	tions of, action 50	ひんかいつい ぐん	rry ou	rt the
	analakair Ou	ack me box tust	describes the type of	supporti	ng organi	zation an	d comple	te lines 1	1e throu	gh 11h.		
	_ = Type!			l-Functio	nally inte	grated	₫ 🔲	Type II⊢N	Von-funct	- Honality im	tearat	ed
•	Li By checking to other than for or section 509	undanon manage	that the organization ars and other than on	ls not co e or mon	introlled o e publicly	directly or support	indirecti	v by one	or more	dism willle	ad na	- marke
f	If the organiz		a written determination	on from	the IRS	that It is	a Type	I, Type I	ll, or Typ	e fil sup	portin	9_
g		17, 2006, has t	he organization acce	pted any	gift or c	ontributio	n from a	ny of the	· · ·		٠. ٠	
	(i) A person	who directly or i	ndirectly controls, eit	her alone	or toget	her with	persons	described	in (ii) ar	nd (	Yes	No
			ody of the supported		ion?					119(1)		_
	(iii) A familiy m	tember of a person	on described in (i) abo	ve?						1100		
_	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii)	above?.					119(81)		
<u>_h</u>			on about the support	ed organ	zation(s).							
(1)	lams of supported organization	(m) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructional)	m cot (1) it	xgenization stad in your document?	(v) Did y the organ col. (i) supp	uzation in of your	organizat	ion in col. zed in the	(vii) Amoun sur	t of mo Sport	netary
		<u></u>		Yes	No	Yes	No	Yes	No	İ		
<b>3</b> )												
3)											· ·	
>)												
<b>&gt;)</b>												· <del>-</del> ·-
3)										· · · · · · · · · · · · · · · · · · ·		
otal												
						- / ** - 1915 81		1 may 29 11 11	the same of the sa			

	•		****				7	
46	Did the organization engage, directly or to candidates for public office? if "Yes,"	indirectly, in political ( complete Schedule (				V/ 31/34	Yes	s No
Part	Vi Section 501(o)(3) organization	s only	, . art		<u> </u>	· 46	<u>5  </u>	┸⋖
	All section 501(c)(3) organization 50 and 51.	ns must answer que	estions 47-49b a	nd 52, an	d complete th	e tables	for lin	nes
	Check if the organization used So	hedule O to respon	d to any question	in this Par	t VI			
47			•				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	j activities or have a rt II	section 501(h) elec	ction in ef	lect during the	•		
48	is the organization a school as described	n section 170(b)(1)(A)(	ii)? If "Yes." comple	se Schedu	le E	47		1
4 <del>9</del> a	Did the organization make any transfers	to an exempt non-cha	ritable related oro:	nization?		49		+
50 50	organization a secondarization as	ection 527 overrisetic	nn2					╁
-	Complete this table for the organization's employees) who each received more than	5 five highest comper 5 \$100 000 of comper	sated employees (	other than	officers, direct	iors, trust	ees ar	ıd key
	employees) who each received more that	ł .	·			e, enter "	None.	9
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(o) Reportable compensation (Forms W-2/1099-MIS	contribu	leelth benefits, stions to employee Pant, and deferred emperantion	(e) Estima other co	ded amo deansque	unit of thon
NONE		·						
		<u> </u>	]		ļ	ļ		
							*	
			<u> </u>	_				
**********								
			<del></del>		····			
			<u></u>		ſ			
f	Total number of other employees paid ov	er \$100,000	. <b>&gt;</b> NO	NE		_		
51	Complete this table for the organization \$100,000 of compensation from the organization	s five highest compe	ensated independe	nt contrac	 tors who each	received	i more	than
		PRESENTE OF GREEKE STR.	ne, enter "None."					
	(a) Name and business address of each independ	lent contractor	(b) Type of s	acvice` *	(c)	Compensat	lion	
NONE		· .						
			,					
			_	-111	<del></del>			<del></del>
					l			
					ì			
			<del></del>		<del></del>	<u> </u>		
_ di '	Total number of other independent contra	ctors each receiving	over \$100,000 .		NO:	NE		
52	Did the organization complete Schedule A	2 Note, All section 5t	01 (cVS), ozganizatio	ns and 49	47(a)(1)	".		
	nonexempt charitable trusts must attach a				<u> </u>	<u>►                                    </u>	s 🔲 N	ło
niuer per	naities of parjury, I declare that I have examined this resct, and complete. Declaration of preparer (other than	etum, including accompany officer) is based on all info	ing achecules and state	ments, and t	the best of my force	wiedge and	d belief, i	it is
	<u> </u>	,		a last any an				
ign	Signature of officer		<del></del>		Date			
lero	Lornetta T Epps, M.D., Treasurer, E	oard of Directors						
	Type or print name and title	·				<del></del>		
Paid	Print/Type preparer's name	Preparer's aignature		Date	Check	# PTIN		
repa <sup>°</sup>		<u> </u>			self-employe			
Jse ()	nily Han's name >	<del> </del>			Fico's BN ►			
lay the	IRS discuss this return with the preparer	shown above? See In	structions	1	Phone no.		<u> </u>	
						Yes Yes	<u></u>	10

Form 990-EZ (2013)

INTERNAL REVERSE SERVICE DISTRICT DIRECTOR 401 M. PEACHTREE ST. MM ATLANTA, SA 30845

Date: JAN 20 1995

AFRICAN AMERICAN HERITAGE SUCIETY INC 400 S JEFFERSON STREET PENSACOLA: FL 32501-5902 Employer Identification Number:
59-3022641
Case Number:
585004018
Contact Person:
ROBERTA VAN METER
Contact Telephone Number:
(404) 331-0185
Gur Letter Dated:
July 30: 1991
Addendum Applies:
No

Bear Applicants .

This modifies our letter of the above date in which we stated that you would be treated as as organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the masning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Brantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose make and telephone number are shown above.

Sincerely yours.

helpen an procon-

Neison A. Brooke District Director

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All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Art, Culture, and Entertainment, Inc.

Agency Address:

6120 Enterprise Drive Pensacola, FL 32505

Program Name:

General Operating Grant and Foo Foo Festival

**Program Contact:** 

David M. Bear

Contact Email:

davidbearace@aol.com

Contact Phone:

850.393.1600

25-Word Description of Program:

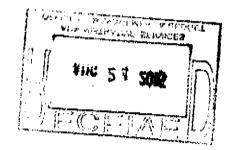
To support arts/cultural programming organizations to improve/drive cultural tourism. Foo Foo Fest is designed to drive cultural tourism and broaden base of tourists.

Amount Requested:

\$1,092,128+

Amount Received Last Year, if applicable:

\$987,000





Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Last year, funds were used to support the arts and cultural programming organizations to improve and drive cultural tourism through a general operating support grant program. Additional funds were secured from the overage of TDT funds and used for Foo Foo Fest. Foo Foo Fest is designed to drive cultural tourism and broaden the base of our tourist season.

Briefly discuss how the funding you are currently requesting will be used.

This year's request will be used in the same manner. They will be used for our General Operating Support Grant Program and for the promotion of Foo Foo Festival.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

We will look for an alternative funding source, scale back the programs, and/or cancel them.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

N/A

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1. Improve quality of life
- 2. Support arts and cultural destination experiences
- 3. Improve and diversify tourism.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1. Improved professionalism of arts and cultural activities
- 2. Improved tourism Increase in ADR, TDT collections, and Occupancy Rates
- 3. Number of Impressions and Click Through Rate of our marketing

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1. Grant application scores measuring outcomes
- 2. Current level of tourism in ADR, TDT collections, and Occupancy Rates
- 3. Compare our TOTAL number of Impressions and Click Through Rate from our marketing to other industry participants' data.



### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	\$7,000	\$31,500	\$57,000
Programmatic Income	0	0	0
County Funding	\$879,574	\$987,500	\$1,092,128+
City Funding	<b>\$75,000</b>	\$75,000	\$125,000
State Funding	\$6,534.26	\$6,500	\$6,500
Federal Funding	0	0	0
Memberships	0	0	0
Investment Income	\$74	\$75	\$75
Other Income	0	0	0
Total Income	\$968,182.26	\$1,100,575	\$1,280,703+



## <u>Expenses</u>

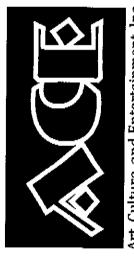
	Most Recently Completed Budge	Current t Year Budget Yea	Proposed Ir Budget Year
Total Staffing	0	0	0
Salaries and Wages	O'	0	0
Employee Benefits	0	0	0
Professional Services	\$5,409	\$5,500	\$6,500
Contractual Services	\$634,251.04	\$720,000	\$800,000
Travel Expenses	0	0	0
Rentals and Leases	0	<b>0</b> .	0
Communication	0	0	0
Postage and Freight	0	0	0
Repair and Maintenance	0	0	0
Printing and Binding	0	0	0 .
Marketing and Promotion	\$321,999.53	\$348,800	\$450,000
Fuel	0	0	0



## Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	\$3,378.18	\$25,000	\$25,000
Capitalizable Assets	0	0	0
Total Expenses	\$965,037.75	\$1,099,300	\$1,281,500
Net Income	\$3,144.51	\$1,275.00	-\$797.00

Please explain any capitalizable asset contained in your request.



Art, Culture, and Entertainment, Inc.

## Harm 990

Under section 501(c), 527, or 4942(a)(1) of the infernal Revenue Code (except private foundations)

CV8 No. 1565 \$047

opartment of the Pressury Jerral Rayonan Serona

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

$\overline{A}$	Fort	he 2013 calon	dar year, or tax year beginning Oct 1 , 2013, and ending	44 02.69	mapaction						
ë i		* applicable	C Marie or communication ART, CULTURE, AND ENTERTATIMENT I		dentification Number						
	1.11	aldress change	trans and the second of the se								
		General Streets	No.	<u> </u>	96429						
	****	•	1	ta E Ferretana	"Umber						
	$\vdash$	milai return	6120 ENTERPRISE BRIVE	(850)	472-1,28						
	·}	prinaled	City or rown, state or previoce, southly, and ZIP or foreign postal code								
	Δ.	mandea return	FENSACOLA FL 32905	G Gross roco	≈ \$ 968.177.						
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				thir Are all subordinates avid 1 No. atlant a list (Sea							
1	Lax	exempt status	X 5(11(c)(3) 503(c) ( ) (nserting) 4947(a)(1) or 527	U No," attach a listi (se∉	mateupt grafi						
J	We	bsito: = N/	7.		•						
ĸ	For	n oʻ organization	X Co-paration Trust Ansarration Diliver T L Year of tomation	(с) Скар акктриов потье							
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	1		140								
	•	FUNDS TO	District morning we continue to a second	effectively, only, or	PWILLIND OF HERSON.						
\$		A STATE OF THE	DISURBE THROUGH AN EQUITABLE GRANTING PROCESS	<u> To ARTS, GU</u>	TURE.						
ē		2007 2017	RTAINMENT ORGAN ZATIONS TEROUGHOUT ESCAMB A COU	W.L.T. EF							
Ÿ	,	Charles treaties									
Activities & Governance	3	Number of se	<ul> <li>if the organization discontinues its operations or disposed of more than into members of the governing body (Part VI, line 1a)</li> </ul>	n 25% of its net assoi							
οp	4	Number of me	lependent voting members of the governing body (Part VI, line 16)		17						
30	5	Total number	of individuals employed in calcadar year 2013 (Part V, line 2a)		14						
Ξ	6	Total number	of volunteers (estimate if necessary)	· · · · · · ·							
Ş	7 a	libial unrelata	d business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · · · ·	1.5						
	b	Net unrelated	business laxable income from Form 990-T, fine 34		n 3.						
				···	'b						
. !	8	Contributions	and grants (Part VIB, line 1b)	Prior Year	Current Year						
Revenue	9	Program sec4	te revenue (Part VIII, tinn 2g)	325,372	968,103.						
\$	10	irvestment in	come (Part VIII. column (A), lines 3. 4, and 7d)								
#	11	Other comments	(Part VIII, cokens (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_99	74.						
Í	12	Total revenue	- add I nos 8 through 11 (must equal Part VIII, column (A), line 12)								
<del> </del>	13	Conse and all	But 1105 o thi bugh 11 (must equat Pan Vill, column (A), kng 12)	355,571							
1		County and sp	nilar amounts paid (Par; IX. column (A), lines 1-3)	347,872	961,103.						
1	14	веленя ракі і	to or for members (Part IX, column (A), line 4)								
<b>2</b> 0	15		compensation, employee benefits (Part IX, column (A), lines 5-10)								
Expenses	16 a	Professional fo	Indroising fees (Part IX, column (A), line 11e)	" "							
<u>Ş</u> .											
ŵ			ng expenses (Part IX, column (D), sinc 25) ►		<del>-  </del>						
	18	Total avagues	s. Add Irrek 13-17 (must equal Part IX, column (A), line 25)	5,482							
	-	Valentia lass	se recommendation of the photosted partiralities, columnia (A), into 20)	<u>253,274</u>	966,512.						
₹ 6	13	Iverence less	expenses. Subtract line 18 from line 12	2,297	1,665,						
şš:	20	Total assets (	Doet N. day, Add	Beginning of Current Ye	er End of Year						
Įö,	21		2art X, (i/m), 16)		430 <u>,196</u> .						
¥ 5			(Parl X, line 26)	7,394	417,451.						
	22		fund balances, Subtract line 21 from line 20		1,655.						
	<u>rt II.</u>	Signatur	· \ -/								
Jaco Maria	r persatt lata 126	es of agreey, togeth	ate that have examined infriencing inducing recompanying schedules and statements, and to the test of rickher hain officer) indicated on all pagemation of which preparer has any knowledge.	f my knowledge and belief, it	ra Stiture dictivents. Aunch						
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	On			Fyms EIN F	IE 063899						
			PACE PL 32571		<u>15-0529007</u>						
Mass	tine 16	RS discuss this	return with the preparer shown above? (see instructions)	Phone na. 4 8	(50) 995 5000 						
y	, ,,	··· virologa ung	www. www.nie Greparer andwir above: (see instructions)		X Yes No						

ENTERTA_NMENT INC	27-1396429 Page
anse or note to any line in this Par, III	<u>, , , , , , , , , , , , , , , , , , , </u>
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SONITY CITY LORPORATE, FOUNDAY	LON AND PERSONAL
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PROGRAMME THROOPSHOOF TROOPING THE CORN.	<u> </u>
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ic blodsam sessiones printed the Affait Auticu Mete UCF	isted on the prior
adula Ci	Yes  X  No
	<del>-</del>
то обществи спетата и пом и сограста, shy bud . С	ram services? Yes 🔀 No
a and segion 4947(a)(1) trusts are required to report by, for each program service reported	m services, as measured by expenses. I the amount of grante and allocations to
387,698, including grants of 5 387	, 628. )(Revenue \$ 387, 625.
) DISBURSED SB87.828 TO OMBLIDE	LID OBOASSASSASSASSAS
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DUGHOUT RECAMBIA COUNTY, FL	TO THE PROPERTY OF THE PROPERT
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	CE Accomplishments  Inselor note to any line in this Part III  CUNTY, CLTY, CORPORATE, FOUNDAY  AN FOULTABLE CRANTING PROCESS TIONS THROUGHOUT ESCAMBIA COUNT  It program services during the year which were not I  adule O.  date significant changes in how it conducts, any program  accomplishments for each of its three largest program  accom

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	Х	
2	! Is the organization required to complete Schodule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political compolign activities on behalf of or in opposition to candidates for public office? If 'Yos, complete Schedole C, Part I.	3	-	×
4	Section 501(c)(3) organizations. Did the organization organization tobbying activities, or have a section 501(h) election in offset southing this tax year? If Yes, complete Schoolsle C. Part II	4		X
5	illis the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 II Yes, complete Schedule C, Part III	5		8
6	Did the organization maintain any coron advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedole D, Part I.	6		х
7	Did the organization receive or hold a conservation easiement, including easiments to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Dkt the organization maintain collections of works of art, historical transcres, or other similar assets? If Yes, complete Schedulo D, Part III.	8	_	×
9	Did the organization report an amount in Part X, tine 21, for pacrow or distortial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule C, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Part V	10		×
	If the organization's enswer to any of the following questions is 'Yea', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Port X, line 10? If 'Yes,' complete Schedule 10, Part VI	11 a		×
	b Old the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yos, complete Schedule D, Part VII.	11 b		×
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assots reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII.	11 c		×
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 187 If Yes, complete Schedule D. Part IX	11 &		ж
	e Did the organization report an amount for other fiabilities in Part X, time 257 # "Yes," complete Schedule D, Part X	11 e		×
	f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain lax positions under FIN 48 (ASC 740)? If "Yes," complete Schodule D, Pert X	111		×
	a Diet the organization obtain securate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Ports XI, and XII.	120	х	
	b Was the organization included in consolidated, independent audited financial statements for the lax year? If Yos, and if the organization enswered Not to line 12s, then completing Schedule D, Parts XI and XII is optional.	126		Х
13	Beautiful Section (Additional to test complete Schedulo L	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х.
	b Did the organization have aggregate revenues or exponses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes, complete Schodolo F. Parts I and IV.	146		×
15		15		— <u>;                                    </u>
16		16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yos,' complete Schedulo G, Part I (see instructions)	17		Х
1B	lines 1t and 8a? If Yes, complete Schodule G, Part II	18		х.
!9	Did the organization report more than \$15,000 of gross incides from garning activities on Part VIII, line 9a? If Yes, complete Schedule G. Part III.	19		×
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		Х
	bilf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

		$\overline{}$	Yes	No
21	that the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, octuma (A), line 17 if Yes, complete Schoolde i, Parts I and if	1	х	
22	Did the promittation report more than \$5,000 of grants or other assistance to policity of air the trailor study of	21		
	IX, column (A), tine 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule 3.	23		x
24 a	i Oid the organization have a tax-exempt bond issue with an outstanding principal seminated more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 245 through 246 and complete Schedula K. If 'No. go to line 259	240	10	×
ŧ	Did the organization investignly proceeds of tax-exempt bonds beyond a temperary period exception?	24a 24b		· <u>~</u>
(	Old the organization maintain an escrew account other than a refunding escribe at any time during the year to defease any tax-exempt bourds?	24c		
¢	Did the organization act as an 'on buhalf of issuer for bonds outstanding at any time during the year?	244	<u>\</u>	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Bid the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		×
t	Is the organization aware that it engaged in an excess benefit transaction with a disquabiled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I			
28	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25Ь	-	<u> </u>
	former officers, directors, Yuslees, key employees, highest companisated employees, or disqualified persons?  If so, complete Schedule L. Parl II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persona? If 'Yes,' complete Schedole L, Part III	27		 X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions).	-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule 1, Part IV	288	1	x
Ų	A tamily member of a current or fermer officer, director, trusted, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		- X
C	An antity of which a current or former officer, director, trusted, or key employee (or a family mornitor thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L. Pan tV		· ·	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schodule M	28c 29		— <u>×</u>
30	Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.			
31	Did the organization liquidate, terminate, or dissolve and coase operations? If Yes, complete Schedule N. Part I.	30	— <u> </u>	X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its not assets? If 'Yes,' complete Schodule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7761-2 and 301.7701-37 if Yes, complete Schedule R, Part I			
34	Was the organization related to any tox-exempt or taxable untity? If Yes, complete Schedule R, Parts N, III, IV. and V, line 1	33		<u></u>
35 a	Did the organization have и ixintrolled entity within the meaning of section 512(b)(13)?	34 35a	-  -	<u> </u>
	If Yes to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ontity within the meaning of section 512(b)(13)? If Yes, complete Schedule R, Part V, line 2	35b		- ''- X
36	Section 501(c)(3) organizations. Oid the organization make any transfers to an exempt non-charitoble related organization? If Yes complete Schedule R. Part V, line 2	36		_ <u></u>
	Did the organization conduct more than 5% of its activities brough an ontity that is not a related organization and that is treated as a pertnership for federal income tex purposes? If Yes, complete Schedule H, Part VI	37	-	<u> </u>
38	Did the organization complete Schodule O and provide explanations in Schedule O for Part VI. lines 115 and 19?  Note, All Form 990 filers are required to complete Schedule O	3B		×
AA			990 (2:	

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## Form 890 (2013) ART . CULTURA . AND ENTERTAINMENT INC Part V Statements Regarding Other IRS Filings and Tax Compliance

a tratiation fees and capital contributions included on Part VIII, line 12	Check if Schedule D contains a response or note to any line in this Part V			. ["]
be Setter the marketer of "Germis W-2C" unducted at hine 1st. Enter 0-th not applicable.    Doll the comparisons control, with the backup withholding hands for registrately appreciate to vendors and manufalding generic (spetitiving) within the part of control of the control o			Yes	No
COS fib comparization controls with backup withholding rules for reportable preparation to wend resultate gramming. (particle in youthers):  2 a Enter the number of employees reported on Form NP.3, Transprictled of Viego and Trux States—ments, Bold of the collecting very confide, with or within the year covered by this status.  3 a Did to represent the number of employees reported on Form NP.3, Transprictled of Viego and Trux States—ments, Bold of the collecting very confide, with or within the year covered by this status.  3 a Did to representation trace unreliable that 200, year may fur required to exist (see instructions):  3 a Did to representation trace unreliable that 200, year may fur required to exist (see instructions):  3 b If Yes has 1 Bold of my MP.1 fit is very 8 view by pusion in conjections eSchoolace.  3 b If Yes has 1 Bold of my MP.1 fit is very 8 view by pusion in conjections eSchoolace.  3 b If Yes has 1 Bold of my MP.1 fit is very 6 view by pusion in conjection eSchoolace.  3 b If Yes has 1 Bold of my MP.1 fit is very 6 view by pusion in conjection eSchoolace.  4 b If Yes has 1 Bold of my MP.1 fit is very 6 view by pusion in conjection of the conjection of the conjection converting that we will be represented in the conjection of the conjection converting to probabled the schoolace of the conjection of the conjection converting to the conjection of the con	,			
(spendingly winnings to praze winners)?  2 Either the number of analysesys exported on Form W-3, Transmittal of Wage and Tax Statements, Rick for the calculatory service coulding with or within the year covered by this return  bit all least one is proported on the 22, did the corporation like all responded lederal employment for returner?  2 bit all least one is proported on the 22, did the corporation like all responded lederal employment for returner?  2 bit all least one is proported on the 22, did the corporation like all responded lederal employment for returner?  3 n X  3 n State segment and the segment of t	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		l	
ments, Ricci for the calculating year onding with or within this year exweed by this roturn   2.8	c Old the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	1 c	ļ	
b if all least one is reported on like 22, dut the organization if all inequired federal employment tax returns?  Note: If the stand of times 1 and 22 is greated their 23th, you may but required to #60 per instructions;  30 D if the organization have unrelated business gross incomes of \$1,000 or more during the year?  31 D if Yes has 8 filted a farm 950-1 for this year? 3 files wire 1b, provide an adoptivation is segmentary to year of the control year of the filter organization have an interest in, or is significant or other subhority over, a linear boll account in a foreign country year, of this recipient country securities account, or other financial Auctions.  5 Was the congranation of provide provides an adoptivation and segmentary the security of the provides an adoptivation between the security securities account, or other financial Auctions.  5 Was the congranation in provide provides and selection of Foreign Burnt entitle financial Auctions.  5 Was the congranation in provide provides an adverted from the provides and selection of Foreign Burnt entitle from the selection of Foreign Burnt entitle that year for the selection is a selection from the selection of Foreign Burnt entitle that year for the selection of the sele	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return			
Note: 1the stim of lines 14 and 24 is greater than 23b), you may be required to a -8th (see authorizons)  3 b 10 fth or oppuration have uncertained basiness greate income of \$1.00 or mure during the year?  3 b 11 Yes has 18c4 a fam 90.7 for this year? 8 % in the 3b proach an assistantic in Schools 0.  3 h 1 way three during the calendar year, did the organization have an interest in, or a significance of other authority over a similar handle account of the foreign country.  4 a X b 18c4 a fam 90.7 for this year? 8 % in the 3b proach an assistantic in Schools 0.  5 a Yes finder the name of the foreign country.  5 a Was the organization a pony to a prohibited tax shelter foreigned for the property of the property of the registration that was or as a carry to a prohibited tax shelter transaction?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and old the organization cold it any contribution in the was or as a carry to a prohibited tax shelter transaction?  5 a Did the organization have annual gross receipts that are normally greater than \$100,000, and old the organization cold it any contribution and the second of the organization of the second of the organization of the prohibition and the second of the organization of the organization states when the property of the error of the webset of the velocity of the organization state of the second of the organization state of the velocity of the groots of services strivided?  7 organizations that may receive adductible contributions under sociol or 170(c).  10 of the organization that may receive adductible contributions under sociol or 170(c).  10 of the organization state was present in excess of \$75 mails partly as contribution and partly for goods and services provides to the payor?  7 organization state the property of the velocity of the velocity of the groots of services strivided?  7 organization receive any funds, directly or indirectly to only premiums on a personal bonefit contract?  7 or 2 or 3 or 3 organizati		2 b	Í	
3 a Did the organization have currelated business gross income of \$1,000 or more during the year?  3 b if Yes has if floct a fam 990-11 or this year? If the rive the protect an application is Schedule O.  3 b if Yes has if floct a fam 990-11 or this year? If the rive the protect an application is Schedule O.  3 b if Yes in the during the calendary year, did like organization have an interest in, or a signature or other authority over, a framoid second in a foreign country, is current as a country or the same of the foreign country.  5 b if Yes in the floor and an application is a party or prohibited to write transaction or other financial accountry.  5 b Was the organization is perty to a prohibited to writer transaction at any into authority into tax year?  5 b Was the organization organization that it was so it is a carry to a prohibited sax shelter transaction?  5 b X or Yes, to line 5 so 9 th, title this organization five Form (IBRH-T?)  5 c V Yes, to line 5 so 9 th, title this organization five Form (IBRH-T?)  5 d Does the organization has perty and provide excepts that are normally greater firm \$100,000, and old the organization solid tary contributions likely were not tax educabible as charitable contributions?  6 b Yes, little that proper little is neither with every substitution an inspects statement that such contributions or gitts were not tax educabible?  7 organizations that may receive deducatible contributions under section 170(c).  8 Did the organization receives a payment in excuss of 575 marita partly as a contribution and partly for goods and sorves provided the organization receive and payment in excuss of 575 marita partly as a contribution and partly for goods and sorves provided the organization receive and payment organization in the secure of the payor?  7 b If Yes, include the organization receive any trust, directly or indirectly to only premiums on a personal benefit contract?  7 c X of If Yes, include the organization received a contribution of cers, bosts, airphanes, or other vehic	· · · · · · · · · · · · · · · · · · ·			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Section 501(c)(7) organizations, Enter:			
11 Section 501(c)(12) organizations, Enter; a Grows income from merimers or shareholders. b Gross income from other sources (Do not not amounts due or pard to other sources against amounts due or received from them.).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a bif 'Yes,' enter the amount of tax-exampt interest received or accrued during the year. 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must recent on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Section 501(c)(12) organization receive any payments for indoor tanning services during the tax year?	a truttation fees and capital contributions included on Part VIII, line 12			
a Gross income from merimers or shareholders.  b Gross income from other sources (Do not set amounts due or pard to other sources against amounts due or received from them.)  12a Section 4947(a)(4) non-exempt charitable trusts, is the organization filing Form 990 in the of Form 1041?  12a Section 4947(a)(4) non-exempt charitable trusts, is the organization filing Form 990 in the of Form 1041?  12a bif "Yes, enter the amount of tax-exempt interest received or accrued during the year.  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  13a Note, See the instructions for additional information the organization must recort on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is ticensed to issue qualified health plans.  13b  13b  14a Did the organization receive any payments for incoor tanning services during the tax year?  14a Did the organization receive any payments for incoor tanning services during the tax year?	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	(		İ
b Gross income from other sources (Do not net amounts due or pard to other sources against amounts due or received from them.).  12a Section 4947(a)(4) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?  12a bif Yes, enter the amount of tax-exempt interest received or accrued during the year.  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must recort on Schedule O.  b Enter the amount of reserves the organization is required to mointain by the states in which the organization is ticensed to issue qualified health plans.  13b  c Enter the amount of reserves on hand.  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a Section 4947(a)(4) non-exempt them.)  12a  12b	11 Section 501(c)(12) organizations. Enler:			(
against amounts due or received from them.)  12a Section 4947(a)(4) non-exempt charitable trusts. Is the organization fiting Form 990 in fleu of Form 1041?  12a bif 'Yes, enter the amount of tax-exempt interest received or accrued during the year.  12b  13 Section 501(c)(29) qualified monprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must recent on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is ficensed to issue qualified health plans.  13b  c Enter the amount of reserves on hand.  13c  14a Did the organization receive any payments for incommon services during the tax year?  14a 3	a Gross Income from merriners or shareholders	1		ļ
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?  b if "Yes, enter the amount of tax-exempt interest received or accrued during the year	b Gross income from other sources (Do not net amounts due or pard to other sources against amounts due or received from them.)			
b if 'Yes, enter the amount of tax-exampt interest received or accrued during the year		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must recort on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is ticensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for incommuning services during the tax year?  14a X				
a is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must recort on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for incommuning services during the tax year?  14a 3	13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
Note, See the instructions for additional information the organization must recort on Schedule O.  b Enter the amount of reserves the organization is required to mointain by the states in which the organization is licensed to issue qualified health plans		13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			:	T
c Enter the amount of reserves on hand	b Enter the amount of reserves the organization is required to maintain by the states in			
14 a Did the organization receive any payments for Indoor tanning services during the tax year?	) · · · · · · · · · · · · · · · · · · ·	1 1	1	1
	· · · · · · · · · · · · · · · · · · ·	14a		13
				:

Form 990 (2013) ART, CULTURE, AND ENTERTAINMENT INC 27-1396429 Риуе Б Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Section A. Governing Body and Management Yos No 14 If there are material differences in voting rights arround members of the governing body, or if the governing body delegated broad. authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in time to, above, who are independent . . . . . . 14 Did any officer, director, trustee, or key employee have a family relationship or a business rotationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents. 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . . . . . . . . . . . X 6 Х 7 a Did the organization have morrouss, stockholders, or other persons who had the power to elect or appoint one or more 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings hold or written actions undertaken during the year by the following: У. 8 a χ̈́ ۵Ь Is there any officer, director, trustoo, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 18 a Did the organization have toget chapters, branches, or affiliates? 10 a Х Let's Yes, mid the organization have written policies and procedures governing the activities of such chapters, effiliates, and transches to ensure that operations are consistent with the organization's exampl purpose?? 10 b 11 a Has the proper ration provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedulo O the process, if any, used by the organization to review this Form 990. 124 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Bit the organization regularly and consistently monitor and onforce compliance with the policy? if 'Yes,' describe in 12 c 13 Х X 15. Did the process for determining congrensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a 20 15 b X If Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, in nitribute exsets to, or participate in a joint venture or similar arrangement with a 16 a Х b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint vergure arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filled F 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection, Indicate how you make these available. Chock all that apply. Other (explain in Schedule O) Another's website X Upon request Own wabsite Describe in Sahadute O whether (and it so, how) the urganization makes its governing documents, conflict of interest policy, and financial statements evaluate to the public curving the law year. 20 State the name, physical address, and telephone number of the person who possesses the backs and records of the organization; 6120 EMTERPRISE DR PENSACOLA - FL 32505 (950; 472 <u>1123</u>

TEFA0106 37/02/10

Form 990 (2013)

Form 990 (2013) ART, CULTURE, AND FATERCAINMENT INC	27~1398429	Page 7
Part VII   Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and
Check if Schodule O contains a response or note to any line in this Part VII		
section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	h
1.a Complete this table for all persons required to be fisted. Report compensation for the caloratar year enting with organization's tax year.	th or within the	
<ul> <li>List all of the organization's current officers, directors, trustees (whother individuals or organizations), regar compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	rdiess of amount of	
# Lies of of the covered extinute account to a constant of the	_	

- List all of the organization's current key employees, if any. Some instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, strector, trustee, or key omployee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100.000 from the organization and any retailed organizations.
- List All of the organization's former officers, key employees, and highest companisation employees who received more than \$100,000 of reportable companisation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, must than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organize				(C)		İ			
(A) Kame and Tite	(B) Avertager Route Por Novek (Fz)	Position (do not check more than sing not, writing person is bettrain off our and a director/trusteer.				nar Yak Wil	(D) Reportable egrepensation from	(E) Meperiable compensation from	(F) Eshuated propert of other
	any nouse for reletod organiza- bacis bytow dolled 1mg)	Individue Involce or circust	copror peroperies	Office	Employee Country at the control of t	-Suuto:	(Ine organization (VV-24 (Unit-AutSAC)	rdialod nyjarizaliung (w-271099-RHSC)	consulerist, on from the organization and related suganizations
C) PAYIQ BEAR PRESIDENT	a <u></u>			х			0,	c.	
(2) LOIS BENEON VICE PRESIDENT	3,00			,	į		0.	C.	
(3) JANICE MILLER SECREPARY		•		x	į		s.	c,i	c
(4) DICK BANGS TREASURER				×	1 -		0.	C.	c
(5) (6)						-			
(7)			.	-	<u> </u>				
[8]				1		1		, i.	
(9)							2714.		
(1)			; • •		_			-	
12)					<del> </del>	H			
13)									
14}			$\sqcap$	İ					

\$100,000 of compensation from the organization

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenus	(D) Revenue excluded from tax under sections 512-514
2	1а Ри	derated campaigns 1 a					512.701
	r Fu	nubership dues	7( <u>,000.</u>		į		
2	d Re	lated organizations 1 d	:	J			
	e Cos	vicumbini grants (contributions) 1 e	981,103.				
PROCREM SERVICE REVENUEL AND OTHER SPILAR ABOUNTS	t Alle	other contributions, giffs, grants, and		•			
6	şırn - Mari	ritar amounts not included above		1			
묽	g raca h Ter	tal. Ade lines 1a-1f	<b>B</b> a-				
¥		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hearings Gode	968,103.			<u>.</u>
	2 a		,				
×	b	<u> </u>					
豎	C						
S	d						
RAN	e						
300	1 MI	other program service revenue					
<u> </u>		tal. And lines 2a-2l					
	oth	rostmont income (including (lividends, in: rer similar ampusts)		70.	74,	<u>C.</u> ,	C.
	4 Inc	come from investment of tax-exempt bon	d proceeds 🗲			14.T.	·
	5 Re	yalbes					
		‡t ×o≥i	(M) Promoval				
		oss rents					
		ntal income or (loss)					
		t rental mooree or (toss)					
		SS arround from safes of 19 Securior	In Other	<u> </u>			<u> </u>
		ols utan toxoniny.					
		is bust or other casis					
		seles expenses un or (loss)		1			
		t gain or (loss)					
		oss income from fundraising events	<del>-</del>				
뿔		osa meende morn romansing avents a st including S			1		
蔔	of c	contributions reported on line 1c).		i			
OTHER REPEN		e Part IV, line 18 a			'		
퉏		ss: direct expenses					
		t income or (loss) from fundraging event (	<u> </u>			<del></del>	
ļ	Da GR Sed	ous income from gaming activities. e Part IV, line 19.				,	
		ks: direct expenses bi		i			
	c Not	t income or (loss) from garring activities	<i>.</i> <del>-</del>				•
,	10a Gro	oss sales of Inventory, less returns			-		
		: allowances					
		ss: cost of goods sold			j	'	
į	G NO	Lincomo or (lass) from salas of inventor Missemenus Bosenus	Business Code				
	11 0		E-JSHESH BOUL	1			
	ъ						·- · · · · · · · · · · · · · · · · · ·
	c						
		other revenue					
		tal. Accimes the-the					
	12 Tot	tal revenue. See instructions		968,177	74.	9.	0.

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX.								
ان 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general exponsos	(D) Fundraising expenses				
1 2	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.  Grants and other assistance to individuals in the United States. See Part IV, line 22.	961,103.	961,193						
3	Grants and other assistance to governments, organizations, and individuals cousing the United States. See Part IV, tires 15 and 16.								
4 5	Benefits paid to or for mambers								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4956(c)(3)(B).								
7	Other salaries and wages.			······································					
8	Pension plan accruels and contributions (include section 401(k) and 403(b) employer contributions).		****						
9	Other employee benefits			-					
10	Payrofi texes								
11	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·							
	Management								
	o Legal								
	: Accounting	, <u></u>							
	-	4.400-;	<u>C_</u>	4,400.					
	Labbying								
	Professional fundrals og services. See Part (V. ling 17								
	Investment management facts		NAVALE.						
	Other, (if the Tity and exceeds 10% of line 25, column (A) arroad, list the Tity expenses on Schedule (2)								
	· · · · · · · · · · · · · · · · · · ·								
13	Office expenses								
14	Information technology	<u> </u>		· · · · · · · · · · · · · · · · · · ·					
15	Reyalties								
16	Occupancy		·	,					
17	Travel								
	Payments of travel or entertainment expenses for any lederar, state, or local public officials				<del></del>				
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	**			- ·				
23	Insurança	1.009.	Ć.	1,009.	ť.				
24	Other expenses, itemize expenses not covered above (List miscellaneous expenses in line 24c. If line 24c emocent exceeds 10% of line 25. column (A) amount, but line 24c expenses on Schedule O.)								
a	ROWN SELATCE CHVBGES.	n.	<u>a,</u>	n	0				
-			<del></del>		<u> </u>				
					·				
d	'			····					
	All other expenses								
25	Intel functional expenses. Additions 1 through 24c	965.512	961,103.	5,409.	0.				
36	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational compaign and fundralising solicitation.  Check here =								

Part X

Balance Sheet

(A) (日) **Beginning** of year End of year 28,384. a. 2 3 430,106. 4 Ō, Loans and other receivables from current and former officers, directors, trustees, key employees, and highost componsated employees. Complete Part II of Schedule L. 5 6 7 8 Prepaid expenses and deferred charges . . . . . . . . . 9 0 0 10 a Land, waittings, and equipment; cost or other basis. Complete Part VI of Schedule D b Loss, accumulated demonstron 10 b 10 c 11 Investments - other securities, See Part IV, Inc 11 12 13 Investments - program-related. See Part IV. line 11 . . . . . . . . . . . . . . . 13 14 14 15 15 Total assets. Act lines 1 through 15 (must equal tine 34) ........ 16 16 28,384 440,10617 17 18 17,394 18 Deferred revenue 19 19 20 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . . . . . 21 Loans and other payables to current and former officers, directors, trustees. key unployees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Socured mortgages and notes payable to unrelated third parties . . . . . . . . . 23 24 Other liabilities (including federal income tax, payetites to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. . . . 25 25 17 26 417,451 Ž Organizations that follow SFAS 117 (ASC 958), check here - x and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . . 27 10,990 12,655. 28 28 29 Ŗ Organizations that do not follow SFAS 117 (ASC 958), check here \* and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment func . . . . . . . . . . . . . . . . . 31 Rotained earnings, endowment, accumulated income, or other funds . . . . . . 32 33 12<u>,655</u>. 10.990 28,384 34 430,196. BAA Form 990 (2013).

Form 990 (2013) ART, CULTURE, AND FNTERPAINMENT ENC	27-139642	19	Раде 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI.		<b>.</b>	[ ]
1 Fotal revenue (must equal Part VIII, security (A), line 12)	1 1 :		68.177.
2 Total expenses (must equal Part IX, column (A), line 25)			66.512.
3 Revenue less expenses. Subtract line 2 from line 1			1,665.
4 Not assets or fund balances at beginning of year (must equal Part X. line 33, column (A))	4		<u>.0.299</u>
5 Not unrealized gains (losses) on invostments			Andrea San Marie 1994 -
6 Donated services and use of facilities			
7 Investment expenses			
8 Price period adjustments		_	
9 Other changes in net assets or fund balances (explain in Schedule O)	8		
10 Not assots or fund milences at end of year, Combine lines 3 through 9 (must equal Part X, line 33,			
Column (S)).	10		<u>(2,60</u> 0,,
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			- · · ·
			Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrust Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		-	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		20	×
If You, chack a box pelow to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	dona		
Sacorate basis Consolidated basis Both consolidated and separate basis		i	
b Were the organization's financial statements audited by an independent accountant?		20	x
Y Yes, thack a box below to indicate wanther the financial statements for thir year were audited on a separate basis, consolidated basis, or both:	te	1	
K Separate basis Consolidated basis Both consolidated and separate begin		1 1	
c if Yos' to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and adjoction of an independent accountant?	e audit.	2 c	x
lf the organization r/प्रभावतात either its oversight process or selection process during the lax year, explain in Schedule C.			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set form in the s Audit Aut and OMB Circular A-133?	Single	' 3 a	x
bill 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requi	though beni		
or audits, explain why in Schodulo O and describe any steps taken to undergo such audits		3 6	
BAA			990 (2013)

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4047(a)(1) nonexampt charitable trust.

► Attach to Form 990 or Form 990-EZ.

ONIQ No. 1545 3047 2013

Open to Public

Secondarial the Treasury principle Royalise Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the	e organization							Employer	Identifical	lion number		
ART,	COLTURE, AND E	NTERTAINMENT	INC					27 - 3	96425	3		
			s (All organizations i	nust co	mplete	e this o	art.) S	ee insb	ruction	<u> </u>		
The orga	hization is not a private	founcation because i	; is: (Far lines 1 through	11, check	only or	ie box.		2025 11 100	0.01.011	<u></u>		
1 [	A church, convention o	il churches or associ	ation of churches describ	ed in sect	tion 17	D(b)(1)(A	wa.					
2	A school described in section 170(b)(1)(A)(ii). (Altach Schedule E.)											
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 lineablal described in section 170(b)(1)(A)(iii). Enter the hospital's											
<u>'</u>	Lightio, 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)(v). (Complete Part II.)											
6 🐫			ernmental unit described									
7 🔀	; in section 170(b)(1)(A	ri(ai)- (Cowbiete Sti.			gavernn	nental ur	nit or fro	m lho ge	noral pul	blic describe	∌d	
₿ ⊨	•		Hb)(1)(A)(vi), (Complete	-								
9	inom betiveler related t investment meenig uiii June 30, 1975. See se	to its exempt function of translated business o <mark>ction 509(a)(2). (C</mark> or		eptions, a tion 511 ta	and (2) ax) from	n busing:	than 33 sees acc	-1 <i>1296 at</i>	ita a son	Out former and		
10			clusively to test for public									
11 [_	TOORS DUBINGLY SUDDOLLS	KI DEGRANZBUORS DOSC	clusively for the benefit of dbod in section 509(a)(1) in and complete lines 11e	or sector	n 909/a	(unctions ()(2) Sec	of, or c e sectio	arry out t n 509(a)	ne purpo (3), Chec	nses of one ck the box t	or nat	
	a Typel b		: 🔲 Type III – Function			c	, 🗀 1	Type III	Non-tar	ectionally in	tegrated	
a ¦	By chacking this box, I other than foundation i section 509(a)(2).	certify that the organ rianggers and other :	izalion is not controlled d han one or more publicly	irectly or i Supported	tsoripni negro b	ly by ont szations	or mor descrip	e disqual ed in sec	lified per tion 509(	sons (#)(1) or	,-	
f.	If the organization reco	eived a written determ	oriation from the IRS that	ls a Туро	I, Type	effor Typ	pe III su	pporting	organiza	Mitori,		
9	Since August 17, 2006	, has the organization	r accepted any gift or co	noitudion	from ar	ry of the	followin	д регвоп	57			
						_		•		[	Yes No.	
	below, the gover	ning body of the supp	strols, either stone or logo corted organization?			· - · · ·	ood In (ii	) Arris (bl)	, -	11 g (i)		
			ed in (i) above?							. 11 g (ii)		
	(iii) A 35% controlled	) Calify of a person di	escribeo (n (i) or (ii) above	<i>:</i> ?						11 ((11)		
h	Provide the following a	eformation about the	supported organization(s	).						1 4 9 4 4 4		
	(i) Name of supported organization	jä) EIN	(iii) Type of organization (described on lines 1-8 above to IRC section (see instructions))	(ty) (5 ) b'yarikal dokum (i) i you you docum	ion :n isted ic intilu	(V) Did yo Ido organi selumn (I) suspi	reson in ut your	(wij iş Organiza Colum Organizac U.S	tunir # (1) ! ir ilin	(vii) Arraunt SUE)		
				Yes	No	Yes	No	Yes	No			
				T					·		***************************************	
(A)			<u> </u>			· · ·		l i				
(B)	_	· · · · · · · · · · · · · · · · · · ·										
	-			1		1						
(C)		,										
(D)												
(E)						1						
						_			}			
Total				<u> </u>		l <u></u>	<u> </u>	<u> </u>				
BAA Fo	r Paperwork Reduction	n Act Notice, see the	Instructions for Form	980 or 99	JO-EZ.		5	ekitsiatsi	A (Form	1 990 or 990	-EZ) 2013	

Schedule A (Form 990 or 990-EZ) 2013 ART, CULTURE, AND ENTERTAINMENT INC 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 8 the organization folled to qualify under Part III. If the organization folls to qualify under the tests listed fielder, please complete Part III.)

,ec	tion A. Public Support					***	<u> </u>			
Calc begi	endar year (or fiscal year inning in) =	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gills, grants, contributions, and members to fees received. (Do not include any times and grants.)	o,	0.	9.	().	· · · · · · · ·				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its cenall	0.	J.	0.	5.		<u>C.</u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0,	o.	U.	J.		<u> </u>			
4	Total, Acclines 1 through 3	0.	o.  -	<u>a.</u>	0.1		<u> </u>			
5	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)						. <u> </u>			
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support				<u> </u>		<u> </u>			
Cale begi	ndar year (or fiscal year nning in) •	(a) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	<u>.</u>	C.	o.	c.					
8	Gross income from interest, dividends, psyments received on securities towns, rents, royalties and income from similar sources	ε.,	c.	o,	***					
9	Not income from unrelated positions adivities, whether or mit the business is regularly carried on	c.	0.				<u> </u>			
10				0.			<u> </u>			
11	Total support. Acd lines ? through 10									
12	Gross receipts from related activities	es, etc (see instructi	ions)	· · · · · · · · · · · ·		12	<u> </u>			
13	First five years, if the Form 990 is organization, check this box and at	for this propriestics	n's liset passand thi	ed formally on filling			<b>.</b> X			
Sec	tion C. Computation of Pub	olic Support Pe	rcentage							
14	Public support purcentage for 2013	line 6, calumn (f)	divided by line 11,	column (fi)		14	%			
15	Public support percentage from 20	12 Schedule A, Par	t II, kne 14			15	<u>%</u>			
	33-1/3% support test $-$ 2013. If the such stop here. The organization of	ho occanization sid	not shook the box.	na lian 13 and 15.	. Karangan dan kanangan mengan bangan bangan bangan bangan bangan bangan bangan bangan bangan bangan bangan ba					
b	33-1/3% support test = 2012, if in and stop here. The organization q	e organization did (	not check a how we	linu 12 oc 14	- Fan 4E to 66 4100					
17 a	7s 10%-facts-and-circumstances test — 2013. 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 lest, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances lost. The organization qualifies as a publicly supported organization.									
	b 10%-facts-and-circumstances test — 2012. If the organization did not check 5 box on line 13, 16x, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supponed organization									
18	Private foundation, if the organiza	ition did not check a	a box on line 13, 16	a, 16b, 17a, or 17	b. check this box a	no see instructions	,			

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part Lor if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

ec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕒	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contringtions and membership fees received, (Do not include any unusual grants.)						<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose.						
3	Gross receipts from activities that are not an ornelated trade or business under section 513.		. <del></del> -				<del>-</del>
5	Tax revenues levied for the organization's benefit and oither paid to or expended on its behalf. The value of services or facilities families by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5			,			
b	Amounts included on lines 2 and 3 received from other than disqualities persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year.		The William Street Stre				· .
¢	Add fines 7a and 7b						
	Public support (Subtract line 7c from tine (i.)						<u> </u>
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr begitming in) 💆 📗	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Fotat
1Da	Amounts from line (i Gross income from interest, dividends, payments received on securities loans, rents royalties and income from siniter sources Unrelated business taxable income (less section 511						ATT COMMEN
_	taxes) from businesses acquired after June 30, 1975						
	Add times 10a and 10b Not assume from unrelated austiness antivities eigendurfert a little 10b whether in not the business is regularly carried on				-		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total Support, (felanes 9 na. 13 a e 12)					- ·[-	
14	First five years, If the Form 990 is organization, shack this box and si	for the organization top here	an's first, second,	third, foarth, or fift	ih tax year as a secti	ion 501(c)(3)	
	tion C. Computation of Pul Public support percentage for 2013			3. Anhumu (E)		15	
16	Public support percentage from 20					L I	
Sec	tion D. Computation of Inv						
	Investment income percentage for				(D)	17	<u>-</u> -
18	Investment income percentage from					1 mm - 1	ì
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the						77
	33-1/3% support tests - 2012. If time 18 is not more than 33-1/3%, o	the organization d	Ed not check a bar	x on line 14 or line	198, and line 16 is	more than 33-1/3%	, and
				.,			1

Schedule A (Form 890 or 993-EZ) 2013 ART, CHI.PURB, AND ENTERTA NMENT INC 27-1396429 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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## Schedule B

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

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF
 Information about Schedule B (Form 990, 990-EZ, 990-PF) and its Instructions is at www.irs.gov/form990.

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2013

Countries of the organization of the organization of the countries of the organization type (check one):  Figure 98.   Socion:  Form 98.   Socion:  Form 98.   Socion:  Form 98.   Socion:  Form 98.   Socion:  Form 98.   Socion:  Form 98.   Socion:  Form 99.   Socion:  Form 99.   Socion:  Form 99.   Socion:  Socion:  Form 99.   Socion:	Opped mont of the Treasury Total Revenue Service	Attach to Form 990, Form 990-EZ, or Form 990-PF Intermation about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.
ASI, CULTURE, AND ENPERTATIONENT INC  Organization type (check one): Fiers of: Fiers of: Section:    Section:   Section:   Section:   Section:   Section:   Section:   A947(a)(1) nonexompl charkshile trust not treated as a private foundation   S27 political organization   S497(a)(1) nonexompl charkshile trust not treated as a private foundation   S27 political organization   S497(a)(1) nonexompl charkshile trust treated as a private foundation   S497(a)(1) nonexompl private foundation   S497(a)(1) nonexompl private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl charkshile private foundation   S497(a)(1) nonexompl private foundation   S497(a)(1) nonexo		
Organization type (check one):  Filters of:  Saction:    Socion	ARL, CULTURE,	
Form 990-PF    \$501(a)(3) aximple private foundation   \$27 political organization   \$27 political organization   \$27 political organization   \$27 political organization   \$28 political organization   \$28 political organization   \$28 political organization   \$28 political organization   \$28 political organization organization   \$28 political organization		
S47(a)(1) nonexcompt charitable trust not treated as a private foundation   S27 political organizatio	Filers of:	Section:
Form 990-PF	Form 990 or 990-EZ	(X) 501(c)( 3 ) (enter number) organization
Form 990-PF		4947(2)(1) nonexempl chartrable trust not treated as a private foundation
Form 990-PF    501(c)(3) exampl private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(7)		
4947(a)(1) horeexempt contribution treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, See Instructions.    Second Rule		Tar Mandrea or Series signification
Check if your organization is covered by the General Rule or a Special Rule.  Note, Only a section \$01(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, \$5,000 or more (in money or properly) from any one contributor, (Complete Parts I and III.)  Special Rules  For a section \$01(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections \$59(a)(1) and \$170(b)(1)(A)(w) 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 (i) Form 990-Fax line 1. Complete Parts I and III.  For a section \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, test contributions of imprechan \$1,000 for use exclusively for religious, chanishle, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.  For a socilian \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, test contributions for use exclusively for religious, chanishle, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.  For a socilian \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chanishle, alc, purposes, but these contributions did not total to more than \$1,000. If this box is charked, enter here the total contributions that wore reserved during the year for an exclusively religious, charistation, alc, purpose, Do not complete any of the parts unloss the General Rule applies to this organization because if received nonexclusively religious, charistation purposes, or the section of th	Form 990-PF	501(c)(3) ((xmm)) private foundation
Check if your organization is covered by the General Rule or a Special Rule.  Note, Only a section \$01(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, \$5,000 or more (in money or properly) from any one contributor, (Complete Parts I and III.)  Special Rules  For a section \$01(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections \$59(a)(1) and \$170(b)(1)(A)(w) 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 (i) Form 990-Fax line 1. Complete Parts I and III.  For a section \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, test contributions of imprechan \$1,000 for use exclusively for religious, chanishle, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.  For a socilian \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, test contributions for use exclusively for religious, chanishle, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.  For a socilian \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chanishle, alc, purposes, but these contributions did not total to more than \$1,000. If this box is charked, enter here the total contributions that wore reserved during the year for an exclusively religious, charistation, alc, purpose, Do not complete any of the parts unloss the General Rule applies to this organization because if received nonexclusively religious, charistation purposes, or the section of th		4947/a)(1) horsexempl charitable touch treated as a private foundation
Check if your organization is covered by the General Rule or p Special Rule.  Note, Only a section \$01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.  General Rule  [X] For an organization filing Form 990, 990-62, or 990-PF that received, during the year, \$5,000 or more (in money or properly) from any one contributor. (Complete Parts I and II.)  Special Rules  [For a section 501(c)(3) organization filing Form 990 or 990-62 that met the 33-1/3% support test of the regulations under sections \$59(a)(1) and 170(b)(1)(A)(v)) and received from any one contributor, during the year, a coetribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-62, line 1, Complete Parts I and II.  [For a section \$01(c)(7), (8), or (10) organization filing Form 990 or 990-62 that received from any one contributor, during the year, trate contributions of more than \$1,000 for use exclusively for religious, chanitable, scientific, literary, or educational purposes, or the development of cruely to children or animals. Complete Parts I, II, shell III.  [For a section \$01(c)(7), (8), or (10) organization filing Form 990 or 990-62 (hall received from any one contributor, during the year, contributions for use exclusively for religious, than table, etc., purposes, but these contributions did not total to more than \$1,000. If this box is chericked, enter here the total authorities that were received during the year of an exclusively religious, charitable, etc., contributions of the parts unloss the General Rule applies to this organization because it received nonactualized to talk purposes. Do not complete any of the parts unloss the General Rule applies to this organization because it received nonactualized to talk purposes. Page 10 and 10 an		
Note, Only a section \$01(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, \$5,000 or more (in money or properly) from any one contribution. (Complete Parts 1 and II.)    Special Rules   For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under aections \$503(a)(1) and 170(b)(1)(A)(wi) 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 (1) Form 990, Part VIII, line 1h, or (1) Form 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for tage oxidasively for religious, plantable, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.   For a section \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions for use exclusively for religious, chanitable, etc., organization to total contributions that were received during the year for an exclusively religious, chanitable, etc., contributions that were received during the year for an exclusively religious, chanitable, etc., contributions of \$5,000 or more during the year.		) 501(C)(3) (axable private foundation
Note, Only a section \$01(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, \$5,000 or more (in money or properly) from any one contribution. (Complete Parts 1 and II.)    Special Rules   For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under aections \$503(a)(1) and 170(b)(1)(A)(wi) 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 (1) Form 990, Part VIII, line 1h, or (1) Form 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for tage oxidasively for religious, plantable, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.   For a section \$01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions for use exclusively for religious, chanitable, etc., organization to total contributions that were received during the year for an exclusively religious, chanitable, etc., contributions that were received during the year for an exclusively religious, chanitable, etc., contributions of \$5,000 or more during the year.	Check if your organization	on is covered by the General Rule or a Special Rule .
General Rule    For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or preparly) from any one contributor. (Complete Parts I and III.)    Special Rules   For a accident 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under accident \$509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.    For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of impre than \$1,000 for use exclusively for religious, chantable, scientific, literary, or oducational 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc. purposes, but these contributions did not total 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., contributions of a 5,000 or more during the year.    Caution: An organization that is got covered by the General Rule applies to this organization because it received nonexclusively to disjons, chantable, etc., contributions of 35,000 or more during the year.	_	
X   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or granerly) from any one contributor. (Complete Parts I and III.)    Special Rules		1(c)(7), (a), or (10) organization can check boxes for both the General Rule and a Special Rule, See Instructions.
Special Rules  For a social Solid (2)(3) organization filing Form 980 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) 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 (i) Form 990, Part VIII, line th, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For a section 501(a)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.  For a social 501(a)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is charitable, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.		
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, fetal contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelly to children or animals. Complete Parts I, II, and III.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., currised and not total to more than \$1,000. If this box is checked, enter here the total contributions that wore received during the year for an exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.	X  For an organization     Englishmen (Comole	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or properly) from any one the Parts Lead III.
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under aections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the devention of cruelly to children or animals. Complete Parts I, II, and III.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ (nat received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not total 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. contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the Schedulo B (Form 990, pop. EZ or		
For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under aections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the devention of cruelly to children or animals. Complete Parts I, II, and III.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ (nat received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not total 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. contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the Schedulo B (Form 990, pop. EZ or	Special Rules	
509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (i) Form 990-EZ, line 1. Complete Parts I and II.  For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use oxides/very for religious, charitable, scientific, literary, or educational purposes, or the discount of cruelly to children or animals. Complete Parts I, II, and III.  For a socilion 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., currently for religious, charitable, etc., currently for religious, charitable, etc., contributions that were received during the year for an exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the Schedule B (Form 990, pop. EZ or	<del>_</del>	(3) organization filing Form 900 or 900-E7 that and the 32-1/3% current test of the seculations under a miles
total contributions of incre than \$1,000 for pay oxides/vely for religious, charitable, scientific, literary, or educational purposes, or the devention of cruelly to children or animals. Complete Parts I, II, and III.  For a socilize \$01(c)(7), (8), or (10) organization thing Form 990 or 990-82 that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is charitable, etc., enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the Schedule & Form 990, pop. 57, or		XTXAXVI) and received from any one contributor, during the year, a contribution of the greecer of (4) \$6 non-or
total contributions of incre than \$1,000 for pay oxides/vely for religious, charitable, scientific, literary, or educational purposes, or the devention of cruelly to children or animals. Complete Parts I, II, and III.  For a socilize \$01(c)(7), (8), or (10) organization thing Form 990 or 990-82 that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is charitable, etc., enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the Schedule & Form 990, pop. 57, or	For a section 501(c)	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the war.
For a socilor 501(c)(7), (8), or (10) organization illing Form 990 or 990-62 that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. curposes, but these contributions did not total to more than \$1,000. If this box is cherked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the Schedule 8 (Form 990, 990, 67).	intercontributions of	MOSS CORD \$1,008 for use exclusively for religious, charitable, scientific litrysru, or orbital account numbers of
Contributions for use exclusively for feligious, chantable, etc. purposes, but these contributions did not total to more than \$1,000.  If this box is charted, enter here the total contributions that work inserved during the year for an exclusively religious, charitable, etc. purpose, Do not complete any of the parts unloss the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.	For a socilor 501(a)	(7), (8), or (10) proon sation tilene Form 990 or 990-#2 that received from any one considered, during the year
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	contributions for use	######################################
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not the	purpose. Do not con	A enter here are total examplement and wore reserved during the year for an exclusively religious, charitable, site, NDSOG any of the parts unless the General Rule applies to this organization because it cares as populations.
Caution: An organization that is not covered by the General Ruic and/or the Special Ruics does not the Schedulo B (Form 990, 990-EZ, or	religious, charitable,	etc, contributions of \$5,000 or more during the year
ORGA SELVEN BY A STANDARD OF THE CONTROL OF THE CONTROL OF THE SPECIAL RULES does not the Schedulo B (Form 990, 990-EZ, or	Caution: An organization	in that is not converted by the Consent State and to the Consent State and the Consent State and to the Consent State and the Consent
Secret ) but a must answer 190 on Max IV. line 2, of 8, Horm 990; or check line box on line H of his Form 990-177 or on its Form 990-196	890-96 LOULK Must ans	wer. No on Part IV. line 2, of its Porm 990; or check the box on line H of its Porm 990-EZ or on its Porm 990-96
Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF),	Part I, line 2, to certify th	at it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedulo 8 (Form 990, 990-EZ, or 990-PF) (	BAA For Paperwork R	eduction Act Notice, see the Instructions for Form 990, 990EZ, Schedulo B (Form 990, 990-EZ, or 990-PF)

	B (Fami 990, 990-EZ, or 996-PF) (2013)	Page	1 of Part 1
Maine of org ART . (	ambation IGLIURE, AND ENTERTAINMENT THE		r identification number 3 9 6 4 2 9
Part I	Contributors (see instructions). Use deplicate copies of Part Lif additional space		w 10362
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>:</u>	ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS  221 PALAFOX PLACE, SUITE 440  FENSACOLA FL 52502	*20 <b>£_</b> 099,	Person X Payroll
(a) Numbe <i>r</i>	(b) Name, address, and ZIP + 4	(¢) Total contributions	(d) Type of contribution
2	CITY OF FENSACOLA  222 W MALN STREET  PENSACOLA  10 32502	\$7 <u>5</u> _000_	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE OF FLORIDA  2900 APALACHEE PARKWAY  TALIAHASSEE  TL 32899	\$ 6,529.	Person X Payroll  Noncash (Complete Part II for noncesh contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		*	Person Payroll Noncash (Cemplete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
m. u- v		.s	Person [ Payrolt
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		S	Person
	<u></u>	J	noncest: contributions.)

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

Complete if the organization answered 'Yes.' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 900.

OV8 No. 1545-0942

Open to Public Inspection Employer identification agreement

spartment of the Frankery arrest Massenus Samues . aunie of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

ART, CULTURE, AND ENTERSASSMENS INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . Aggregate contributions to (during year) . . . 2 Aggregate grants from (during year) . . . . . . Aggregate value at end of year . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, denors, and denor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the denor or donor advisor, or for any other purpose conferring Impermissible private transfit? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education). Preservation of an historically important land area Protection of natural nabitati Proservation of a certified historic structure Preservation of open space Complete lines 2a through 2d. I the organization hald a qualified conservation contribution in the form of a conservation cosonical on the last day of the tax year. 2 a 2 b Number of conservation canonics on a certified historic attracture includes time (a) 2 c d Number of conservation wasements included in (c) acquired after \$/17/05, and not on a historic kt/ucture listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation gasement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations. and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year -8 Does each conservation easement reported on line 2(d) above satisfy the requirements of socion 470(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation exsernents to its revenue and expense statement, and balance sheet, and include, if applicable, the text of the feetingle to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Ves' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and belance shoot works of wit, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the roothote to its financial statements that describes those items. bill the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of ert, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of ort, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 118 (ASC 958) relating to these items: b Assets included in Form 990, Part X

Scredule D (Form 990) 2013 ART, Part III Organizations Mainta	CULTURE,	AND ENTERTAIN	MENT TNC orical Treasures.	27-139 or Other Similar Ass	6429 Page 2
<ol> <li>Using the organization's acquisition items (check at that apply);</li> </ol>	n, accession, a	and other records, check	cany of the following lisa	t are a significant use of a	8 collection
# Public extiloition		d Lasn	or exchange programs		
b Scholarly research		c Other			
<ul> <li>Preservation for future general</li> </ul>	tions	le e e è	· · · · · · · · · · · · · · · · · · ·		
<ol> <li>Provide a description of the organi Part XIII.</li> </ol>	zation's collect	tions and explain how th	oy further the organization	on's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather that	n to be mainta	ingg as part of the organ	Vi <b>zatio</b> n's collection?		Yuw No
Part IV Escrow and Custodia line 9, or reported an a	Arrangen	ents. Complete if I	he occupization and	swered 'Yes' to Form	990, Part IV,
1 a Is the organization an agont, truste on Form 990, Part X?	e, custodian, c	or other intermediary for	contributions or other as	sets not included	Yes   No
bilf 'Yes,' explain the arrangement in	Part XIII and i	complete the following to	ible:		Amount
c Beginning balance				1 c	Munda.
d Additions during the year				1 d	
e Distributions during the year				1 1 1	- ··
f Ending balance					
2 a Did the organization ideadd an am	ount on Form	990 Part X line 212	, , , .		1 72
b If 'Yes,' explain the arrangement in	Part XIII. Che	ck here if the explantion	has been provided in Pa	art XIII	Yes No
Part V   Endowment Funds, C	omplete if the	he organization ans	wered 'Yes' to Forn	n 990 Part IV line to	<u> </u>
	(a) Currently				(e) Four years back
1 a Beginning of year balance			107	N (a) 1 Tee years Park	tish con Acard parck
<b>b</b> Contributions		·			·
c Not invostment carnings, gains, and losses					
d Crants or scholarships				-	
e Other expenditures for facilities and programs					
f Administrative expenses					<u> </u>
g ≘nc of year balance,			<del></del>		<del>                                     </del>
2 Provide the estimated percentage	ol the everent v	care and halonon fline 1			<u> </u>
a Board designated or quasi-endown		, ,	g, corumn (a)) neid as:		
b Permanent engowment		······	•		
	*				
c Temporarily restricted contrivument		**			
The purpernages in lines 2a, 2b, at	'd 2r: should ei	tual 100%.			
3 a Are there endowment funds not in organization by:					Yes No
(i) unrelated organizations					3a(i) i
(ii) related organizations					3a(ii);
b if Yos' to 3a(ii), are the related orgi	anizationa listo	d as required on Schod	ulo R?		3b
4 Describe in Part XIII the intended s	ises at the org:	anization's endowment f	ur.da.		
Part VI Land, Buildings, and	Equipment				
Complete if the organiz			990, Part IV, line 11	a. See Form 990. Pa	rt X line 10
Description of property		a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bank value
1a Land			Dane (od set)	O-den-Activition	
b Buildings			F 1 - 1-191		
c Leasenold improvements		·		<del> </del>	
d Equipment				· · · · · · · · · · · · · · · · · · ·	··
e Othe/					
		1/ one #		1	
Total, Add lines 1a through 1e. (Column	(a) musi equa	r_erm 990. Pad X, colu	mn (B), line 10(c).)		
AA				Sched	ule D (Fami 990) 2013 -

Part VII Investments — Other Securities.	<u>ENTERTAINMENT</u>	LNC	27 1396429	Page 3
Complete if the organization answered	'Yes' to Form 990, F	art IV, line 11b	. See Form 990, Part X, line	12.
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method	of valuation: Cost or end-of-year market v.	aluc
) Financial derivatives				<u></u>
(2) Closely-held equity interests				
(3) Other				
<u>(^)</u>				
(8)				
(C)				
(D)	·			
<u>(₹)</u>				
<u>(F)</u>				· · · · · · · · · · · · · · · · · · ·
(C)				
09				
<u>(f)                                    </u>				
Total. (Column (b) must equal Form 990. Part X. column (B) line 12.)				
Part VIII   Investments - Program Related. Complete if the organization enswered				_
Complete if the organization answered	Yes to Form 990, P	art IV, line 11c.	See Form 990, Part X, line	13.
(a) Description of invastment type	(b) Book value	(c) Method of v	Highlion: Cost or end-of-year marks	et value
(1)				
(2)				
. (3)		•		
(A)				
(S)	· · ·		- 11	
(6)			<del></del>	
17)				
(8)				
(9)				
(*9)				
nal (Cohom (b) must popul Form 990, Part X, cohom (b) line 13.)				
Part IX Other Assets.	Vac'ta Farm 000 B	out IV time 4 4 d	D	
Complete if the organization answered '	geriction	art IV, une 11d.	See Form 990, Part X, line	15.
(1)			(b) Book	AMIRG
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(70)				
Total. (Column (b) must equal Form 990. Part X, column (B),	Brie 15.)			_
Part X Other Liabilities.			11 11 12	
Complete if the organization answered 'Yes' to F	orm 990, Part IV, Ilrig 11	e or 11f. See Forn	1 990, Part X, line 25	
(a) Description of liability (1) Federal Income taxes	(b) Blook value	<b>-</b>		
(2)		<del> </del>		
(3)		<u></u> }		
(3)		<del></del>		
(5)				
(6)	***			
(7)				
(8)				
(9)				
(10)		.		
(11)				
Total, (Column (b) must equal Form 990 Part X, column (B) line 25)	-			
2. Dability for uncertain lax positions. In Part XIII, provide the text of the feet	incte la Pre organization's linar		ports the originization's hability for underta	ii i
tax positions under FIN 48 (ASC 740). Check here if the fext of the footnote				[ ]
BAA	156A3393 10-02/13		Schedule <b>D</b> (Form	690) 2013

ARI, CULTURE, AND ENTERTAINMENT LNC

Schedule D (Form 990) 2013

FEE-A3304 10/02/13

Schedue 🗅	(Form 990) 2013	ART, CULTURE	, AMO ENTERTA	NMENT INC		<u>27-</u> 1398429	Page 5
Part XIII	Supplemental	Information (co	ntinued)			I DECIZE	- nge o
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SCHEDULE I		Go	Grants and Oth	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	o Organization the United Sta	s, ites		2013
Altragation the Characteristic		Comple	ite if the organizati short Schadula I	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 of 22.  F. Attach to Form 990.  * Action 1990.	orn 990, Part IV, line 21). ). Intions is at wow.irs.o	or 22. cv/form950.	<u>. •                                     </u>	Open to Public Inspection
Program Revenue Service Namo edino organizator				(2)			Employer identification number	8
ART, CULTURE, A Parti (General Inf	AND ENTERTAINMENT PROGRAMS	TUTTORY, AND ENTRACATINGENT INC.	ance	,			27-1396429	6
1 Oves the organized the selection orlonic	on maintain records a used to award the the organization's to	to substantiate the angrents or assistance?	nount of the grants of the use of grant f	Oves the organization maintain records to substantiate the amount of the grants or assistance, the grantses' eligibility for the grants or assistance, the grantses' eligibility for the grants or assistance. Overcon oritoria used to award the grants or assistance or assistance or assistance or assistance or assistance or grant tunds in the United Safes.	s' eligibility for the grant	s or assistance, and		Yes No
Part II Grants and Form 990, F	Other Assista	nce to Governme or any recipient that	ints and Organ	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answer Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ed States. Comple can be duplicated	Complete if the organization answered 'Yes' to plicated if additional space is needed.	on answered 'Ye is needed.	s' to
Calmanage of acutes of agreement (a)	e of organization energi	1412 (4)	opposition (of	(d) Amamid ast gar.	(e) An outsi of non-cash and stands	(f) Method of subjection (auck, FMM, applicition), others	Igi Dosaripton of një-çash assessance	(h) Purpose of yeart or assessmen
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	550M OF 38T FEBSON ST 32502	39-6785780		48, 788.		,		OPERATIONS
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(8) 2H2/RAIL SOCIETY OF USESSON OF 100 H2 AVAILABLE SOLUTION OF 17 AVAI	2 OF USESSACIO 2 US. EN 803 37.51.	1 '						OZERATIONS
2 Enter local number of section 50 (c)(3) and government organizations Itsled is Enter local number of other organizations listed in the fine 1 table	of section 501(c)(3) of other organization	Enter total number of section 501(c)(3) and government organizations listed in the large table.  Enter total number of other organizations listed in the fine 1 table.  Exerptions for Form 990.	nizations listed in the ible s for Form 990.	dine i tablo	TEZAMON UTAZY	M2-3	Inparios	Schedule I (Forn) 990) (2013)

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 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2013 (h) Purpose of 'n grant or pssistance OPERATIONS DPSRATIONS Employer identification number Confination Page Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 23-1395429 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (c) IRC section (d) Amount of cash it applicable grant 2. 266 48,103 15EA4001 C71213 59-77/87/30 39-0607987 (b) FIN ARE, CULTURE, AND ENTERTAINMENT INC FIRSTA OF RIVE PLACE AND TREATMENTS STATEMENT SILVE (a) Name and address of organization or government MENSO SIMPOMIS CREAT PENSACOLA FL 32501 PENSACOLA FL 32502 Name of Ye organization

Schedule I (Form 990) (2013) Sylvative de 107-085h adams (f) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (b) Method of vehicles (bod). PVV apprasal, other; ROLLEGE AND THE STATE OF K) Arnoune (a) Mety rise: ib) Noréerol :etipents cardinate of grant or assistance Part IV Part III BAA

Page 2

73-1396429

ART, COLDURG, AND EMPERIALNESNY INC

990 (2013) .

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

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.

QMB No. 1545-0047

 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ncarment of the Treasury emist Revenue Service

Open to Public Inspection

Name of the organization	Employer Identification number
ART, CULTURE, AND ENTERPAINMENT INC	•
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6120 ENTERPRISE DR C/O DAVID M BEAR

PRINSACOLA, FL 32505-1858 ART CULTURE AND ENTERTALIMENT INC

Accounting Period Ending: 0099-628 (448) Contact Telephone Number: CHEIR BEOMN Contact Person: 20020200<del>7</del>

Employer Identification Number:

6249661-42

170(b)(I)(A)(YI) September 30

· eəY Form 990 Required: Public Charity Status:

Decemper 2, 2009 Effective Date of Exemption:

Contribution Deductibility:

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Dear Applicant:

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regerding your exempt status, you should keep it in your permanent records. or SSS of the Code. Because this letter could help resolve any questions tex deductible bequests, devises, transfers or gifts under section 2055, 2106 deductible under section 170 of the Code. You are also qualified to receive under section 501(c)(3) of the internal Revenue Code. Contributions to you are exempt status we have determined that you are exempt from Federal income tax We are pleased to inform you that upon review of your application for tax

a public charity under the Code section(s) listed in the heading of this as either public charities or private foundations. We determined that you are Organizations exempt under section 501(c)(3) of the Code are further classified

exempt organization. Charities, for some helpful information about your responsibilities as an Please see enclosed Fublication 4221-FC, Compliance Guide for 501(c)(3) Public

Terrer 947 (DO/CG)

refret 947 (DO/CG)

excreationPublication 4221-PC

Director, Exempt Organizations

Rulings and Agreements Robert Chol

Sincerely,

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Comment Committee

Fire & Control つ 5のいけんなびゅ 約29

Mespaneseup a cobh of this letter to your representative as indicated in your

ART CULTURE AND ENTERTALUMENT INC



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Pensacola Downtown Improvement Board

Agency Address:

41 N. Jefferson Street, Suite 401

Pensacola, Florida 32502

Program Name:

Holiday Lights and Pelican Drop

**Program Contact:** 

Ron Butlin

Contact Email:

ronbutlin@downtownpensacola.com

Contact Phone:

(850) 434-5371

25-Word Description of Program:

To boost tourism and shopping downtown during the Holiday Season. The Pelican Drop is a regional downtown New Year's Eve Celebration

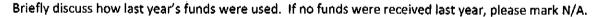
Amount Requested:

200,000.00

Amount Received Last Year, if applicable:

200,000.00





We are in the process of using the funds right now. There will be lit public trees from Garden Street to Main Street and light poles wrapped with lit garland and wreaths from Wright Street to Plaza De Luna.

Briefly discuss how the funding you are currently requesting will be used.

I will be in a similar fashion however we would like to expand the area of impact to include parts of Garden St., Romana St. Intendencia St., Government St., Zaragossa St. and Main Street.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Through the DIB general budget and private donations.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

N/A

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- Provide a free public event that enhances the quality of life for area residents
- Provide another reason for tourist to visit Pensacola in the winter
- To help Downtown businesses thrive

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- The number of people visiting Downtown during the Holiday's
- Retail sales figures as compared previous years

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Not available



### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

## Income

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources		0.00	50,000.00
Programmatic Income	•	0.00	0.00
County Funding		200,000.00	200,000.00
City Funding		0.00	0.00
State Funding		0.00	0.00
Federal Funding		0.00	0.00
Memberships		0.00	0.00
Investment Income		0.00	0.00
Other Income		0.00	0.00
Total Income		200,000.00	250,000.00



Fuel

# Fiscal Year 2015-2016 ESCAMBIA COUNTY AGENCY REQUEST FORM

<u>Expenses</u>			
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			·
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			



Expenses (cont.)			
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Capitalizable Assets			
Total Expenses			
Net Income			
Please explain any cani	talizable asset contained in you	r request	





(Rev. Occomber 2014) Department of the Treasury

#### Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the iRS.

HHEITMA	Prevenue 3m vice				i	
	<ol> <li>Name (as shown on your income tax return), Name is required on this line; d</li> </ol>	o not leave this line blank,				
	Downtown Improvement Board					
e 2.	2 Business name/disregarded entity name. If different from above					
Print or type ee Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the foliation individual/sole proprietor or Corporation Scorporation Single-member LLC Corporation CaC corporation, S= Note. For a single-member LLC that is disregarded, do not check LLC; ching tax classification of the single-member owner.  ✓ Other (see instructions) Cover 5 Address (number, street, and apt, or suite no.)  11 N Jefferson Street, Suite 401  6 City, state, and ZP code	on Partnership Trus S corporation, P=partnership) > eck the appropriate box in the line a		certain ent instruction Exempt pa Exemption code (if an	ities, not Ind s on page 3) yee code (il : from FATC/ y)	ury) A reporting
	7 List account number(s) here (optional)				·	
Part				··. , , , , , , , , , , , , , , , , , ,		
backur resider entities	our TIN in the appropriate box. The TIN provided must match the name withholding. For individuals, this is generally your social security number alien, sole proprietor, or disregarded entity, see the Part I instruction, it is your employer identification number (EIN), If you do not have a n	ber (SSN), However, for a s on page 3. For other umber, see How to get a		- I		
	page 3,	စ္				
	the account is in more than one name, see the instructions for line 1.	and the chart on page 4 for 📙	Employer i	dentificatio	n number	
Acidets	es on whose number to enter,		5 9 -	1 6	3 2 2	3 1
Part	I Certification			1		<del>!l</del>
	penalties of perjury, I certify that:					
	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for a number	to be issu	ued to me	); and	
Serv	not subject to backup withholding because: (a) I am exempt from bacice (IRS) that I am subject to backup withholding as a result of a failuringer subject to backup withholding; and	kup withholding, or (b) I have no e to report all interest or dividen	ot been no ds, or (c) l	stified by t the IRS ha	he internal s notified r	Revenue ne that I am
3. Lam	a U.S. citizen or other U.S. person (defined below); and					
4. The F	ATCA code(s) entered on this form (if any) indicating that I am exemple	from FATCA recorting is corre	et.			
Certifio Secaua Interest Jenerali	ation instructions. You must cross out item 2 above if you have been a you have failed to report all interest and dividends on your tex return paid, acquisition or abandonment of secured property, cancellation of y, payments other than interest and dividends, you are not required to one on page 3.	notified by the IRS that you are For real estate transactions, its debt, contributions to an indivi-	currently m 2 does	not apply	. For morto	gage RA) and
Sign	Signature of		-/. /			· · ·
Here_	U.S. person >		////	<u> </u>		
Gene	ral Instructions	• Form 1098 (home mortgage inter (tuition)	est). 1098-i	E (student k	)an interest),	10 <del>9</del> 8-T

Section references are to the Internal Revenue Code unless otherwise noted,

Future developments, information about developments affecting Form W-9 (such as logistation enacted after we release it) is at www.irs.gov/fw9,

#### Purpose of Form

An individual or entity (form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TNN), adoption taxpayer identification number (ATN), or employer identification number (ATN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-8 (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct Tity.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the littled-out form, you:
- 1. Certify that the TIN you are giving is correct for you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or
- 2. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also cartifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting: page 2 for further information:



#### Consumer's Certificate of Exemption

DR-14 R, 04/11

#### Issued Pursuant to Chapter 212, Florida Statutes

85-8012644584C-5	08/31/2012	08/31/2017	MUNICIPAL GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

PENSACOLA DOWNTOWN IMPROVEMENT BOARD 41 N JEFFERSON ST STE 401 PENSACOLA FL 32502-5644



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, transient rental property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

DR-14 R. 04/11

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
   See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's
  customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entitles." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

West Florida Historic Preservation Inc.

Agency Address:

120 Church Street

Pensacola Florida 32502

Program Name:

West Florida Historic Preservation Inc.

Program Contact:

Robert Overton

Contact Email:

roverton@uwf.edu

Contact Phone:

(850)595-5985

25-Word Description of Program:

We operate Historic Pensacola Village, the Pensacola Children's Museum, Voices of Pensacola Multicultural Center and the T. T. Wentworth, Jr. Florida State Museum.

Amount Requested:

70.000.00

Amount Received Last Year, if applicable:

70,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

The \$70,000 we received last year was used to continue the support of the over forty year partnership between the University of West Florida Historic Trust and Escambia County for the preservation of our precious historical resources. These resources serve as a heritage tourism engine which attracted over 104,000 visitors and 11,000 school children last year.

Specifically the funds received last year were used for marketing and advertising our operation, covering a portion of our annual printing expenses for items such as brochures, rack cards, lesson plans, and other announcements, general office supplies and insurance.

Briefly discuss how the funding you are currently requesting will be used.

The funding will be used to help cover our cost for marketing our operation to both locals and tourist, Assisting with our printing of brochures, rack cards, lesson plans, and etc., consumable office supplies used in the conducting of business and assisting with the cost to insure the historic properties.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

Reduced funding would severely limit our ability to market the historic assets that we manage and well as limit our ability to insure them.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

All grants received for special projects and programs require varying amounts of cash match. Approximate estimate is 15% of the annual budget is bound by matching fund requirements.

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1. The education of Escambia County and regional schoolchildren and their families.
- 2. Serving as an economic engine by attracting and sharing our history with a broader cultural heritage tourism audience.
- 3. Collecting, preserving, interpreting, and sharing the history of Escambia County and the broader region of Northwest Florida

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1. Increase in the number of annual visitors to our site.
- 2. Increase in the annual number of schoolchildren served.
- Increase in the annual number of special events held on our site.

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

In FY 2014/15 we:

- 1. Hosted 104,013 site visitors.
- 2. Served 11,291 schoolchildren.
- Hosted 302 special events.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	2,000.00	4,000.00	4,000.00
Programmatic Income	73,500.00	86,000.00	115,000.00
County Funding	70,000.00	70,000.00	70,000.00
City Funding	2,400.00	2,400.00	2,400.00
State Funding	1,445,607.00	1,486,113.00	1,596,113.00
Federal Funding	0.00	0.00	0.00
Memberships	13,000.00	19,000.00	29,000.00
Investment Income	1,000.00	2,000.00	670.00
Other Income	230,212.00	237,000.00	274,014.00
Total Income	1,837,719.00	1,906,513.00	2,065,097.00



<u>Expenses</u>

	Most Recently Completed Budge	Curre t Year Budget	·	roposed dget Year
Total Staffing				
Salaries and Wages	586,334.00	618,099.00	663,002.00	1
Employee Benefits	302,025.00	318,414.00	336,395.00	)
Professional Services	61,950.00	72,000.00	74,000.00	
Contractual Services	450,900.00	465,000.00	445,000.00	)
Travel Expenses	20,000.00	26,000.00	27,000.00	
Rentals and Leases	80,000.00	80,000.00	80,000.00	
Communication	14,000.00	15,000.00	16,000.00	
Postage and Freight	4,000.00	4,000.00	4,500.00	
Repair and Maintenance	32,000.00	50,000.00	70,000.00	
Printing and Binding	23,510.00	25,560.00	50,000.00	
Marketing and Promotion	40,000.00	40,000.00	50,000.00	
Fuel	3,000.00	3,200.00	3,800.00	



#### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	80,000.00	87,000.00	87,000.00
Capitalizable Assets	140,000.00	102,240.00	158,400.00
Total Expenses	1,837,719.00	1,906,513.00	2,065,097.00
Net Income	0.00	0.00	0.00

Please explain any capitalizable asset contained in your request.

N/A



### Consumer's Certificate of Exemption

PR-14 R. 04/11

#### Issued Pursuant to Chapter 212, Florida Statutes

85-8012636360C-8	07/26/2013	07/31/2018	SUNG (S) OPENIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SAINT MICHAELS CEMETERY FOUNDATION OF PENSACOLA INC. 6 S ALCANIZ ST PENSACOLA FE 32502-0000



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

DR-14 RL 04/11

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
   See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is faxable. Your organization must register, and collect and remit sales and use fax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070; FA.C.).
- 5. It is a criminal offense to traudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," their "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO 60x 6480, Tallabassee, Ft. 32314-6480.

#### **TABLE OF CONTENTS**

#### PAGE 2 OF 2

4.	Fourth Cent Tourist Development Tax	Amount Requested	<u>Tab</u>
	Available Funding: \$1.660.650		_
я.	African American Heritage Society	\$ 25,000	25
b.	African American Heritage Society Arts Council	***************************************	No Request Submitted
¢.	Arts, Culture & Entertainment (ACE)	\$1,092,128	
d.	BCC Discretionary Event Funding	\$ 250,000	BCC Discretionary
e.	Downtown Improvement Board	\$ 200,000	
ť,	Frank Brown Songwriters' Festival	***************************************	No Request Submitted
g.	Historic Preservation Board	\$ 70,000	28
h.	Maintenance & Utilities of Artel Facility		No Request Submitted
i.	Naval Aviation Museum	\$ 100,000	29
j.	Pensacola Alumni Charity Event	***************************************	No Request Submitted
k.	Pensacola Chamber/VIC		No Request Submitted
l.	Pensacola Museum of Art		No Request Submitted
m.	Uncle Sandy's Macaw Park	***************************************	No Request Submitted
n.	Santoma 4th of Luly	¢ 75.000	
O.	Skills USA	***************************************	No Request Submitted
p.	St. Michael's Cemetery	\$ 25,000	
q.	St. Michael's Cemetery Visit Pensacola	(	See Three Cents TDT Request)
	Total Fourth Cent Tourist Development Tax	\$1,837,128	



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: Naval Aviation Museum Foundation, Inc. (DBA National Flight Academy, LLC)

Agency Address: 1750 Radford Blvd, Suite B, NAS Pensacola, FL 32508

**Program Name:** National Flight Academy

Program Contact: Michele Sweigart, Executive Vice President Development

Contact Email: msweigart@navalaviationmuseum.org

Contact Phone: 850-453-2389

**25-Word Description of Program:** The Naval Aviation Museum Foundation, a 501(c)(3), supports the Naval Aviation Museum and the National Flight Academy, a Science, Technology, Engineering and Math educational experience.

Amount Requested: \$100,000

Amount Received Last Year, if applicable: \$100,000



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A,

During spring and summer 2015, 1,174 students matriculated through the National Flight Academy's (NFA) AMBITION six-day *DEPLOYMENT* program. Nine hundred-sixty five of these students received at least partial scholarships to attend. Eighty-nine percent of these students were from outside of Escambia County. The total amount of scholarships offered was approximately \$455,000, \$100,000 of which was funded through the Escambia County grant. Of all students who attended AMBITION's six-day *DEPLOYMENT* program, 1,041 of them were out of County.

While these students stay onboard, their families bring them to the six-day program on a Sunday and are generally present at the students' graduation ceremony the following Friday. Whether they stay for the entire week or travel to Escambia County for drop off and pick up on consecutive weekends, these families spend at least one overnight in our area and experience the diversity of our community including our local beaches, hotels, restaurants, retail, galleries and museums.

Additionally, the NFA regularly engages in "Embarks," adult programs that range from corporate retreats to armed service units/squadrons reunions. These programs range in length from one to three days. Participants usually stay off site in local accommodations when participating in an Embark program. Monies raised through Embarks help to offset the costs of maintaining the 102,000 square foot NFA building during off peak seasons.

#### Briefly discuss how the funding you are currently requesting will be used.

The Naval Aviation Museum Foundation, Inc., subsidiary, the National Flight Academy, proposes to use any funds received from Escambia County to continue to provide scholarship support to AMBITION students.

#### If Escambia County funding can only fund a portion of your request, how will you offset the difference?

We will continue our ongoing fundraising and development efforts, primarily focused on corporate, community and private donor support. Examples of past and current supporters of the AMBITION program include the American Legion, Delta Air Lines and Federal Express.

Additionally, the NFA will continue to reach out to businesses and national organizations such as the through our *EMBARK* programs. This will not only continue to provide national exposure for Escambia County, it is also a valuable tool in our economic development arsenal as exemplified by Leadership Florida's two-day visit in 2015.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Not applicable.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

- To educate students a minimum of 2,000 students during spring and summer 2016 in Science, Technology, Engineering and Math (STEM) disciplines, as well as offer them real-life work-force experience through critical thinking, problem-solving, teamwork and communication skills
- 2) Through our immersive, interactive, one-of-a-kind programming, it is the NFA's goal to inspire students to take a more proactive interest in STEM, improving there performance in school and sparking an interesting in STEM-focused careers.
- 3) To continue to provide a showcase experience and national exposure for Escambia County through Embark programs offered to national business leaders from companies such as Boeing, Federal Express, Delta Air Lines and Google. In doing so, we will continue to offset operating expenses for the NFA's core AMBITION Program and support the County's economic development initiatives to develop a strong economy that can provide for the County's into future.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

In the four years since the NFA's inception, we have grown our AMBITION capacity by 36 students per week (to 144 per week) or by 432 students during our twelve-week spring and summer seasons alone. It is our intent to build on this success, eventually expanding the program to host 288 students per six-day DEPLOYMENT and to expand our potential deployment weeks from 12 to 14 by recruiting students from other areas of the country, particularly the Midwest and Northeast.

We will also continue to seek an increased number of off-season *EMBARK* events, creating a stronger revenue stream for the NFA and expanding Escambia County's national exposure to targeted economic industries.



Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

The National Flight Academy is a state of the art facility that provides science, technology engineering and math (STEM) learning instruction to 7th through 12<sup>th</sup> graders. There are numerous high costs associated with such a program including but not limited to, insurance, technology, facility maintenance cost, personnel cost to deliver the program, utilities, and marketing of the programs. The funds provided by Escambia County would support these program costs, specifically, to pay the expensive insurance premiums related to the facility and delivery of the program in the high hurricane risk area.



#### **BUDGET**

Other Income

Total Income

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### for the previous budget year. <u>Income</u> Most Recently **Current Projected** Proposed Completed Fiscal Year Fiscal Year Result **Budget Year** Results Contributions from **Private Sources** (see attached schedule for all revenue & expense categories) Programmatic Income County Funding City Funding State Funding Federal Funding Memberships Investment Income



#### **Expenses**

Most Recently Current Proposed Completed Fiscal Year Fiscal Year Fiscal Year **Total Staffing Salaries** See Attached Schedule and Wages Employee **Benefits Professional** Services Contractual Services Travel Expenses Rentals and Leases Communication Postage and Freight Repair and Maintenance Printing and Binding Marketing and Promotion Fuel



Expenses (cont.)			
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Capitalizable Assets			
Total Expenses			
Net Income			

Please explain any capitalizable asset contained in your request.

	Comp	Recently oleted Fiscal	Pr	ojected		oposed
National Flight Academy, LLC	Year		Fis	scal Year	Fis	cal Year
Contributions from Private Sources -						
Calatantia	Φ.	465.000	Φ.	22.000		
Scholarships	\$	465,803	\$	30,000	\$	30,000
Program income	\$	1,054,321	\$	1,050,000	\$	1,100,000
County funding	\$	100,000	\$	100,000	\$	100,000
City funding	\$	10,000	\$	-	\$	-
State funding	\$	-	\$	-	\$	500,000
Investment income	\$	327	\$	-	\$	-
Other income (allowance						
adjustments, in-kind donations, etc.)	\$	566,483	\$	700,000	\$	100,000
Total Income	\$	2,196,934	\$	1,880,000	\$	1,830,000
Salaries & Benefits	\$	507,666	\$	403,000	\$	430,000
Professional Services	\$	728	\$	-	\$	-
Travel Expenses	\$	1,858	\$	16,000	\$	16,000
Marketing/Advertising	\$	111,522	\$	78,000	\$	78,000
Bad debts	\$	3,900	\$	_	\$	-
Bank, broker & credit card charges	\$	9,524	\$	19,000	\$	19,000
Depreciation & amortization	\$	1,127,909	\$	1,144,000	\$	1,144,000
Direct costs & costs of sales	\$	1,028,038	\$	750,000	\$	750,000
Insurance	\$	156,389	\$	142,000	\$	142,000
Intercompany (shared service)						
expense	\$	294,596	\$	316,000	\$	316,000
MIS support	\$	80,961	\$	75,000	\$	75,000
Office supplies & expenses	\$	14,814	\$	22,000	\$	22,000
Other expenses	\$	96,215	\$	310,000	\$	310,000
Repairs & maintenance	\$	118,753	\$	125,000	\$	125,000
Utilities & telephone	\$	84,609	\$	80,000	\$	80,000
Loss on disposal of property	\$	177,704	\$		\$	· <u>-</u>
Interest expense	\$	4,095	\$	-	\$	_
Total Expenses	\$	3,819,281	\$	3,480,000	\$	3,507,000
Net Loss	s_\$	(1,622,347)	\$	(1,600,000)	\$	(1,677,000)

Total Staffing (approximately) 8 full-time 8 full-time 8 full-time 80 part-time 80 part-time\*

<sup>\*</sup> Seasonal employee salaries & benefit cost are included in direct cost & cost of sales amounts above due to those cost relating specifically to the delivery of the programs (cost of program income derived above).

### Form 8879-EO

## 

OMB No. 1545-1576	OMB	No.	1545-	1676
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pertment of the Treasury ernal Revenue Service time of exempt organization	1		
me of exempt organization	Information about Form 8879-EQ and its instructions is at www.irs.gov/form8	879ec.	
		Employer	Identification number
AVAL AVIATIO	ON MUSEUM FOUNDATION, INC.	59-6	178237
ame and title of officer 🔪			
T GEN DUANE` RESIDENT/CEO	D. THIESSEN, USMC		
art Type of	Return and Return Information (Whole Dollars Only)		
1 line 1a. 2a. 3a. 4a. or -	um for which you are using this Form 8879-EO and enter the applicable amount, if any, f 5a, below, and the amount on that line for the return being filled with this form was blank blank (do not enter 40). But, if you entered 40- on the return, then enter 40- on the applicat	, then leave	line 16, 26, 36, 46, or 56,
Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	16	8,713,627
Form 990-EZ check h		2b	
Form 1120-POL chec			
Form 990-PF check t		4b	
Form 8868 check he			
Part II Declara	ition and Signature Authorization of Officer		· <del></del>
lectronic return and according to the a latermediate service pro- latermediate service pro- later and any refund, he date of any refund, ebit) entry to the financial ebit, and the financial in 888-353-4537 no later rocessing of the electro ayment. I have selected	y. I declare that I am an officer of the above organization and that I have examined a cop- companying schedules and statements and to the best of my knowledge and belief, they mount in Part I above is the amount shown on the copy of the organization's electronic is rider, transmitter, or electronic return originator (ERO) to send the organization's return to of receipt or reason for rejection of the transmission, (b) the reason for any delay in proc- applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate ar- ial institution account indicated in the tax preparation software for payment of the organi- institution to debit the entry to this account. To revoke a payment, I must contact the U.S. than 2 business days prior to the payment (settlement) date. I also authorize the financial inic payment of taxes to receive confidential information necessary to answer inquiries as if a personal identification number (PiN) as my signature for the organization's electronic or electronic funds withdrawal.	rare true, co return, i cont the IRS and tessing the re- lization's fed- S. Treasury I il institutions and resolve is	rrect, and complete. I sent to allow my d to receive from the IRS sturn or refund, and (c) funds withdrawal (direct eral taxes owed on this financial Agent at I involved in the isues related to the
officer's PIN: check on	a box only		
X   authorize W	ARREN AVERETT, LLC ERO firm name	to enter m	ny PIN 78237  Enter live numbers, do not enter all zero
			An Mar Aures and Selec
	re on the organization's tax year 2014 electronically filed return. If I have indicated within	this return t	
is being filed v enter my PIN o	rith a state agency(les) regulating charities sa part of the IRS Fed/State program, I elso a on the return's disclosure consent screen.	uthorize the	aforementioned ERO to
is being filed verter my PIN of the Indicated with	ith a state agency(les) regulating charities as part of the IRS Fed/State program, t elso a	uthorize the 4 electronics	aforementioned ERO to ally filed return, if I have
is being filed v enter my PIN c As an officer o indicated with program, I will fficer's signature	with a state agency(les) regulating charities as part of the IRS Fed/State program, I also a continuous disclosure consent screen.  If the organization, I will enter my PIN as my signature on the organization's tax year 201- in this return that a copy of the return's being filed with a state agency(les) regulating chemics my PIN on the return's disclosure consent screen.  Date	uthorize the 4 electronics	aforementioned ERO to ally filed return, if I have
is being filed venter my PIN of As an officer of indicated with program, I will officer's signature	rith a state agency(les) regulating charities as part of the IRS Fed/State program, I also a on the return's disclosure consent screen. If the organization, I will enter my PIN as my signature on the organization's tax year 201- in this rejum that a copy of the return's being filed with a state agency(les) regulating ch	uthorize the 4 electronics	aforementioned ERO to ally filed return, if I have
is being filed venter my PIN of As an officer of indicated with program, I will fficer's signature Du	with a state agency(les) regulating charities as part of the IRS Fed/State program, I elso a continuous disclosure consent screen.  If the organization, I will enter my PIN as my signature on the organization's tax year 201 in this return that a copy of the return's being filed with a state agency(les) regulating charter my PIN on the return's disclosure consent screen.  Date   Date   Thiessen  cation and Authentication	uthorize the 4 electronics	aforementioned ERO to ally filed return, if I have
is being filed venter my PIN of As an officer of indicated with program, I will fileer's signature Du Part III Certificer's EFIN/PIN, Enter	with a state agency(les) regulating charities so part of the IRS Fed/State program, I also a contine return's disclosure consent screen.  If the organization, I will enter my PIN as my signature on the organization's tax year 201- in this return that a copy of the return's being filed with a state agency(les) regulating charter my PIN on the return's disclosure consent screen.  Date   Date	uthorize the 4 electronics arities as pa	aforementioned ERO to ally filed return, if I have
is being filed venter my PIN of As an officer of indicated with program, I will ifficer's signature Du Part III Certification (EFIN) followed certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certify that the above residence is a being filed to be a certification of the certification of	with a state agency(les) regulating charities as part of the IRS Fed/State program, I also a on the return's disclosure consent acreen.  If the organization, I will enter my PIN as my signature on the organization's tax year 201- in this return that a copy of the return's being filed with a state agency(les) regulating character my PIN on the return's disclosure consent acreen.  Date D. Thiessen  cation and Authentication  by your six-digit electronic filing identification by your five-digit self-selected PIN.  5070268443  contained by PIN, which is my signature on the 2014 electronically filed return for thing this return in accordance with the requirements of Pub. 4163, Modernized e-File (Methods)	4 electronics as pa	aforementioned ERO to ally filed return, if I have it of the IRS Fed/State

LHA For Peperwork Reduction Act Notice, see Instructions. 423061

Form 8879-EO (2014)

#### EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Internal Revenue Service

Information about Form 990 and its Instructions is at www.irs.gov/form990 Inspection For the 2014 calendar year, or tax year beginning and ending Check if applicable Name of organization. D Employer identification number Address change NAVAL AVIATION MUSEUM FOUNDATION, Name change 59-6178237 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return POST OFFICE BOX 33104 850-453-2389 City or town, state or province, country, and ZIP or foreign postal code 12,690,176. G Gross receipts \$ PENSACOLA, FL 32508 H(a) is this a group return Applica-tion pending F Name and address of principal officer: LT GEN DUANE D. THIESSEN Yes X No for subordinates? ..... 1750 RADFORD BOULEVARD, SUITE B, PENSACOLA H(b) Are all subordinates included? Yes No I Tax-exempt status: ■ 501(c)(3) 501(c) ( ) < (Insert no.) 4947(a)(1) or 527 If "No." attach a list, (see instructions) J Website: ► WWW.NAVALAVIATIONMUSEUM.ORG H(c) Group exemption number 📂 K Form of organization; X Corporation Trust Association Other -L Year of formation: 1966 M State of legal domicile: FL Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO BE THE BEST IN THE WORLD, A Governance SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 11 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 197 5 Total number of volunteers (estimate if necessary) 15 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 σ. 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 4,497,537. 1,522,356. 3,036,040. Program service revenue (Part VIII, line 2g) 2,907,584. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 305,410. *626,729*. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ,222,885. .003.096. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6.408.010. 8,713,627. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ō. Ο. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 423,953. 391,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,788,491. 7,681,079 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,105,032. 8,179,491. Revenue less expenses. Subtract line 18 from line 12 -1,697,022. 534,136. ₽ Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 23,557,294. 23,2**43,003.** 21 Total liabilities (Part X, line 26) 1,502,795. 622,447 Net assets or fund balances. Subtract line 21 from line 20 ...... 22,054,499. 22,620,556. Part II | Signature Block 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. Signature of officer Sign Here LT GEN DUANE D. THIESSEN, USMC PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check MARGARET N. Paid 'MCGEE' LORRE P00012084 setf-employed Firm's name WARREN AVERETT, Preparer 45-4084437 Firm's EIN Firm's address 316 SOUTH BAYLEN ST. SUITE 300 Use Only PENSACOLA, FL 32502 Phone ro. 850-435-7400

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

	rt III   Statement of Broader Service Appendiculation   FOUNDATION   INC. 59-61/8237	Page 2
Pa	rt III   Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	ভ
<del>-</del>	Briefly describe the organization's mission;	X
-	TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGA	GES
	AND EDUCATES THE PUBLIC BY SUPPORTING AND PROMOTING THE NATIONAL NA	VAL
	AVIATION MUSEUM EXPERIENCE, NAVAL AVIATION AND AVIATION-INSPIRED	
_	EDUCATIONAL PROGRAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	F₹1
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	LALI No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	CAST 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,179,855. including grants of \$) (Revenue \$	)
	MUSEUM SUPPORT-CONTRIBUTES TO THE DEVELOPMENT OF EXHIBITS, INCLUDING ARTIFACT REWORK AND MAINTENANCE, AND TO MUSEUM OPERATIONAL	<del></del> .
	REQUIREMENTS.	
		<del></del>
4b	(Code:) (Expenses \$ 3,857,543. including grants of \$ ) (Revenue \$ 1,054,	321. \
	NATIONAL FLIGHT ACADEMY UTILIZES NAVAL AVIATION EXPERIENCES AND	,,
	CONCEPTS TO MOTIVATE YOUNG PEOPLE TO PURSUE THE STUDY OF SCIENCE,	
	TECHNOLOGY, ENGINEERING, MATHMATICS AND AVIATION IN ORDER TO PURSUE	
	CAREERS IN TECHNICAL FIELDS.	
	······································	<del></del> -
4c	(Code: ) (Expenses \$ 829,405. including grants of \$ ) (Revenue \$ 813,	322. <sub>)</sub>
	THE FILM PROJECT AND IMAX THEATER SERVE THOUSANDS OF VISITORS BY EDUCATING THE PUBLIC ON THE IMPORTANT ROLE OF UNITED STATES NAVAL	
	AVIATION THROUGH FILMS THAT DOCUMENT THE HISTORY OF FLIGHT AND THE	
	HISTORY OF THE "BLUE ANGELS", AS WELL AS OTHER ASPECTS OF THE NAVAL	
	EXPERIENCE.	
	····	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 839,524 - including grants of \$ ) (Revenue \$ 1,039,941 -)	
40	Total program service expenses ► 6,706,327.	
	Form 9t	<b>90</b> (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	Į		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1	ĺ	l
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Pert III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10			х	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10	_	
••	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			· ·
a	Mary and the	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<u> </u>	_
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	x	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<del> </del>		_
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del> -		
	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?		_	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
ь		$\Box$		
	investment, and program service activities outside the United States, or aggregate foreign Investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Pert I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ļ ˈ		₩.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
Þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	1	

| Part IV | Checklist of Required Schedules (continued)

		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	]		i
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	X	<u> </u>
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	( ;		
	Schedule K. If "No", go to line 25e	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	The state of the s			
	any tax-exempt bonds?	24c		
		24d		
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			v
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	05.		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<del>^</del>
•	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	~		
	instructions for applicable filing thresholds, conditions, and exceptions):			
·a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
. с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	if "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
ь	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u>,</u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) NAVAL AVIATION MUSEUM FOUNDATION, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		h	٠.					
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- :	l '					
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 197								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ċ	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	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)?	4a		X					
b	If "Yes," enter the name of the foreign country;								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			:					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	1.							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	١.					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			-					
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X					
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, dld the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.								
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
, b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96		Х					
10	Section 501(c)(7) organizations. Enter:		'						
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 10a								
ь 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:		. : : !						
a	Gross income from members or shareholders 11a		## <sup>1</sup>						
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-							
12a b		12a	2.1						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
۰	Note. See the instructions for additional information the organization must report on Schedule O.	108							
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		1.1						
Ų	organization is licensed to issue qualified health plans		:						
c				1					
14a	Clid the distribution reaches and a second facility to be a second or desired devices the target of	14a		Х					
-	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>					
		_	990	(2014)					

Form 990 (2014) NAVAL AVIATION MUSEUM FOUNDATION, INC. 59-6178237 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		:	
	If there are material differences in voting rights among members of the governing body, or if the governing	1	ł	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_ X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	ž
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule Q the process, if any, used by the organization to review this Form 990.	: :		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		:	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х,	
ь	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		111	1 .
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		]	
	taxable entity during the year?	16a	$\Box$	х
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	12 7	** .	
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1113		
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	++ /	++	<b>.</b>
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, FL, GA, IA, ID, IN			, μА
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ię.	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
~~	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL HAMPTON - 850-453-2389			
	1750 RADFORD BLVD, SUITE B, PENSACOLA, FL 32508			
	2.24 Luni (AD DOLLE B, FEMBRUCHA, FL 32500			

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	indrédual bystee or director	institutional bustre	Officer	day employee	Highest compensated employer	भिषाध	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DIONEL M. AVILES DIRECTOR	1.00	x						0.	0	
(2) LT GEN DUANE D. THIESSEN, USMC	45.00	^			┢	┝		<u> </u>	0.	0.
PRESIDENT/CEO	43.00	x		х				187,000.	o.	0
(3) PATRICK J. FINNERAN JR.	1.00	-		<del></del>	$\vdash$	$\vdash$		20.,000.		- U
CHAIRMAN		x		$\mathbf{x}$	ļ	Ι.		0.	0.	0
(4) DURWOOD W. RINGO, JR.	1.00									-
DIRECTOR		Х						0.	0.	0.
(5) THE HONORABLE LACEY A. COLLIER	1.00									
DIRECTOR		Х				$ldsymbol{ld}}}}}}$		0.	0.	0
(6) DAVID ORECK	1.00								_	_
DIRECTOR	4 00	Х			_	lacksquare		0.	0.	0 /
(7) LT GEN FREDERICK MCCORKLE, USMC DIRECTOR	1.00	x						_		
(8) BARBARA WOODBURY	1.00	Α	$\vdash$	_		<u> </u>		0.	0.	0
DIRECTOR	1.00	x	1					٥.	о.	۸
(9) ADM MARK P. FITZGERALD, USN (RE	1.00	<u> </u>	$\vdash$		⊢	$\vdash$			0.	0
VICE CHAIRMAN	1.00	x		х				0.	0.	0
(10) VICE ADM JAMES ZORTMAN, USN (RE	1.00			-		$\vdash$	_			
DIRECTOR		$\mathbf{x}$						0.	0.	0
(11) MR. THOMAS F. DARCY	1.00					$\vdash$				-
VICE CHAIRMAN		Х		X				0.	0.	0
(12) VADM JOHN CURRIER, USCG(RET)	1.00									
DIRECTOR		Х			_			0.	0.	0
(13) MS. DEBBIE RUB	1.00								_	
DIRECTOR	45.00	Х			_			0.	0.	0
(14) WILLIAM ALVIS BOWERS CFO/TREASURER NON-VOTING	45.00			x				147 000	о.	_
(15) CAPT CHARLES E ELLIS, JR JAGC US	45.00	$\vdash$	$\vdash$	≏	$\vdash$	$\vdash$		147,000.	0.	0
SECRETARY NON-VOTING	40.00			X				57,000.	0.	0
		$\vdash$	$\vdash$		$\vdash$	$\vdash$		37,000+		· · · · · · · · · · · · · · · · · · ·
					$\vdash$	Т				
					l					

									ATION, INC.	59-61	782	237	<u> </u>	Page
Par	t VII Section A. Officers, Directors,	Trustees, Key Em	ıploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	offi	not d , unle cer an	Pos heck ss pe	rson i	than is bot	th an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related			(F) stimat nount othe	ted t of
		(list any hours for related organizations below line)	Infinitional trester or director	Institutional brister	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	f org an	npens rom th paniza d rela anizat	he ation ated
			L											
			L											
	<u>.                                    </u>													
								,						
1b c	Sub-total  Total from continuation sheets to Pa	rt VII, Section A					,, l .,, l	<b>V</b> V	391,000. 0.	(	-			0
- <u>d</u> -2	Total (add lines 1b and 1c)								391,000.		<u>.</u>			0
	compensation from the organization	<u>*</u>											Yes	No
3	Did the organization list any former offi line 1a? If "Yes," complete Schedule J I								nighest compensated e		ſ	3		×
4	For any individual listed on line 1a, is the and related organizations greater than 9		le ca	mpe	ensa	tion	and	l oth	ner compensation from	the organization		4	х	
5	Did any person listed on line 1a receive rendered to the organization? If "Yes," or	or accrue compe	nsati	ion f	rom	any	umr	elate		idual for services	`  -	5		x
Sec 1	tion B. Independent Contractors  Complete this table for your five highes	t compensated in	dene	nde	nt c	ontr	ecto				nes			
	the organization. Report compensation (A)	for the calendar y	eare	ndir	ng w	ith c	or wi	thin	the organization's tax	year.				
	Name and busin	ess address	NC	NE				1	(B) Description of s	services	Co	npe	) nsatic	חג
								_						
	<u> </u>							$\downarrow$						
								$\downarrow$						
								$\perp$	<del></del>					
	Total number of Index and Index	on the above as but	- 4 11											
2	Total number of independent contractors \$100,000 of compensation from the organization f		OT III	nited	Į tộ '	inos N	e liş	ted	above) who received n	nore than	Ξ.			:55

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under sections 512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 149,358 1b c Fundraising events ..... 512 524 1c d Related organizations 1d Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above 3,835,655 11 g Noncash contributions included in lines 1a-1f: \$ 601,036 h Total. Add lines 1a-1f 4 497 537 Business Code 2 a FLIGHT ACADEMY 900099 1,054,321 Program Service Revenue 1,054,321 b SIMULATOR/4D THEATRE 900099 1,020,212 1,020,212. IMAX THEATER 512000 813,322 813,322, EDUCATION 900099 19,729 19,729, f All other program service revenue Total. Add lines 2a-2f 2,907,584. Investment income (including dividends, interest, and other similar amounts) 239,364 239,364. Income from investment of tax-exempt bond proceeds Royalties ..... 5,127 5,127. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ........ c Rental income or (loss) ...... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 2,000,055. assets other than inventory b Less: cost or other basis 1,934,009 and sales expenses c Gain or (loss) d Net gain or (loss) ..... 66 046 66,046. 8 a Gross income from fundraising events (not Revenue Including \$ 512,524. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a 139,430 366,000 b Less: direct expenses b Net income or (loss) from fundraising events. -226.570 -226.570 9 a Gross income from gaming activities. See Part IV, line 19 ..... a b Less: direct expenses b c Net income or (loss) from gaming activities ..... • 10 a Gross sales of inventory, less returns and allowances 2,771,977 b Less; cost of goods sold ..... 1,676,540 1,095,437 1,095,437. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code OTHER INCOME 900099 11 a 129,102 d All other revenue e Total. Add lines 11a-11d 129,102, Total revenue. See Instructions, 8,713,627, 2,907,584. 1,308,506.

_	Check if Schedule O contains a respon-	se or note to any line in (A)	this Part IX (B)	[ /A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				in a second
	and domestic governments. See Part IV, line 21			The second secon	
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	ļ			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				(*************************************
5	Compensation of current officers, directors,	201 000	260 700	100 400	4
	trustees, and key employees	391,000.	<u>269,790.</u>	109,480.	11,730
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (Include				
8					
	section 401(k) and 403(b) employer contributions)				
.9 10	Other employee benefits		111		
11	Payroll taxes Fees for services (non-employees);				_
''a					
b					
-		33,500.	· .	33,500.	
d	Accounting Lobbying	33,300.		33,300.	
۰	Lobbying Professional fundralsing services. See Part IV, line 17			and the second second	
f	Investment management fees	139,305.	29,733.	109,572.	
g			27,700	109,372.	
٥	column (A) amount, list line 11g expenses on Sch O.)	157,984.	87,728.	70 040	27.6
12	Advertising and promotion	340,344.	186,681.	70,040. 1,244.	216 152,419
13	Office expenses	56,401.	40,612.	12,671.	3,118
14	Information technology	50,1011	40,012.	12,071.	3,110.
15	Royalties				<u>.</u>
16	Occupancy	210,705.	181,666.	29,039.	
17	Travel	26,012.	4,481.	21,327.	204
18	Payments of travel or entertainment expenses	20,0120	4,401.	21,32/-	204
	for any federal, state, or local public officials	ļ			
19	Conferences, conventions, and meetings				
20	Interest	4,095.	4,095.		•
21	Payments to affiliates	-,,,,,,,			
22	Depreciation, depletion, and amortization	1,266,688.	1,127,909.	138,779.	
23	Insurance	252,589.	178,110.	74,479.	
24	Other expenses, Itemize expenses not covered	The second secon	Control Control Control Control		
	above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A)	Company of the group of the company of the galactic of the company	Community of the property of the communi	The second state of the se	
	amount, list line 24e expenses on Schedule 0.)	The state of the s	And the second s	Company of the Compan	
а	LEASED EMPLOYEES	2,445,204.	1,912,517.	444,759.	87,928.
b	FLIGHT ACADEMY EXPENSES	1,028,038.	1,028,038.		0.,,,,,
c	DIRECT MUSEUM SUPPORT	699,481.	699,481.		
đ	THEATER/SIMULATOR EXPEN	327,484.	282,516.	44,968.	
•		800,661.	672,970.	120,268.	7,423
25	Total functional expenses. Add lines 1 through 24e	8,179,491.	6,706,327.	1,210,126.	263,038
26	Joint costs. Complete this line only if the organization			_,,	,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation,				
	Check here in following SOP 28-2 (ASC 958-720)	ľ			

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1.135.642. 1,908,164. Cash - non-interest-bearing 1 Savings and temporary cash investments 460,990. 1,261,812. 2 3.067,073. Pledges and grants receivable, net 1,852,173. 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 356,397. Inventories for sale or use 510,991. 8 Prepaid expenses and deferred charges 146,898. 180,018. 9 10a Land, buildings, and equipment: cost or other 9,292,427. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 3,913,404. 6,775,320. 5,379,023. Investments - publicly traded securities Investments · other securities. See Part IV, line 11 11,565,954. 12,051,971. 12 13 Investments - program-related, See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 49,020 98,851. 15 15 23,243,003. 23,557,294. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 590,317. 476,968. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 518,515. 145,479. Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0. Secured mortgages and notes payable to unrelated third parties 393,963. 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1.1.... 1,502,795. Total liabilities. Add lines 17 through 25 622,447. 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 10,829,985 Unrestricted net assets 27 10,967,668. 4,348,557. Temporarily restricted net assets 3,946,944. 28 6,875,957. 7,705,9**44.** 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 22,054,499. 22,620,556. 33 33 23,557,294. 23,243,003. Total llabilities and net assets/fund balances

	990 (2014) NAVAL AVIATION MUSEUM FOUNDATION, INC.	59-61	L78237	Pа	ge 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
,	Total revenue (must equal Part VIII, column (A), line 12)	1	8,71	3.6	27.
	Total expenses (must equal Part IX, column (A), line 25)	2	8,17		
	Revenue less expenses. Subtract line 2 from line 1	3			36.
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,05		
	Net unrealized gains (losses) on investments	5	-		
	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
	Other changes in net assets or fund balances (explain in Schedule O)	9	3:	1,9	21.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22,62	0,5	56.
Part	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1 .	Accounting method used to prepare the Form 990: 🔲 Cash 🔣 Accrual 🛄 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	-	1111		:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t			
	separate basis, consolidated basis, or both:			· '	
	Separate basis Consolidated basis Both consolidated and separate basis			× , · ·	
	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis				ŀ
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ıgl <del>e</del> Audit			
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	1 1		

### IRS e-file Signature Authorization for an Exempt Organization

	 	 ,	1
 _			

Do not send to the IRS. Keep for your records.

Name of exempt organization	Employer identification number
NAVAL AVIATION MUSEUM FOUNDATION, INC.	59-6178237
Name and title of officer	<u> </u>
LT GEN DUANE D. THIESSEN, USMC PRESIDENT/CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from 1879-EO and enter the applicable amount, if any, from 1879-EO and enter the applicable of the form was blank, if you entered 40- on the return, then enter 40- on the applicable.	then leave line 1b, 2b, 3b, 4b, or 5b,
than 1 line in Part I.  1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	tb 6408010
1a Form 990 check here 🕨 🛣 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
3a Form 1120-POL check here D Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part Vi, line 5)	4b
5a Form 8868 check here 🕨 🗔 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	
Part II Declaration and Signature Authorization of Officer	
Intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to a class an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceithe date of any refund, if applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an adebit) entry to the financial institution account indicated in the tax preparation software for payment of the organiz, return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial is processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic reorganization's consent to electronic funds withdrawal.	ssing the return or refund, and (c) electronic funds withdrawal (direct ation's federal taxes owed on this . Treasury Financial Agent at institutions involved in the d resolve issues related to the
Officer's PIN: check one box only	
X Lauthorize WARREN AVERETT, LLC	to enter my PiN 78237
ERO firm name	Enter five numbers, by do not enter all zeros
as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within the is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also autonate my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.	rities as part of the IRS Fed/State
Officer's signature - Date - 18	June 2014
Part III   Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.  50702684437	
i certify that the above numeric entry is my PiN, which is my signature on the 2013 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeFe-File Providers for Business Returns.	
ERO's signature Date Date	
ERO Must Retain This Form - See Instructions	

Do Not Submit This Form To the IRS Unless Requested To Do So

### Form **990**

### Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1345-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/torm990

Open to Public inspection

	- OJ 1814	2013 Caleftoal year, or tax year beginning and	endinā			
B	Check if applicable	C Name of organization	_	D Employer Identifi	cation number	
	Addre	NAVAL AVIATION MUSEUM FOUNDATION, INC.	•			
	Name change	Doing Business As		59-6	178237	
F	Termir Termir		Room/suite	E Telephone numbe	453-2389	
⊨	lated Amend	7 001 011 10B Boll 00101				
┝	Applic	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) is this a group r	10,469,868.	
•	pendir	F Name and address of principal officer: LT GEN DUANE D. THIE	ZCCPN			
		1750 RADFORD BOULEVARD, SUITE B, PENSAC	COLA.	för subordinates H(b) Are all subordinates i		
$\overline{}$	Tau av	empt status: X 501(c)(3)				
		e: ► WWW.NAVALAVIATIONMUSEUM.ORG	321	ir "No," aπach a <b>H(c)</b> Group exemptio	list. (see instructions)	
		organization: X Corporation Trust Association Other	I Voor		A State of legal domicile; FL	
	art i	Summary	LL_Tear	oriormation: 1300	A State of legal conficile, 1-12	
_		Briefly describe the organization's mission or most significant activities: TO BI	THE	BEST IN THE	WORLD, A	
Activities & Governance		SELF-SUSTAINING FOUNDATION THAT ENGAGES A	AND ED	UCATES THE	PUBLIC BY	
Ë		Check this box 🕨 📖 If the organization discontinued its operations or dispos				
ķ		Number of voting members of the governing body (Part VI, line 1a)			58	
-	4	Number of Independent voting members of the governing body (Part VI, line 1b)		4	58	
8	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	70	
\$	6	Total number of volunteers (estimate if necessary)		<u>6</u>	20	
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	- 0	Net unrelated business taxable income from Form 990-T, line 34	······			
	١	Charles to the control of the contro		Prior Year 2,512,191.	Current Year 1,522,356.	
9		Contributions and grants (Part VIII, line 1h)		2,031,316.	3,036,040.	
Revenue		Program service revenue (Part VIII, line 2g)		429,845.	626,729.	
2		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,065,039.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,038,391.	6,408,010.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,030,391.	0,400,010.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
w		Salaries Ather companenties employee becalle (Part IV column (A) liese 5-10):		448,221.	423,953.	
Š	160	Professional fundamining feet (V. Solumn /A). See 11e)	·····	131,148.	0.	
Expenses	"b	Professional fundralsing fees (Part IX, column (A), line 11e)  Total fundralsing expenses (Part IX, column (D), line 25)  178,40	56. H	101/110		
М	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,732,414.	7,681,079.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,311,783.	8,105,032.	
		Revenue less expenses. Subtract line 18 from line 12		-3,273,392.	-1,697,022.	
58	i i	The state of the s		ginning of Current Year	End of Year	
Sign	20	Total assets (Part X, line 16)		24,297,048.	23,557,294.	
200	21			1,614,191.		
基章	22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  T Signature Block		22,682,857.	22,054,499.	
P	art ()	Signature Block				
Unc	ier pena	Itles of perjury, I declare that I have examined/titls return, including accompanying schedules	and statem	ents, and to the best of m	ry knowledge and bellef, it is	
true	, correc	I, and complete, Deplaration of preparer (other, than officery's based on all information of wh	ich preparer			
		Muane N. Thisesen		18 Ju	a 2014	
Sig	ļΠ	Signature of officer  LT GEN DUANE D.THIESSEN, USMC (RET), I		Date	•	
He						
Type or print name and title  Print/Type preparer's globature  Preparer's globature  Date  Chick						
p.·	d	Print/Type preparer's name  ARROADEM N INCORE I ORDER	į,		POOD12084	
Pai	a Darer	MARGARET N. 'MCGEE' LORRE		Self-emplo	ed P00012084 45-4084437	
	parer Only	Firm's name WARREN AVERETT, LLC Firm's address 316 SOUTH BAYLEN ST. SUITE 300		Firm's EIN	43-4004437	
04(	ONLY	Firm's address 316 SOUTH BAYLEN ST. SUITE 300 PENSACOLA, FL 32502		9hana na 9.5	0-435-7400	
N40	v tha !!			i Fnone no. a 2	X Yes No	
MIN	y men	RS discuss this return with the preparer shown above? (see instructions)			Les LINO	

### Form **990**

Department of the Treasury

Internal Revenue Service

### Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

QMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning and ending	<u> </u>		
	Check if applicable	C Name of organization	D Em	ployer identifi	cation number
Г	Addre	NAVAL AVIATION MUSEUM FOUNDATION, INC.			
	Name			59-6	178237
Ë	initiai return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Tek	ephone numbe	
	Terminated	POST OFFICE BOX 33104		850-	453-2389
F	Applie	City or town, state or province, country, and ZIP or foreign postal code		s receipts \$ this a group re	10,469,868.
_	pendi	F Name and address of principal officer:LT GEN DUANE D. THIESSE	N TOTAL	or subordinates	
		1750 RADFORD BOULEVARD, SUITE B, PENSACOLA			reluded? Yes No
<u> </u>	Tax-ex	" T			list. (see instructions)
		e: WWW.NAVALAVIATIONMUSEUM.ORG		iroup exemptio	
					A State of legal domicile: FL
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO BE TH	E BEST	IN THE	WORLD, A
Activities & Governance		SELF-SUSTAINING FOUNDATION THAT ENGAGES AND			
fna	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of i			
Š		Number of voting members of the governing body (Part VI, line 1a)		1 1	58
ق		Number of independent voting members of the governing body (Part VI, line 1b)			58
22	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	******************************	5	70
Ĕ		Total number of volunteers (estimate if necessary)			20
访		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990·T, line 34			0.
		111111		r Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		12,191.	1,522,356.
Revenue	9	Program service revenue (Part VIII, line 2g)		31,316.	3,036,040.
8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,845.	626,729.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,039.	1,222,885.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,391.	6,408,010.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	48,221.	423,953.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		31,148.	0.
Б	``b	Professional fundraising fees (Part IX, column (A), Ilne 11e)  Total fundraising expenses (Part IX, column (D), line 25)  178,406.		31,1101	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8 7	32,414.	7,681,079.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,783.	
		Revenue less expenses. Subtract line 18 from line 12		73,392.	-1,697,022.
늄		TO THE TELEPHONE CONTROL OF THE TOTAL OF THE TELEPHONE CONTROL OF THE T		of Current Year	End of Year
# <u>\$</u>	20	Total assets (Part X, line 16)		97,048.	23,557,294.
300	21	Total liabilities (Part X, line 26)		14,191.	1,502,795.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		82,857.	22,054,499.
P	art A	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and	to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre-			,
			<u> </u>	1	
Sig	n	Signature of officer	'	Date	<u> </u>
Hei			IDENT/	CEO	
		Type or print name and title			VI
n		Print/Type preparer's name Preparer's signature	Date	Check L	PTIN
Pai		MARGARET N. 'MCGEE' LORRE		self-employ	
	parer	Firm's name WARREN AVERETT, LLC		Firm's EIN 🛌	45-4084437
use	Only	Firm's address 316 SOUTH BAYLEN ST. SUITE 300			0 435 7400
_		PENSACOLA, FL 32502		Phone no. 8 5	0-435-7400
Ma	v tne li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2013) NAVAL AVIATION MUSEUM FOUNDATION, INC. 59-6178237 Page 2
Pa	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES
	AND EDUCATES THE PUBLIC BY SUPPORTING AND PROMOTING THE NATIONAL NAVAL
	AVIATION MUSEUM EXPERIENCE, NAVAL AVIATION AND AVIATION-INSPIRED EDUCATIONAL PROGRAMS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
<b>4a</b>	
	MUSEUM SUPPORT-CONTRIBUTES TO THE DEVELOPMENT OF EXHIBITS, INCLUDING
	ARTIFACT REWORK AND MAINTENANCE, AND TO MUSEUM OPERATIONAL
	REQUIREMENTS.
4b	(Code: )(Expenses \$ 3,196,509. Including greats of \$ ) (Revenue \$ 423,074.)  NATIONAL FLIGHT ACADEMY UTILIZES NAVAL AVIATION EXPERIENCES AND  CONCEPTS TO MOTIVATE YOUNG PEOPLE TO PURSUE THE STUDY OF SCIENCE,  TECHNOLOGY, ENGINEERING, MATHMATICS AND AVIATION IN ORDER TO PURSUE  CAREERS IN TECHNICAL FIELDS.
	THEORET IN THEIMICAL FIBELDS:
4.	10
4c	(Code: ) (Expenses \$ 909,878. Including grants of \$ ) (Revenue \$ 922,602.)  THE FILM PROJECT AND IMAX THEATER SERVE THOUSANDS OF VISITORS BY
	AVIATION THE PUBLIC ON THE IMPORTANT ROLE OF UNITED STATES NAVAL
	AVIATION THROUGH FILMS THAT DOCUMENT THE HISTORY OF FLIGHT AND THE HISTORY OF THE "BLUE ANGELS", AS WELL AS OTHER ASPECTS OF THE NAVAL
	HISTORY OF THE "BLUE ANGELS", AS WELL AS OTHER ASPECTS OF THE NAVAL EXPERIENCE.
	DAI BRITANÇI.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,339,690. including grants of \$ ) (Revenue \$ 1,690,364.)
<del>4e</del>	Total program service expenses ► 6,714,096.
33900	Form <b>990</b> (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		\	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	<del>                                     </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		:	
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VIII, VIII, IX, or X	_; · ·	i	
	as applicable.		- 1 11	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
ь	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	41	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14 <del>a</del>	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3.5
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	X	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	**	
.0	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

### Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ļ <sup></sup>
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ĺ	1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	ļ
	Schedule J	23	x	<u> </u>
248	The state of the s	1	1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No", go to line 25a	24a	<u> </u>	_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
-	any tax-exempt bonds?	24c	<u> </u>	<b>_</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
208	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	2 <del>5</del> a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	*	21	
	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	bid the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
35a	***************************************	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, dld the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of parties 512(b)(12)3 (f "Yes" complete School to P. Bert V. line 3.	ا ہے ا		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R. Part V. line 2	امدا		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b> </b>		
	Note, All Form 990 filers are required to complete Schedule O	38	x	

## Form 990 (2013) NAVAL AVIATION MUSEUM FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			المار
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		"	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
	(gambling) winnings to prize winners?	10	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 70	}		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
<b>4</b> a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	a 2		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		*	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7¢		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boets, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h	ĺ	
8	Sponsoring organizations maintaining donor advised funds and section 609(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	'	:	
a	Did the organization make any taxable distributions under section 4966?	9a		_X_
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
O	Section 501(c)(7) organizations. Enter:			:
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		1.	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	· 1		
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		`	
_	amounts due or received from them.)			·
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3_	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization (icensed to issue qualified health plans in more than one state?	13a		
ja.	Note. See the instructions for additional information the organization must report on Schedule O.	']		
D	Enter the amount of reserves the organization is required to maintain by the states in which the	·		i
_	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	-	-	x
4a k	Did the organization receive any payments for indoor tanning services during the tax year?	148		<u>~</u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

						<u>LX</u>	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	18	58				
	If there are material differences in voting rights among members of the governing body, or if the governing				4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	58	1.0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			. '	
	officer, director, trustee, or key employee?		*	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х	
6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			6		X	
	more members of the governing body?			7a		х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>			
_	persons other than the governing body?			7b		х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		<del></del>		
a	The appropriate the state O			8a	х	'	
ь	Production of the control of the con			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			- 00	71		
•	average strike a service and the service of the service of the service and addresses in Debuggle O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		Code I	9		21	
	tion B. Follows (This Section B requests information about policies not required by the internal h	eveill	- COOD)		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a	rus	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such of			joa		<del></del>	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing box			11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bore	te timing the formit				
12a	Did the average of the second			12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris-		filata 9	12b	X		
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?			120	Α.		
¢					x		
10	in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13		<u>x</u>	
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approv	-	dependent		:		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				32	i	
<b>a</b>	The organization's CEO, Executive Director, or top management official			15a	_ <del>X</del> _		
Ь	Other officers or key employees of the organization			_15b_	<u> </u>	<del></del>	
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
IOA	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			]		v	
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's				
200	exempt status with respect to such arrangements?			16b			
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►AL,AK,AR,AZ,I	2T. /	<u> </u>	N C	- KV	Τ. Δ	
17						, na	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (260)	aon au r(c)(a)s only)	avanat	nt		
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain	- i- 0-	hadula (O)				
40			-	اما فاست	ania!		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	or interest policy, ar	io inal	iCi <b>a</b> l		
90	statements available to the public during the tax year.	and	anda of the server	ے ممنو	_		
20	State the name, physical address, and telephone number of the person who possesses the books $\pm$ MICHAEL HAMPTON - $850-453-2389$	апа гес	ords or the organiza	uon:	_		
	1750 RADFORD BLVD, SUITE B, PENSACOLA, FL 32508						

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any, See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	Þøx,	, unie	98 D9	noer	IS DO	h an	compensation	compensation	amount of
	week	_			II SCK	A A R CAR	1001	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	靐			훓		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	翼	ij		35			(** 2 1055-141100)		and related
	woled	Individual Pusper or directed	institutional trustee	#	Key en ployee	Highest-compensated employee	85			organizations
	line)	E di		Officer	Sey e	曐	匮			
(1) VADM GERALD L. HOEWING, USN (RE	45.00									
PRESIDENT EMERITUS		Х		X	}			0.	0.	0.
(2) WILLIAM ALVIS BOWERS	45.00									
CFO/TREASURER NON-VOTING		Х		Х				160,776.	0.	0.
(3) CAPT CHARLES E ELLIS, JR JAGC US	45.00									
SECRETARY NON-VOTING		X		Х				64,457.	0.	0.
(4) ADMIRAL STANLEY R. ARTHUR USN (	1.00									
BOARD MEMBER	[	X		•				0.	0.1	0.
(5) DIONEL M. AVILES	1.00			П						
DIRECTOR	<u> </u>	x						0.	0.	0.
(6) VICE ADM MICHAEL L BOWMAN USN (	1.00	П						-		
CHAIRMAN (EMERITUS)		x		х			İ	0.	ο.	0.
(7) REAR ADM JOHN E BOYINGTON JR US	1.00							·		
BOARD MEMBER		x						l 0.	0.	0.
(8) WILLIAM PAT BREWSTER	1.00									
BOARD MEMBER		x						í o.	0.	0.
(9) NINA HESS CAMPBELL	1.00	П						·		
BOARD MEMBER		X						0.	0.	0.
(10) CAPT EUGENE A CERNAN USN (RET)	1.00	П							··· · ·-	
VICE-PRESIDENT		X		X				0.	0.	0.
(11) LT GEN DUANE D. THIESSEN, USMC	1.00	. ]					-			
PRESIDENT/CEO		X		X				131,154.	0.	0.
(12) JOHN OSTERWEIL	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) PATRICK J. FINNERAN, JR.	1.00									
CHAIRMAN		Х		х				0.	0.	0.
(14) REAR ADM GEORGE M FURLONG JR US	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(15) DURWOOD W. RINGO, JR.	1.00						_			
DIRECTOR		Х		х				0.	0.	0.
(16) DEBBIE RUB	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) KENT SCHIEN	1.00			I						
BOARD MEMBER		X						0.	0.	0.

Name and title  Name and title	Part VII   Section A. Officers, Directors, Trus	Part Vil   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
## Control of Companisation Co			(C)							(F)			
ROUTE December   Security of the company and	Name and title	Average	Position (do not check more then one				) then	one	Reportable	Reportable	Estimated		
Companies   Comp			box	, unle	88 P6	rson	la bot	h en	compensation	compensation		amount	t of
NEAR ADM HAROLD E GRANT JACC, US   1,00   X   0,0   0,0   0,0			_				A/W GE	Kee,			other		
(14) PERRA RADM RAROLD E GRANT JAGC, US 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		, ,	2										
(14) PERRA RADM RAROLD E GRANT JAGC, US 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			P	豐			풇			(W-2/1099-MISC)			
(14) PERRA RADM RAROLD E GRANT JAGC, US 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			<u>ĕ</u>	置		88	Ē		(W-2/1099-WISC)	•		-	
(14) PERRA RADM RAROLD E GRANT JAGC, US 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 ~	1	gou	_	훒	200	*					
(18) REAR ADM RANOLD E GENEY JACC, US 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		line)	풀	15. 15.	Ě	Key R	<b>三章</b>				İ		
(19) MICHELE R, WESTLANDER QUAID    COLORAD MEMBER   COL	(18) REAR ADM HAROLD E GRANT JAGC, US	1.00			П						十		
BOARD MISMBER   X	BOARD MEMBER		Х						0.	0			0.
EAST TRIONAS C KING, JR USCG (RE	(19) MICHELE R. WESTLANDER QUAID	1.00		П	Г						Т		
BOADD MAMBER  (21) REAR ADM GARY R JONES USN (RET)  ACARD MEMBER  (22) ADM TIMOTHY J REATING USN (RET)  1.00  X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	BOARD MEMBER		X				L.	Ĺ	0.	0	•		0.
(22) ADM TINOTHY J REATING USN (RET) 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(20) CAPT THOMAS C KING, JR USCG (RE	1.00									Т		
## ROARD MEMBER   X   0			X						0.	0	•		0.
ADM TIMOTHY J REATING USN (RET)   1.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(21) REAR ADM GARY R JONES USN (RET)	1.00									T		
BOADD MEMBER    X   0			X	_	_		L.	_	0.	0			0.
(23) ADM ROBERT J KELLY USN (RET) 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00			;	l							
BOADD MEMBER    24) VICE ADM MICHAEL D NALONE USN (   1.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			X						0.	0	٠		0.
(24) VTCR ADM MICHAEL D NALONE USN ( 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00							_				
BOARD MEMBER  (25) REAR ADM JAMES MASLOWSKI USN (R 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			Х						0.	. 0	٠		0.
(25) REAR ADM JAMES MASLOWSKI USN (R 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	· · · · · · · · · · · · · · · · · · ·	1.00											
BOARD MEMBER    X   0			X						0.	. 0	٠		0.
Coabb Measure   Description of services   Description   Description   Description   Description   Description   Description   Description   Description   Description   Desc		1.00							_	_			
BOARD MEMBER    X			X	Щ			<u> </u>	<u> </u>	0.	0	•		0.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Tor such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization, Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Name and business address NONE  Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		1.00					İ			_			_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 355 / 387 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \ 0 \							<u> </u>	<u> </u>	.1.		_		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.    Yes   No								-			-		
compensation from the organization    Yes   No							_		·		<u>.</u>		<u> </u>
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization, Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than		ot limited to th	ose	liste	ed at	oove	e) wl	10 re	eceived more than \$100	,000 of reportable			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization											TV	_
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accure compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization, Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	2 Old Hannandon Hanna & Co										г	Y 05	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual    Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    Section B. Independent Contractors									- •		ļ		
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	•				٠		•••••				$\vdash$	3	┝┷
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		there acuedan	<i>, , ,</i>	UI ŞĻ	JC/11	<b>υ</b>	·UII				_	5	<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE  Description of services  Compensation  Total number of independent contractors (including but not ilmited to those listed above) who received more than		mpensated inc	dene	ende	nt c	ontr	ecto	ore t	hat received more than	\$100,000 of compen	ne est	ion from	
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than											10-AL	ion ironi	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (Including but not limited to those listed above) who received more than		the calcinear y						Ţ		7901.	_	(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		address	N	ONE	3			1		ervices	Cor		on
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■ Programme Pro													
■ Programme Pro			_										
	• 11							$\dashv$					
								j					
								_					
										j			
	7 Total number of independent of the second		"		<b>-4</b> -	AL -	"		1 -L \ d- c L 4		- ;		
			ot III	THE O	u 10		_	5190	adove) who received if				

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) (F) (E) Name and title **Position** Average Reportable Reportable **Estimated** (check all that apply) hours compensation compensation amount of per from from related other week the organizations compensation (list any organization (W-2/1099-MISC) from the individual baster or director hours for (W-2/1099-MISC) organization Highest compensated related and related Кеу етрюуве organizations organizations below Officer Officer line) (27) VICE ADM JOHN J. MAZACH USN (RE 1.00 X 0. BOARD MEMBER 0. 0. (28) THE HONORABLE LACEY A. COLLIER 1.00 DIRECTOR 0. ο. 0. 1.00 (29) RICHARD M. KLEBERG III BOARD MEMBER 0. 0. 0. (30) J. COLLIER MERRILL 1.00 x BOARD MEMBER 0. ٥. 0. (31) THE HONORABLE JEFF MILLER 1.00 BOARD MEMBER X 0. 0. 0. (32) ARTHUR D. MILTENBERGER 1.00X BOARD MEMBER 0. 0. 0. (33) COM W. LINCOLN MOSSOP, JR USNR 1.00 BOARD MEMBER 0. 0. 0. (34) ERIC NICKELSEN 1.00 BOARD MEMBER X 0. 0. 0. (35) GENERAL WILLIAM L NYLAND USMC ( 1.00 X BOARD MEMBER ٥. 0. 0. (36) DAVID ORECK 1.00DIRECTOR X 0. 0. 0. (37) REAR ADM FREDERICK L LEWIS USN 1.00BOARD MEMBER X 0. 0. 0. 1.00 (38) THE HONORABLE BJ PENN BOARD MEMBER Х 0. 0. 0. (39) MICHAEL PETTERS 1.00 DIRECTOR X 0. 0. 0. (40) BOBBY SWITZER 1.00BOARD MEMBER X 0. 0. 0. (41) LARRY M. POST 1.00 BOARD MEMBER 0. 0. 0. (42) VICE ADM WILLIAM E RAMSEY USN ( 1.00 BOARD MEMBER X 0. 0. 0. (43) LT GEN FREDERICK MCCORKLE, USMC 1.00 BOARD MEMBER X 0. 0. 0. (44) CAPT E. EARLE ROGERS II USN (RE 1.00 VICE PRESIDENT X х 0. 0. 0. (45) ANDREW C. TAYLOR 1.00 BOARD MEMBER 0. ٥. 0. (46) RAY D. RUSSENBERGER 1.00 BOARD MEMBER 0. 0. 0. Total to Part VII, Section A, line 1c

Form 990 NAVAL AV									33-01/	<del>, , , , , , , , , , , , , , , , , , , </del>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee			ligh	est		rees (continued)	
(A) Name and title	(B) Average hours	(cl		(C Posi all t	ltion		ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual bustar or deactor	Institutional truster	Officer	Kayemptoyee	Highest compensated employea	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) ADM LEIGHTON W SMITH USN (RET)	1.00	x		Ţ						^
CHAIRMAN (EMERITUS)	1 00	Δ	$\vdash$	X	$\dashv$		_	0.	0.	0.
(48) DR. RICH SUGDEN BOARD MEMBER	1.00	x						٥.	0.	0.
(49) BARBARA WOODBURY	1.00	<u> </u>		П	$\dashv$					
BOARD MEMBER		x						0.	0.	0.
(50) ADM MARK P. FITZGERALD, USN (RE	1.00							_		
VICE CHAIRMAN (51) ADM JAMES ZORTMAN, USN (RET)	1.00	Х		х	$\dashv$			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(52) MR. O. LEWIS HUMPHREY	5.00				$\neg$			· · · ·		
BOARD MEMBER		х		Ш				0.	0.	0.
(53) E. DUKE VINCENT	1.00									_
BOARD MEMBER	1.00	Х		$\square$	$\square$			0.	0.	0.
(54) VICE ADM DAVID ARCHITZEL, USN ( BOARD MEMBER	1.00	x		[				o.	0.	0.
(55) VICE ADM JOHN LOCKARD	1.00			$\vdash$	$\dashv$					<u> </u>
BOARD MEMBER		x			i l			0.	0.	0.
(56) TIMOTHY RUSSELL	1.00							_	_	
SOARD MEMBER		X	_	$\dashv$				0.	0.	0.
(57) CHARLES THOMAS BURBAGE BOARD MEMBER	1.00	x						٥.	٥.	0
(58) GENERAL ROBERT MAGNUS	1.00		$\vdash$							
BOARD MEMBER		x						0.	0.	0
(59) JAMES PELLERIN	1.00					_		_	_	_
BOARD MEMBER (60) WILLIAM WILTSHIRE	1.00	Х		$\dashv$	$\dashv$			0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
				一						
				$\square$						
									Ì	
		П		一	$\dashv$		-			
				$\dashv$	$\dashv$			••••		
		П	П	一	一			. "		
				$\dashv$	$\dashv$					"
	-									
					_	_		<del></del> .		

Part Vill Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII **(B)** (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1b 132 775 **b** Membership dues ..... Fundraising events 10 d Related organizations 1¢ Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1 389 581 g Noncash contributions included in lines 1a-1f: \$ 1,522,356 h Total. Add lines 1a-1f Business Code 2 8 IMAK THEATER 512000 Program Service 922,602, 922,602 EDUCATION 900099 913,069 913,069 SIMULATOR 900099 777,295 777,295 FLIGHT ACADEMY 900099 423,074 423,074 All other program service revenue ..... 3,036,040 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 731,143, 731,143. Income from investment of tax-exempt bond proceeds 4 5 6,422 6.422. Royalties ..... (I) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (ii) Other (i) Securities 2,503,295 assets other than inventory b Less: cost or other basis and sales expenses ........ 2,607,709 c Gain or (loss) -104,414, d Net gain or (loss) ..... -104,414 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a 19,315 11,899, b Less: direct expenses \_\_\_\_\_ b Net income or (loss) from fundraising events 7,416 7,416 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 2,280,390 1 442 250 b Less: cost of goods sold Net income or (loss) from sales of inventory 838,140 838,140. Miscellaneous Revenue Business Code 31.752 11 a OTHER INCOME 900099 370,907 370,907. b All other revenue Total. Add lines 11a-11d 370,907 3,036,040, 1,849,614. Total revenue. See instructions. 6,408,010,

Form 990 (2013) NAVAL AVIATIO
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits pald to or for members				and the second				
5	Compensation of current officers, directors,	423,953.	202 520	110 707	10 710				
_	trustees, and key employees	443,733.	292,528.	118,707.	12,718.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
0	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
''a	Management		,						
b	Legal				<u> </u>				
c	Accounting	35,540.		35,540.					
ď	Lobbying		·	55,0101					
e	Professional fundraising services. See Part IV, line 17			and the second second					
f	Investment management fees	107,032.	24,454.	82,578.					
g	Other. (If line 11g amount exceeds 10% of line 25,		•						
_	column (A) amount, list line 11g expenses on Sch O.)	370,191.	209,084.	161,052.	55.				
12	Advertising and promotion	503,379.	445,414.	4,215.	55. 53,750.				
13	Office expenses	176,351.	152,828.	17,462.	6,061.				
14	Information technology		-	•					
15	Royalties								
16	Occupancy	496,909.	396,007.	100,902.					
17	Travel	49,128.	30,655.	18,371.	102.				
18	Payments of travel or entertainment expenses		"						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	57,401.	57,401.						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,194,014.	1,103,017.	90,997.					
23	insurance								
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	The second control of the second control of	Committee of the commit						
	24e amount exceeds 10% of line 25, column (A)	recipi processo del proprio del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 d Compare del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del 2000 del Compare del 2000 del 2	Sing to principles a control of the foreign of the model of the control of the	The state of the s					
	amount, list line 24e expenses on Schedule O.)	O 4 5 3 4 A	Committee of Cambridge Samuel and Cambridge Samuel Cambridge Cambridge Samuel Cambridge Sam	. It is all the high of the state of the state of					
a	LEASED EMPLOYEES	2,451,140.	1,588,045.	777,242.	85,853.				
þ	DIRECT MUSEUM SUPPORT	909,776.	909,776.						
C	FLIGHT ACADEMY EXPENSES THEATER/SIMULATOR EXPEN	857,117. 316,474.	857,117. 316,474.						
d	· · · · · · · · · · · · · · · · · · ·	156,627.	316,4/4.	-194,536.	19,867.				
9 25	All other expenses  Total functional expenses. Add lines 1 through 24e	8,105,032.	6,714,096.	$\frac{-194,536.}{1,212,530.}$	178,406.				
<u>25</u> 26	Joint costs. Complete this line only if the organization	0,100,002.	0,114,070.	1,616,03U.	1/0,400				
20	reported in column (B) Joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

Form 990 (2013)
Part X Balance Sheet

rai	пX	Balance Sheet					
		Check if Schedule O contains a response or not	te to any lin	e in this Part X			
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing			399,703.		1,135,642.
	2	Savings and temporary cash investments			1,131,060.		460,990.
	3	Pledges and grants receivable, net			4,448,044.	3	3,067,073.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations	ated emplo	yees. Complete		100	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali				.::: .	
		section 4958(f)(1)), persons described in section	-	· ·		. :	
		employers and sponsoring organizations of sect					
9		employees' beneficiary organizations (see instr).				6	1
4.SSetS	7	Notes and loans receivable, net				7	
S.	8	Inventories for sale or use			543,400.	8	356,397.
	9	Prepaid expenses and deferred charges			281,196.		146,898.
	_	Land, buildings, and equipment: cost or other	I }			11	220,030.
		basis. Complete Part VI of Schedule D	tOa	9.503.861.		::	
	Ь.	Less: accumulated depreciation	10h	2,728,541.	7,232,736.	10c	6,775,320.
	11	Investments - publicly traded securitles			7,202,7001	11	0,,,0,000
	12	Investments - other securities. See Part IV, line			10,237,577.		11,565,954.
	13	Investments · program-related. See Part IV, line			20,23,,37,0	13	11,505,554.
	14			14			
	15	Intangible assets Other assets. See Part IV, line 11	23,332.	15	49,020.		
	16	Total assets. Add lines 1 through 15 (must equi	24,297,048.	16	23,557,294.		
_	17	Accounts payable and accrued expenses			581,626.	17	590,317.
	18	Grants payable	000,000	18	7,7,7,7,7		
	19	Deferred revenue			87,565.	19	518,515.
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete !	Part IV of S	Schedule D		21	
ç,	22	Loans and other payables to current and former				-	
<u>.</u>		key employees, highest compensated employee			Miller Branch (1985)		1 1
Liabilities		Complete Part II of Schedule L				22	
ت	23	Secured mortgages and notes payable to unrela	ated third o	arties	945,000.	23	393,963.
	24	Unsecured notes and loans payable to unrelated				24	220,2001
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			r.		
		Schedule D			,	25	
	26	Total liabilities. Add lines 17 through 25	***************************************		1,614,191.	26	1,502,795.
		Organizations that follow SFAS 117 (ASC 958	), check h	ere 🕨 X and	1 Cara and the graph of the		_,,
စ္က		complete lines 27 through 29, and lines 33 an		,	The state of the s	11. 1	
ğ	27	Unrestricted net assets			11,420,477.	27	10,829,985.
흥	28	Temporarily restricted net assets			4,688,572.	28	4,348,557.
	29 .	Commence and the second state of the second			6,573,808.	29	6,875,957.
<b>=</b>		Organizations that do not follow SFAS 117 (A	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		the state of the state of		
5		and complete lines 30 through 34.	· <del>-</del>	The second secon			
Wet Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
<u> </u>	31	Paid-in or capital surplus, or land, building, or ec				31	
į	32	Retained earnings, endowment, accumulated in				32	
2,	33	Total net assets or fund balances			22,682,857.	33	22,054,499.
	34	Total liabilities and net assets/fund balances			24,297,048.		23,557,294.

	1990 (2013) NAVAL AVIATION MUSEUM FOUNDATION, INC.	59-63	L7823'	7 Ра	age .
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,40		
2	Total expenses (must equal Part IX, column (A), line 25)	_2	8,10		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,69		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,68	32,8	357.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7.	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,06	8,6	64.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22,05	54,4	199.
Рa	rt XII Financial Statements and Reporting				
	Check if Schedule Q contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990; Cash X Accrual Other		1.11		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	o	_		1
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	l	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1.0		_
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		11.5	1	
þ	Were the organization's financial statements audited by an independent accountant?		2ь	Х	ľ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.			
	consolidated basis, or both:			r 4.	٠.,
	Separate basis X Consolidated basis		1.4		ł
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	audit.		1	1
	review, or compliation of its financial statements and selection of an independent accountant?		20	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				$\vdash$
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		100	1	-
	Act and OMB Circular A-133?		За	1	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		<b>+</b>	+
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. ou want	36		

332012 10-29-13 Form **990** (2013)

Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements

Date: DEC 12 2007

Naval Aviation Museum Foundation Inc P O Box 33104 Pensacola, FL 32508 Department of the Treasury P.O. Box 2508 Cincinnati, Ohio 45201

Employer Identification Number: 59-6178237

Person to Contact - ID#:
Sirijun Mayi - #31-07372

Contact Telephone Number: 877-829-5500 Phone

Public Charity Status: 509(a)(1) and 170(b)(1)(A)(vi)

### Dear Applicant:

Our letter dated June 1980 stated that you were exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code and classified as a public charity under section 509(a)(3) of the Code.

Based on the information you submitted, we have modified your public charity status to the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, 800-829-3676. Information is also available on our Internet Web Site at <a href="https://www.irs.gov">www.irs.gov</a>.

Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

If you have any questions, please call our toll free number shown in the heading of this letter.

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements



### U. S. TREASURY DEPARTMENT INTERNAL REVENUE SERVICE

Jacksonville, Florida P. O.Box 4760 December 19, 1966

Form L-178 434:MDE:md JAX:E0:66-4:

Naval Aviation Museum Association, Inc. Naval Aviation Museum, Naval Air Station Pensacola, Florida 32508 PURPOSE
Educational

ADDRESS INQUIRIES & FILE RETURNS
DISTRICT DIRECTOR OF INTERNAL R

Jacksonville, Florida

FORM 200-A REQUIRED

ROUNTING P
ENDING

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filling the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

7-5. Schmidt

District Director

Your tax exempt status is predicated upon the understanding that you will amyour certificate of incorporation to provide that in the event of dissolution your assets will be contributed to the Navy Relief Society or to an organization exempt under the provision of section 501(c)(3) of the Internal Revenue Code.



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Sertoma's 4th of July Celebration, a joint ventur

Agency Address:

c/o Katherine Wilborn

6012 Tippin Ave

Pensacola, FL 32504

Program Name:

Sertoma's 4th of July Celebration

Program Contact:

Gena Hernandez

Contact Email:

genahernandez@rocketmail.com

Contact Phone:

850-221-2520

25-Word Description of Program:

Festival in downtown Pensacola followed by the largest fireworks display on the Gulf Coast in celebration of our Independence.

Amount Requested:

75,000.00

Amount Received Last Year, if applicable:

75,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A. Fireworks, Barge, Park Rental, Bands, Stage, Children's Area (free of charge for attendees), billboards Briefly discuss how the funding you are currently requesting will be used. Same If Escambia County funding can only fund a portion of your request, how will you offset the difference? We would have to cut out a portion of the festivities.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

Celebration of the 4th of July Family fun at no cost to families

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

Number of attendees at our celebration

Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

Consistently have large crowds for our celebration



### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources	0.00	0.00	
Programmatic Income	12,626.00	12,200.00	12,200.00
County Funding	75,000.00	75,000.00	75,000.00
City Funding		,	
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income			



Printing and Binding

**Fuel** 

Marketing and Promotion

### Fiscal Year 2015-2016 ESCAMBIA COUNTY AGENCY REQUEST FORM

Proposed

**Budget Year** 

**Expenses** Most Recently Current **Completed Budget Year Budget Year Total Staffing** Salaries and Wages **Employee Benefits** Professional Services **Contractual Services Travel Expenses** Rentals and Leases Communication Postage and Freight Repair and Maintenance



### Expenses (cont.)

Supplies	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Capitalizable Assets			
Total Expenses	80,456.98	87,200.00	87,200.00
Net Income	7,169.15	0.00	0.00

Please explain any capitalizable asset contained in your request.

We were on an extremely tight budget this past year so we renegotiated with our vendors and also got bids from other vendors. We were also able to get more income from the additional sales of vendor spaces. We will be using the income to put towards next years celebration. We get many "in kind" donations from the City of Pensacola, CatCountry 98.7, ADX Communications, WEAR, etc. We would like to use remaining funds to get a bigger headline act or to add towards.





June 30, 2008

1912 E. Meyer Blvd. Kansas City. MO 64132 816-333-8300 800-593-5646 Fax: 816-333-4320

infosertoma@sertomaHQ.org www.sertoma.org

Dr. George M. Knefely Northeast Pensacola Sertoma Club 2862 Blackshear Avenue Pensacola, Florida 32503

Dear George:

Attached the materials to provide proof of the club's new 501(c)(3) tax exemption that begins July 1, 2008. This is the exemption you will use in the future and to report all activities under on the annual 990 report starting with the 08-09 fiscal year. The EIN number kept by the IRS is 592417459. This number must be reflected on the club's bank accounts and incorporation. All other EIN numbers currently used by the clubs are no longer valid.

You will note that the exemption is under the name of the Sertoma Foundation. Once we finalize the merger with the State of Missouri, we will notify the IRS of the name change. Once that is done we will receive an updated letter with the new name, and will forward a copy. This does not affect the club, as your EIN is listed under this group exemption. That is what is critical for the club.

Thank you for your assistance in helping with the transition to a 510(c)(3) organization. In the new Club Manual, your Treasurer will find their section updated to provide all the information on how to adjust your budget and banking to function under the new exemption. If you or your Treasurer has any questions, please let us know.

Yours in Service

Steven Murphy

Executive Director/Secretary

Sertoma, Inc.

Attachment

### Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

QMB No. 1545-1150 2013

Department of the Treasury Internal Revenue Service ر Information about Form 990-EZ and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning Jul 1 , 2013, and ending Jun 30

Open to Public Inspection , 2014

4-		H applicable: Grange	C Name of organization	10	Employer	identification number
-	4	change	Northeast Pensacola Sertoma Club	1	5024	417459
-	teiliat r	-7	Number and short (or P.O. box, if mail is not delivered to alrost address)   Room/suits		Tulephone	
	Ternsi		P.O. Box 10697	\ T		
-	•	los return	City or town, state or province, country, and ZIP or foreign postal code		(850)	748-7007
-		1.7.		F	Group E	
G		unting Mot				5409
ĭ			ww.nepensacolasertoma.com			organization is not
j		+				Schedule 5 Z, or 990-PF).
<u>-</u>		of organiza		(FOIII) 8	3U, 38U-E	2, 01 990-11-7,
L	Add I	ines 5b. 6c	and 7b. to line 9 to determine gross receipts. If gross receipts are \$200,000 or more.	or if total		
	Asse	is (Pørt II, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			
P	ırt I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ictions f	or Part I)
_	<u>;                                    </u>	Check if t	he organization used Schedule O to respond to any question in this Part I	,		X
	1		ons, gilts, grants, and similar amounts received.			0
	2		service revenue including government fees and contracts			٥,
	3		nip dues and assessments			13.033.
	4	Investmen	it income		4	0_
	5 a	Gross amo	ount from sale of assets other than inventory		a company	
	b	Less: cost	or other basis and sales exponsos		- W.S.	
	¢	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a).		5 6	
	6		nd fundraising events	,	5,750,6	
8	a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000)   6 at			
¥			ome from fundraising events (not including \$ of contributi	ons	100	
202 M < 40	ĺ		alsing events reported on line 1) (attach Schedule G if the sum		1 48 14	
ě		of such gr	oss Incomo and contributions exceeds \$15,000)		3 . D. X.	
	Ç	Less: direc	ct expenses from gaming and fundralsing events	21,47		
	d	Net income 8b and sui	e or (loss) from gaming and fundraising events (add lines 6a and biract line 6c)	w e eg e e	. 6d	47,047.
	7 a	Gross sale	es of inventory, leas returns and allowances		1707 de 1	
	þ	Less: cost	of goods sold			
	C	Gross prof	fil or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	•
	8	Other reve	anue (describe in Schedule O)		8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			60,080.
	10		d similar amounts paid (list in Schedule O)			50,298.
,	11		ald to or for members			30,436,
Ë	12	Salaries, o	other compensation, and employed benefits		12	
Ĕ	13		nal fees and other payments to independent contractors			
E N	14		y, rent, utilities, and maintenance			34 000
5 E	15		ublications, postage, and shipping			14.856.
5	16	Other expo	ensos (describe in Schedule O)	ion 16 Other Exc	F7965 4.0	
	17	Total expe	enses. Add lines 10 through 16		- 17	19,267.
_	18	Excess or	(deficit) for the year (Subtract line 17 from line 9).		18	84_421_
Ą					5° 9440) - 18554	-24_341,
Na.	19	Net assets	or fund balances at beginning of year (from tine 27, column (A)) (must agree with end orded on prior year's return)	-of-year	19	
ASSETS NET	20		nges in net assets or fund balances (explain in Schedule O)		20	47,737
a	21		-		+ 21	
ПА.		***************************************	or fund balances at end of year. Combine lines 18 through 20		F 21	23,396 -

Form	orm 990-EZ (2013) Northeast Pensacola Sertoma Club 59-2417459 Page 2					
Par	t II Balance Sheets (see the instr		9			(T
	Check if the organization used Schedu	THE O to respond to SHY QUESTI				<u> </u>
22	Cash, savings, and investments		}	(A) Beginning of yea	$\overline{}$	(B) End of year
23	Land and buildings			47,737	<del>'</del>	23,396.
24	Other assets (describe in Schedule O)			<u> </u>	24	<u> </u>
25	Total assets			0	25	0.
28	Total liabilities (describe in Schedule O).		-	47.737	26	23.396.
27	Net assets or fund balances (line 27 of co			47.737	27	23,396
*********	t III Statement of Program Service A			4 /. / 3 /.	<u>, (.e., )</u>	Expenses
11.511	Chack if the organization used Sche	edule O to respond to any ques	stion in this Part III.	X	(Regu	ired for section 501
What	s the organization's primary exempt purpose? See	Organization's Primary Exem	nt Purpose		(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service acco	omplishments for each of its th	ree largest program st	irvices, as		izations and section a)(1) trusts; optional
mea: bene	ribe the organization's program service accidented by expenses. In a clear and concise milited, and other relevant information for each	tanner, describe the services ; t program title.	provided, the number o	t persons	for oth	ners.)
28	AN AMEGAL FUNDRAISER HELD IN APRIL BACH YEAR. I	TO PURCE IS A SEVERE DEFEND WID	A MEN CHOREST VENE UNGLES	/ hautheest schröderet?		
	PINORALSES INTURES A LARGE OUTSIDE PARTY AT OUR HE	DEEN DYDINGUN DENIMOERIE TURE MUCH. ED-DIONETTO GUNTAGENT GENETATENT	ስ ይዘመው የተነነው ማሊፈነምን ነ የ ቸውያ ለቸውያውን ፣ምህና መፈጠይ፤	ness may commoned		
	ALL PROCEEDS ARE DONATED TO PRE-SELECT LOCAL CHARITY					
	(Grants S 36.158 ) If this	s amount includes foreign diamen	nia chuck here	and the transfer of the state o	28 a	21,476.
29	30, 150, 7		110, 07,00,1111010			
	**************************************					
	(Granta S	s amount includes foreign grar	its, check here		29 a	
30						
		ب حد حد عد سد سد سه حد عبر عبر سد عد عد عد				
	(Grants S	s amount includes foreign gran	ts, check bere		30 a	
31	Other program services (describe in Sched					
		s amount includes foreign gran			31 a	
32	Total program service expenses (add lin	es 28a through 31a)	* * - * *		32	21.476.
	t IV List of Officers, Directors,				see the	
	Check if the organization used Sche	dule O to respond to any que	stion in this Part IV.			
,		(b) Average hours par	(c) Reportable compensation (Forms W-2/1098-WSC)			
	(#) Name and Title	week devoted to	(Forms W-2/1098-MISC) (If not paid, enter -8-)	Denotic plans, and dele	tund	(a) Entimeted amount of cities compensation
				Companisation		
	frey J. Heddy		_			,
	asurer	7,00	Ç		<u> </u>	<u> </u>
	kas kustjen		_		_	_
	retary	7.00	0	· .	<u> </u>	.0,
	istopher McIntosh				.	_
	sident	8.00	0		<u> </u>	0.
	gory Litton				_	_
CDE	irman	8.00	Φ	· • · · · · · · · · · · · · · · · · · ·	-9-1	
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BAA		TECA0812 1	1/27/13			Form 990-EZ (2013)

c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	(1) - 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'	Yes	No
44 3	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	200 Mary 195	OWAY.	V. 2712.00
	of Form 990-EZ	44 a	,	Х
t	Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ	44b	10 10 1 10 10 10 10 10 10 10 10 10 10 10	X
Q	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
ď	Ill "Yes" to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O	यक्ष कर <b>44 d</b>	odef (Mal)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		
ь	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)	45 b	ers jara, 1	X
	TECA0612 11/27/19	orm 991	3-EZ (	2013)

Form 990-I	EZ (2013) Northeast Pensacola	<u> Sertoma Club</u>		59-24	17459	Page
an Bildin					,	Yes No
46 Old∜ - cand	he organization engage, directly or indirectli idates for public office? If "Yes," complete S	y, in political campaign chedula C. Part i	activities on behalf of or in	opposition to		T
Part VI	Section 501(c)(3) organization:		* * * * * * * * * * * * * * * * * * * *	<u> </u>	46	<u> </u>
	All section 501(c)(3) organization for lines 50 and 51.	is must answer qu	estlons 47–49b and 5	2, and complete the	tables	
,	Check if the organization used Schedule	O to respond to say as	estion in this Part VI			r
					7 7 4 7 7 4	Yes No
47 Did ti	he organization engage in lobbying activitie	s or have a section 501	(h) election in effect during	the tax year? If Yes,	[	TES NO
comp 48 is the	plate Schedule C, Part II		, , , , , , , , , , , , , , , , , , ,	<i></i>	47	×
	e organization a school as described in sect ne organization make any transfers to an ex					X
	s, was the related organization a section 5					×
58 Com	plate this table for the organization's five hig	thest compensated em	ployees (other than officer	s, directors, trustees and	kev	
empl	oyocs) who each received more than \$100,	000 of compensation fr	om the organization, if the	re is none, enter 'None,'	,y	
	(a) Neura and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M(SC)	(d) Hearth berreits, contributions to employee benefit plane, and deferred companiation	(e) Estimated other comp	
None					<del> </del>	
None		0.00	0.	0.		0
		<u> </u>	·		<del>                                     </del>	<u> </u>
						***************************************
				<u></u>		
					<u> </u>	
					}	
f Total	number of other employees paid over \$100	) 000 · · · · · · · · ·				
	plete this table for the organization's five hig		ecendent contractors who	each received more than	s \$100 000 a	f
comp	ensation from the organization. If there is n	one, enter None.			1 4 100,000 0	•
	(a) Nama and business address of each independent cor	vector	(δή Τγρα (	of service	(c) Comp	ensatium
NONE						
		<del></del>				
				***************************************		
		***************************************				
·			_			
<del></del> -		<del> </del>	-		}	
	The state of the s					
<b></b>			-			
d Total	number of other independent contractors a	ach receiving over \$10	0.000		<u> </u>	
52 Did th	ne organization complete Schedule A? Note table trusts must attach a completed Sched	. All section 501(c)(3)	proanizations and 4947(a)	(1) nanexempt	- XYes	Пис
	a of parjury, I declare that I have examined this ration, inc and complete. Declaration of precere (other than officer) is				10000	
""			TAT BEOFERS THE SHIP HEREING HEREING	05/15/15	<del></del>	
Sign	Signature of officer			Date		
Here	Jeffrev J. Heddy			Treasurer		
	Type of print name and tille					
	Print/Type p/aparm's name	Propercy's signature	Date	Check U	אוזגי	
Paid	Jeffrey Heddy	Jeffrey Reddy	05/27/1		0162025	6
Preparer	Firm's name - FLORES PLORES &	GARG. PA				
Use Only		Suite 400		Firm's EOV	26-0873	
	<u>Pensacola</u>		FL 32502	Phone no. (85	· · · · · · · · · · · · · · · · · · ·	
May the IR:	S discuss this return with the preparer show	n above? See instruction	ONS		X Yes	
					Form 990	)-EZ (2013

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

### 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.

Department of the Treasury internal Revenue Service

CMB No, 1545-0047 2013

Open to Public

Emolover identification number

Schedule A (Form 990 or 990-EZ) 2013

Inspection

Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Northeast Pensacola Sertoma Club 59-2417459 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 4 A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% 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.) Х 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) 11g (ii) 11 g (III) Provide the following information about the supported organization(s). (I) Name of autoported (iii) Type of organization (described on lines 1-9 above of IRC section (see instructions)) (iv) is the organization in column (i) listed in your governing document? (v) Did you notify the organization in column (t) of your support? (vi) is the organization in column (i) organizad in the U.S.? (vii) Amount of monetary hoggue Yes No Yes No Yes Nο (A) (B) (C) (D) (E)  $\tilde{\gamma}$ Total

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

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 Pert I or if the organization failed to qualify under Pert III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership (ees received. (Do not include any unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				'		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add fines 1 through 3					:	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that excoods 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale: begii	ndar year (or fiscat year nning in) ►	(a) 200 <del>9</del>	( <b>b</b> ) 2010	(c) 2011	(d) 2012	(a) 2013	(f) Total
7	Amounts from tine 4						
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						powering and the second
11 -	Total support, Add lines 7 through 10						
12	Gross receipts from related activit	les, etc (see instruc	ctions)	* * * * * * * * *		12	
13	First five years, if the Form 990 i organization, check this box and s	s for the organization	on's first, second,	third, fourth, or lifth	tax year as a sect	ion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 201	, ,		• • • • • • • • • • • • • • • • • • • •		——	%
	Public support percentage from 20						%
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo sly supported orga	ox on line 13, and the nization	he Ilno 14 is 33-1/3	% or more, check t	his box
b	33-1/3% support test - 2012, if the and stop here. The organization	he organization did qualifies as a public	t not check a box o cly supported orga	on line 13 or 16a, s inization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization mets the facts-a	eets the facts-and-	-circumstances' te:	st, check this box a	and stop here. Exp	plein in Part IV how	
	10%-facts-and-circumstances to or more, and if the organization m organization meets the facts-and-	eets the '(acts-and- circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp slicly supported org	stein in Part IV how samzetion	the
18	Private foundation. If the organiz	ation did not chack	k a box on line 13,	16s, 18b, 17a, or	17b, check this box	and see instruction	ns
BAA					Set	redule A (Form 990	or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on fine 9 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.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕶	(a) 2009	(b) 2010	(c) 2011	(6) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	received. (Do not include				,	į	
_	any unusual grants.)	10,550.	24,246.	20,993.	26,510,	26,732.	109,031.
2	Gross receipts from admis- sions, merchandise sold or	!					
	servicos performed, or facilities						
	fumished in any activity that is					1	
	related to the organization's tax-exempt purpose	74 453	57,153,	64,291.	00 041	CO CO-	300 363
3	Gross receipts from activities	74,453.	57,153;	64,291.	92,941.	68,523,	357,361.
-	that are not an unrelated trade	1			."	·	
	or business under section 513						
4	Tax revenues levied for the organization's benefit and	( ·				ĺ	
	either paid to or expended on					·	
-	its behalf The value of services or						
٧	facilities furnished by a					1	
	governmental unit to the	1					
	organization without charge.						
6		85,003.	81,399.	85,284.	119,451.	95,255.	466,392.
/ H	Amounts included on lines 1, 2, and 3 received from	''					•
	disqualified persons	ľ				1	
b	Amounts included on lines 2						***
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or	1					
	1% of the amount on line 13						
	for the year						
	: Add lines 7s and 7b						
8	Public support (Subtract fine 7c from line 6.)	Vo. 4 - 1 - 1 - 1				Figure Scientific	466,392.
Sec	tion B. Total Support	<u> </u>	a control from the Albert Based		And the second of the second o	energi makapaman,	400,332.
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(*) 2013	(f) Total
	Amounts from line 8			·················)		i since an armine	
	Gross income from interest.	85,003.	81,399.	85,284.	119,451.	95,255.	466,392.
100	dividends, payments received						
	on securities loans, rents, royalties and income from					i	
	similar sources	ł l		. 1	3.1	i	з.
ь	Unrelated business taxable						
	income (less section 511					į.	
	taxes) from businesses acquired after June 30, 1975					· •	
c	Add lines 10a and 10b				. <b>.</b> .		. 3.
11	and the second s					<del></del>	<del></del>
	activities not included in line 10b,	ļ		1			
	whether or not the business is regularly carded on	i					
12	Other income. Do not include						
	gain or loss from the sale of					!	
	capital assets (Explain in Part IV.)						
13	Total Support, (Add ins 9,10c, 11 and 12.)	85,003.	81,399.	85,284	119,454.	95,255.	466,395.
14							
	First five years, if the Form 990 is	s for the organization	nta mot, accomu, t				
	First five years. If the Form 990 is organization, check this box and s			* * * * * * * * * *			· · · · · · · · · · · · · · · · · · ·
	tion C. Computation of Pu	blic Support P	ercentage		1		
15	tion C. Computation of Pu Public support percentage for 201	blic Support P 3 (line 6, column (f)	ercentage divided by line 13	i, column (f)) + + +	Harana aran aran aran aran aran aran ara	15	100.00 %
15 16	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20	<b>blic Support P</b> 3 (line 8, column (f) )12 Schedule A. Pa	ercentage divided by line 13 int III, line 15.	i, column (f))	Harania maria ayan merana	15	
15 16 Sec	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20 tion D. Computation of inv	blic Support P 3 (line 8, column (f) )12 Schedule A, Pa restment Incom	ercentage divided by line 13 at III, line 15. ne Percentage	, column (f)		15	100.00 %
15 16 Sec 17	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20 tion D. Computation of inv Investment income percentage for	blic Support P 3 (line 8, column (f) 12 Schedule A. Pa restment Incor 2013 (line 10c, col	ercentage divided by line 13 urt III, line 15 ne Percentage umn (f) divided by	i, column (f)			100.00 % 100.00 %
15 16 Sec 17 18	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20 tion D. Computation of inv Investment income percentage for Investment income percentage fro	blic Support P 3 (line 8, column (f) )12 Schedule A, Pa restment Incom 2013 (line 10c, column 2012 Schedule A	ercentage divided by line 13 art III, line 15 are Percentage umn (f) divided by A, Part III, line 17	i, column (f)		15 16	100.00 % 100.00 % 0,00 %
15 16 Sec 17 18	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20 tion D. Computation of inv Investment income percentage for Investment income percentage fro	blic Support P 3 (line 8, column (f) )12 Schedule A, Pa restment Incom 2013 (line 10c, column 2012 Schedule A	ercentage divided by line 13 art III, line 15 are Percentage umn (f) divided by A, Part III, line 17	i, column (f)		15 16	100.00 % 100.00 % 0,00 %
15 16 Sec 17 18 19 a	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20 tion D. Computation of inv Investment income percentage for investment income percentage from 33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa restment Incor 2013 (line 10c, col m 2012 Schedule A the organization d his box and stop h	ercentage divided by line 13 art III, line 15 are Percentage umn (f) divided by A. Part III, line 17 d not check the booker. The organization	s, column (f))  line 13, column (f)  ox on line 14, and line qualifies as a p	ine 15 is more than	15 16 17 18 133-1/3%, and line	100.00 % 100.00 % 0.00 % 0.00 %
15 16 Sec 17 18 19 a	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 20 tion D. Computation of inv Investment income percentage for Investment income percentage fro	blic Support P 3 (line 8, column (f) 12 Schedule A, Pa restment Incort 2013 (line 10c, col m 2012 Schedule A the organization d his box and stop h	ercentage divided by line 13 art III, line 15 are Percentage umn (f) divided by A. Part III, line 17 d not check the booker. The organization	s, column (f))  line 13, column (f)  ox on line 14, and line qualifies as a p	ine 15 is more than	15 16 17 18 133-1/3%, and line	100.00 % 100.00 % 0.00 % 0.00 %

******	(Farm 990 or 990-		ortheast	Pensacola	1 Sertoma	Club	59-2417459	Page 4
Part IV	or 17b; and Pa (See instructio	nt III, line 12. ns).	. Also com	olete this part	for any add	i by Part II, line 10 itional information.		
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Schedule A (Form 990 or 990-EZ) 2013

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revocate Service Name of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or If the organization entered more than \$15,000 on Form 980-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See adparate instructions.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs:gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

ortheast Pensacola Sertoma Club 59-2417459						
Part I Fundraising Activities. Com						
1 Indicate whether the organization ra				a activities. Check all th	at apply	
a Mail solicitations		.g., a., o.	6	Solicitation of non-c		•
b Internet and email solicitations			f	Solicitation of gover	·	
c Phone solicitations			Ω	Special fundraising	_	
d In-person solicitations			-	Line also and to the state of t	Overno	
	or ordi daraama		المستان بتاريخ	(leaderdless officers alless	tors to other a to tra-	
2 a Did the organization have a written employees listed in Form 990, Part	VII) or entity in c	onnection	with profes	sional fundralsing services	iors, trustoes or key	Yes No
b If Yes, list the ten highest paid indi- compensated at least \$5,000 by the	viduals or entities	s (lundrais	ers) pursua	int to agreements under	which the fundraiser is	to be
(i) Name and address of individual	(li) Activity	T 22 2		(Iv) Gross receipts	(v) Omount point to	(vi) Amount paid to
or entity (fundraiser)	(II) AGRIVITY	have custo	undraiser dy or control		(v) Amount paid to (or retained by)	(or retained by)
	ţ	of contr	ibutions?		fundraiser listed in column (i)	organization
		Yes	No		Column (i)	
	1 .	100				
1.						
2		1				
3						
4		1	1		· · · · · · · · · · · · · · · · · · ·	
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8				,		
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10	1					
"hit'-t-ada-anna a a a a		<i></i>				<u> </u>
Total						
<ol> <li>List all states in which the organization flicensing.</li> </ol>	ion is registered	or licensed	d to solicit o	contributions or has been	n notified it is exempt fro	m registration
or machiaing.						
					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
				· · · · · · · · · · · · · · · · · · ·		
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Sch	edule	G (Form 990 or 990-EZ) 2013 Northea	st Pensacola S	ertoma Člub	59-24	17459 Page 2
(Pa)	art II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.					
B			(a) Event #1 HOGFEST (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
日に北西へ東沿	1	Cross receipts			Barrier Vine Descrip	68,523.
E.	2	Less: Charltable contributions				48,698.
_	3	Gross income (line 1 minus line 2).				19,825,
	4	Cash prizes	1.0,000.			10,000.
_	5	Noncash prizes				
DIRECT	6	Rent/facility costs ,	2,000.			2,000.
	7	Food and beverages				
ĘXÞÉ	8	Entertainment	950.			950.
E R W Z A T X A	9	Other direct expenses	8,526.		<u>.</u>	8,526.
3	10					
Pai	11 1 HI	Not income summary. Subtract line 10 from Gaming. Complete if the organizati	line 3, column (d) on answered 'Yes'	to Form 990, Part IV	/, line 19, or reporte	-1,651, ed more than
	-	\$15,000 on Form 990-EZ, line 6a.				1 .
BEZES			(a) Bingo	(b) Pull teba/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ě	1	Gross revenue				
v	.2	Cash prizes,,,		***************************************		
D-RECT	3	Noncash prizes				
C 5	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes *	Yes *	A STATE OF THE STA
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)	e gale a stall a susse a		
*************	8	Net gaming income summary. Subtract line	7 from line 1, column (d	y		
	la th	or the state(s) in which the organization opera e organization licensed to operate gaming ac o. explain:	tivities in each of these s			Yes No
	Wer	e any of the organization's gaming licenses re es, explain;	ovoked, suspended or te	rminated during the tax	year?	
BAA			TEEA3702 08	/26/13	Schedule & (For	m 990 or 990-EZ) 2013

D C I I I	roug o (Loug ago of ago-ES) 5012 No.LGU6936 G. Gouspools Selcoms CIMP	59-241745	9	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes (	No
12	Is the organization a granter, beneficiary or trustee of a trust or a member of a partnership or other entity former		•	
-	administer charitable gaming?		Yes [	ĪNo
		<u> </u>	<u>,                                    </u>	
13	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility	· · / 13a		*
	b An autside facility.			<u> 4</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re	:cords;		
	Name *			
	Address *			*
	Address	-, <b></b>	· , , ·	<del>-</del> -
48.	Dona the average and the state of the state	-	<b>-</b> 1	
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		Yes	No
1	bif 'Yes,' enter the amount of gaming revenue received by the organization * \$ an	d the emount		
	of gaming revenue retained by the third party			
(	off 'Yes,' enter name and address of the third party:			
		•		
	Name *			
	Address *			
	Address			
18	Gaming manager information:			
	Name *			
	Garning manager compensation • \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	is the organization regulted under state law to make charitable distributions from the gaming proceeds to retain	45-4		
•	state gaming license?	rue L	Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe		L	
	organization's own exempt activities during the tax year *\$	OT IO SIG		
<u> </u>	the Supplemental Information Charles to accomplish the second of the Supplemental Information of the Supplemental Information of the Supplemental Information of the Supplemental Information of the Supplemental Information		1. 9. 3	
L-41	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	iumns (III) and	f (V),	
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any Information (see instructions).	additional		
	Morniador (see instructions).			
"				
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BAA	" TEEA3703 06/26/13 Sched	ule <b>G</b> (Form 990	or 990-EZ	2013
	$\cdot$			

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

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.cov/form990.

OMB No. 1546-0047 2013

Department of the Treasury Internal Revenue Service

Open to Public

Name of the organization	at www.irs.gov/rorm990.	mapection
Northeast Pensacola Sertoma	Club	Employer identification number 59-2417459
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	war was and said, also, said, also said this year war, was war and man and and said the war tare war land that the said said.	
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(Rev January 2014)

## Application for Extension of Time To File an Exempt Organization Return \*File a separate application for each return.

OMB No. 1545-1709

Cepartment of 6 Internal Revenu	эе Тгензшу и Бэгујсо	►information about i	orm 8868 and its in	nstructions is at www.irs.gov/form8868,		
• If you ar	e filing for an A	utomatic 3-Month Extensio	n, complete only P	art I and check this box		(X)
<ul> <li>If you ar</li> </ul>	e filing for an A	dditional (Not Automatic) 3	-Month Extension,	complete only Part II (on page 2 of this fo	νm).:	L
Do not com	iplete Part II ur	iless you have already been	granted an automat	ic 3-month extention on a previously filed F	form 8868.	
Associated 1	extension of time With Certain Pe	e la life any of the forms liste	d in Part I or Part II v ich must be sent to li	3-month sutematic extension of time to fli- onth extension of time. You can electronic with the exception of Form 8870, information the IRS in paper format (see instructions). Fi titles & Nonprofits,	in Return for Transfe	21
Part I	Automatic	3-Month Extension o	f Time. Only sub	omit original (no copies needed).		
A corporatio	n required to like	Form 990-T and requesting	en automatic 6-moi	nth extension — check this box and comple	te Part I only	
All other cor income tax		ding 1120-C fliers), partnersi	nips, REMICs, and tr	usts must use Form 7004 to request an ex Enter filed's identit	tension of time to file fyling number, see i	
	Name of exempt	organization or other filor, see instruct	one.	Cited their a locale	Empicyar Identification no	
Type or print  Northeast Pensacola Sertoma Club  Number, street, and room or suite number, if a P.O. box, see instructions.  Social security number (SS)					88N)	
due date for filing your	P.C. 302	10697 office, state, and ZIP code, For a fore				
return. See Instructions,	City, lown or pos	office, state, and ZtP code, For a fore	ign address, see instruction	19.		
	Pensacol	<b>.a</b>		The state of the s	FL 3250	4
Enter the Ro	eturn code for th	e return that this application	is for (file a seperate	application for each return)		. 61
Application is For	1		Return Code	Application Is For		Return Code
	r Form 990-EZ		01	Form 990-T (corporation)		07
Form 990-8	L		02	Form 1041-A		80
Form 4720	· · · · · · · · · · · · · · · · · · ·		03	Form 4720 (other than individual)		09
Form 990-P	F		04	Form 5227		. 10
<del></del>	·	or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other the	nabove)	06	Form 8870		12
Telepho If the or If this is check the external linear until The e	ganization does for a Group Re als box ension is for est an automati Feb 17 xtension is for to calendar yea X tax year begi	not have an office or place of turn, enter the organization's lift is for part of the gradual for the gradual for the organization's return for:  20	Fax No f business in the Un four digit Group Exc oup, check this box. rporation required to pt organization retur  1 1 2 _ , and endin	ited States, check this box:  proption Number (GEN) 5409 If and attach a list with the name file Form 990-T) extension of time in for the organization named above.	this is for the whole :	group,
				enter the tentative lax, less any	3 a 3	٥.
b if this tax pe	application is for syments made. I	r Forms 990-PF, 990-T, 472 nclude any prior year overps	0, or 6069, enter any yment allowed as a	refundable credits and estimated credit	3 6 8	0.
c Balan EFTP	i <b>ce due</b> , Subtra S (Electronic Fe	ct line 3b from line 3a. Includ ideral Tax Payment System)	e your payment with . See instructions	this form, if required, by using	3 c S	ä.
Caution, if payment ins	you are going to	make an electronic funds w	ithdrawal (direct deb	it) with this Form 8868, see Form 8453-EC	and Form 8879-EO	for

### Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning  $\underline{Jul}_1$   $\underline{l}_2$  , 2013, and ending  $\underline{Jur}_2$   $\underline{30}$  ,  $\underline{2014}$  .

OMB No. 1545-1878

Department of the Treesury internal Revenue Service

Do not send to the IRS, Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of example organization Employer inputfication number Northeast Pensacola Sertoma Club 59-2417459 Nome and the of officer Jeffrey J. Heddy Part 1 Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EQ and enter the applicable amount, if any, from the return, if you check the box on line 1s, 2s, 3s, 4s, or 5s, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here . . . . D b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . . . . 1b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the only to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no fater than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I suthorize to enter my PtN as my signature ERO firm name on the organization's tax yeer 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature - - --05/15/2015 Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 59771810228 I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) information for Authorized IRS e-file Providers for Business Returns. ERO's signature Deta  $\succ 05/27/2015$ 

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EO (2013)

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

### IRS e-file Authentication Statement \* Keep for your records

2013

Name(e) Shawn on Rolum	Employer IO Number
Northeast Pensacola Sertoma Club	59-2417459
A - Practitioner PIN Authorization	
Please Indicate how the taxpayer(s) PIN(s) are entered into the program.	
Officer(s) entered PIN(s)	
ERO entered Officer's PtN	<u> </u>
B - Signature of Electronic Return Originator	
ERO Declaration;	
I declare that the information contained in this:electronic tax return is the information Organization furnished ma a completed tex return, I declare that the information contained in the return provided by the Exempt Organization. If the furnished return paid preparer's identifying information in the appropriate portion of this electronic return perjury, I declare that I have examined this electronic return, and to the best of my knodedization is based on all information of which I have any knowledge.	eined in this electronic tax return is identical to that vas signed by a paid preparer, I declare I have entered the tro. If I am the paid preparer under the penalties of
I am signing this Tax Return by entering my PIN below.	
ERO's PIN (EFIN followed by any 5 numbers)	EFIN 597718 Self-Solect PIN 10228
C - Signature of Officer	
Perjury Statement:	
Under penalties of perjury, I declare that I am an officer of the above Exempt Organization's 2013 electronic income tax return and accompanying schedules and strue, correct, and complete.	ation and that I have examined a copy of the Exempt tatements and to the best of my knowledge and belief, it is
Consent to Disclosure:	
! consent to allow my electronic return originator (ERO), transmitter, or intermediate s to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason refund offset, (c) the reason for any delay in processing the return or refund, and (d) to	for relection of the transmission. (b) an indication of any
Electronic Funds Withdrawal Consent (if applicable);	
I authorize the U.S. Treasury and its designated Financial Agent to initiate an electron institution account indicated in the tax preparation software for payment of the Exempthe financial institution to debit the entry to this account. To revoke a payment, I must 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date, processing of the electronic payment of taxes to receive confidential information necessing the payment.	ot Organization's Federal taxes owed on this return, and contact the U.S. Treasury Financial Agent at Lake authorize the financial institution involved in the
I am signing this Tax Return and Electronic Funds Withdrawai Consent, if appli	cable, by entering my self-selected PIN below.
Officer's PIN	17459
Date	

Northeast Pensa	cola	Sertoma Club 59-2417459			
		0 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ	· · · · · · · · · · · · · · · · · · ·	
		cribe in Schedule O) ERATING COSTS	19,267.		
Total			19,267.		
Form 990-EZ, Part III, Statement of Program Service Accomplishments Organization's Primary Exempt Purpose					
**SERVICE TO MANKIND**  WE FOCUS ON THE UNDERSERVED NEEDS OF  LOCAL NEEDY CHILDREN, PRIMARITY WITH  HEARING ISSUES.  Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ					
Form 990-EZ, Pa	art I,	Line 10 Grants and Similar Amounts Paid  CASH DONATION / HOGE		THE WORLD	
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given	
50103		BusinessX Person  JUNIOR ACHEIVEMENT  1010 NORTH 12TH AVENUE  PENSACOCLA FL 32501	NONE	9,653.	
If property other to Description of Pro- Date of Gift	per	cash was given, the following additional information	mation needs to be provide	ied:	
Book Value		How Book Value Determined			
FMV		How FMV Determined			
Purpose of Paym	ent	CASH DONATION / HOGE	EST BENEFICUARY		
Class of Activity	у	Grantee's Name and Address	Grantee's Relationship	Amount Given	
501C3		BusinessX Person PATHWAYS FOR CHANGE  1211 WEST PAIRFIELD  FENSACOLA FL 32501	NONE	10,447.	
	pert	cash was given, the following additional informa-	nation needs to be provide	ied;	
Book Value	How Book Value Determined				

How FMV Determined

FMV

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pald

Continued

Purpose of Payme	nt CASH DONATION / HOGF	EST BENEFICUARY	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	BusinessX Person  ECARE (EVERY CHILD A READER) P.O. BOX 71	NONE .	
	PENSACOLA FL 32591		16,058.
if property other the Description of Prop Date of Gift	an cash was given, the following additional informerty.	mation needs to be prov	ided:
Book Value	How Book Value	Determined	
FM∨	How FMV Det	ermined	
ourpose of Paymer	ot CASH DONATION TO PRO	VIDE HEARING AID	S
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
50103	Business X Person HEARING AID BANK / BOARD P.O. BOX 1,7500	NONE	
	PENSACOLA PL 32522		1,000.
f property other the Description of Prop Date of Gift Book Value	en cash was given, the following additional informative.  How Book Value		ided:
₽MV	How FMV Det	ermined	
Purpose of Paymer	nt CASH DONATION / SPON	9ERSHIP	***************************************
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	BusinessX PersonCAPSTONE ADAPTIVE LEARNING 2912 NORTH E STREET	NONE	
	PENSACOLA FL 32501		<u> </u>
f property other the Description of Prop Date of Gift		mation needs to be prov	ded:
Book Value	How Book Value I	Determined	
FMV	How FMV Dete	ermined	
	<u> </u>		

-	990 or 990-EZ), Supplemental Information to F t I, Line 10 Grants and Similar Amounts Paid		Continued
Purpose of Payme	nt CASH DONATION / TRAN	ISFER	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C	BusinessX Person SERTOMA P.O. BOX 10697 PENSACOLA FL 32504	EVENT BENEFICUARY	12,540.
	an cash was given, the following additional inforcerty.	mation needs to be provid	død:
Book Value	How Book Value	Determined	
FM∨	How FMV De	termined	<u> </u>
Explanation States	nent		
Explanation of: Re	990-EZ, Return of Org Exempt from	of form 990-EZ	
	MADE TO PRODUCE THIS RETURN TIMELY, AN AND MORE TIME WAS NEEDED, OUR RETURN THIS YEAR, F		
	OUGH, RECONCILE & PREPARE. ADDITIONALLY,		

EVERY EFFORT WAS MADE TO PRODUCE THIS RETURN TIMELY, AN APPLICATION FOR EXTENSION WAS APPROVED.

TILL 2/15/2015, BUT MORE TIME WAS NEEDED, OUR RETURN THIS YEAR, REQUIRED A SIGNIFICANT AMOUNT OF ADDITIONAL

TIME TO WORK THROUGH, RECONCILE & PREPARE. ADDITIONALLY, INFORMATION HAD TO BE REQUESTED AND

SOURCED FROM THIRD PARTIES WHICH TOOK ADDITIONAL TIME TO RECIEVE, REVIEW & INCORPORATE. OUR BOARD

MEMBERS ARE NOT COMPENSATED FOR THEIR EFFORTS AND WE MAINTAIN NO PAID STAFF TO ASSIST US:

WE WILL WORK HARD TO STAY MORE CURRENT AND WILL NOT BE LATE ON OUR FUTURE FILINGS.



1912 E. Meyer Blvd.
Kansas City, MO 64132
816-333-8300
800-593-5646
Fax: 816-333-4320
infosertoma@sertomaHQ.org
www.sertoma.org

July 1, 2008

Northeast Pensacola Sertoma Club Attn: George M. Knefely

To Whom It May Concern:

This letter will serve as verification that Northeast Pensacola Sertoma Clubis a duly recognized and chartered Club of Sertoma. This club has been reported as a subordinate to the IRS as required in revenue procedure 80-27, under EIN 592417459. Northeast Pensacola Sertoma Club is in good financial standing with the parent organization and therefore falls under group tax exempt status. This club is exempt under GEN #5409, Section 501(c)(3), EIN 63-0655922.

We are enclosing copies of the determination letter from the Internal Revenue Service granting our Organization and all subordinates tex-exempt status under 501(c)(3).

Sincerely,

Amy Ellington

amy Ellington

Director of Finance/Administration

Acilington@sertomahq.org

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 1 0 2007

SERTOMA FOUNDATION 1912 E MEYER BLVD KANSAS CITY, MO 64132-1141 Employer Identification Number:
63-0655922
DLN:
17053010016007
Contact Person:
JOY M HLAVATY ID# 31495
Contact Telephone Number:
(877) 829-5500

Addendum Applies: Yes

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(2) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your subordinates whose gross receipts each year are normally more than \$25,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of \$20 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable

#### SERTOMA FOUNDATION

cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them. Please advise your subordinates that, if they receive a Form 990 package in the mail, they should file the return even if their gross receipts do not exceed the \$25,000 minimum. If not required to file, a subordinate should simply attach the label provided, check the box in the heading to indicate that its annual gross receipts are normally \$25,000 or less and sign the return. This will allow us to update our records to show that the subordinate is not required to file and to delete that subordinate from the list of organizations that will receive Form 990 packages in future years.

Your subordinates are required to make their annual information return, form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You and your subordinates are also required to make available for public inspection your group exemption application, any supporting documents and this exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

Your subordinates are not required to file federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

As of January 1, 1984, each of your subordinates is liable for social security taxes under the Federal Insurance Contributions Act on remuneration of \$100 or more they pay to each of their employees during a calendar year. Your subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

- 1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;
- 2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that, since your previous report:
  - a. Changed names or address;
  - b. Were deleted from your roster; or

#### SERTOMA FOUNDATION

- Were added to your roster.
- 3. For subordinates to be added, attach:
  - a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
  - b. A statement that each has given you written authorization to add its name to the roster;
  - A list of those to which the Service previously issued exemption rulings or determination letters;
  - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
  - The screet address of each subordinate whose mailing address is a P.O. Box; and
  - f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule B, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.
- 4. If applicable, a statement that your group exemption roster did not change since your previous report.

Please mail the information requested in this letter to the following address:

Internal Revenue Service Ogden UT 84201

Your Group Exemption Number is 5409. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about the exempt status and foundation status of your subordinates, you should keep it for your records.

#### SERTOMA FOUNDATION

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

13

Sincerely yours.

Robert Choi

Director, Exempt Organizations Rulings and Agreements

(Rov. August 2013) Department of the Tressury

### **Request for Taxpayer** identification Number and Certification

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Use Form W-9 only if you are a U.S. person (including a resident silen), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- ). Certify that the TIM you are giving is correct (or you are waiting for a number to be lesued),
- 2. Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payes, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the
- A domestic trust (as defined in Regulations section 301,7701-7).

A corressor trust (as centered in paguanone section) and in process in the United States are generally required to pay a withholding tax under section 1446 on any fereign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 enough person, such payingss. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a pertner is a foreign person, and pay the section 1446 withholding say. Therefore, if you are a LLS, person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S, status and avoid section 1446 withholding on your share of purinership income.

000058/1 04/25/13



### Consumer's Certificate of Exemption

DR-14 FL 04/11

based Pursuant to Chapter 212, Florida Statutes

85-80149813170-5 12/31/2013 12/31/2018 Certificate Number

This certifies that

Effective Date

Explication Date

NORTHEAST PENSACOLA SERTOMA CLUB INC 14 W JORDAN ST PENSACOLA FL 32501-1738



is exempt from the payment of Florida sales and use tax on real property ranted, transient rantal property fented, tangible personal property purchased or rented, or services purchased.



# Important Information for Exempt Organizations

DA-14 R. 04/11

- 1. You must provide all vendors and suppliers with an exemption certificate before making tex-exempt purchases. See Rule 12A-1.035, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's 2. customery nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be 3. reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others of tangible 4. personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Fluis 12A-1,070, F.A.Q.).
- It is a priminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no. 5. plicumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this pertificate.
- If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account €. Management at 800-352-3871. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Teliahasses, FL 32314-6480.

Revenue		5 BUDGET		5 ACTUAL		6 BUDGET			47 A/TILA
Selaesa fram prior war			<b></b>		Н.	U BOBOLI.	16 ACTUAL	17 BUDGET	17 ACTUAL
Balance from prior year	_		$\vdash$		⊢				
Sponsorship - City		75 000 00	4	<b>25 000 00</b>	-	75 000 00			
Sponsorship - County	\$	75,000.00	\$	75,000.00		75,000.00			
Sponsorships			⊢		\$	2,500.00			
Sertoma Clubs Contributions	-								
Food Vendor Income	\$	4,500.00	\$	8,250.00	\$	4,500.00			
	-		_		Ļ				
Arts & Crafts Vendor Income	\$	3,500.00	\$	1,400.00	\$_	3,500.00			
Other Vendor Income (politicians, displays, etc)			<b>!</b>						
Event Receipts	\$_	4,000.00		2,898.00	\$	4,000.00			
Event Tips	\$	200.00	<u> </u>	53.13	\$	200.00			
Total Revenue		\$87,200.00	<u> </u>	\$87,601.13	Ŀ	\$89,700.00	\$0.00	\$0.00	\$0.0
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Operating Expenses			L_		_				
Sales Tax	\$_	900.00		941.10		900.00			
Beer Expense	\$	500.00		302.96	\$	500.00			
Beverage Expense	\$	1,200.00		1,144.50	\$	1,200.00			
License Expense	\$	50.00		25.00		50.00			
Port O Lets Expense - Pot-o-Gold	\$	3,500.00		3,529.35		3,500.00			
Dumpsters (2-15yd.) - Pot-o-Gold/Garbage Dumping	\$	750.00		390.00		750.00			
Trash pick-up labor (Clean & Green?)	\$	1,500.00		1,400.00	\$	1,500.00			
Street Sweeper	\$	500.00			\$	500.00			
Security Expense - PPD	\$	1,000.00		375.00		1,000.00			
Fire Protection Expense - Fire Dept (4 @ \$23/hr for 8 hrs.)	S	1,000.00	\$	1,620.00		1,000,00			
Fireworks Expense	. \$	35,000.00	\$	35,000.00	\$	35,000.00			
Barge and Tug	\$	7,000.00	\$	7,000.00	S	7,000.00			
Headquarters/Cleaning	\$	150.00	\$	150.00		150.00		'	
Entertainment			1		_				
Sound at Seville & Bayfront	\$	3,800.00	\$	3,500.00	S	3,800.00			
Entertainment at Seville (Gazebo)	<b>→</b> -	0,000,00	Ť	0,000,00	<del>"</del>	0,000.00	-		
Band (Opening Act Main Stage)	\$	500.00	\$	500.00	\$	500.00			
Band (Headline Act)	\$	1,000.00		750.00		2,500.00			
Stage (covered)	š	5,000.00		5,000.00		5.000.00			
Sound and Lighting for Stage - Included with stage		5,000.00	+*	0,000.00		0.000.00			
Band "Green Room" Artels	$-\!\!\!\!\!-$		<del> </del>		_				
Band catering	-		$\vdash$						
Back Line Gear rental - included with stage	_		$\vdash$		_		-		
Arts and Crafts - Postage	\$	50.00	$\vdash$			50.00			
Permit for Parks - City	\$	1,050.00	4	1,550.00	\$	1,050.00			
Permit for Fountain Park - WFHPI	\$	500.00		500.00	\$	500.00	-		
Permit for Stage	- 4	35.00		300.00	<del>*</del>	35.00			
Barricades		00:00	\$		٠	. 35.00			
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Insurance	\$	500.00				500.00			
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Gulf Coast Traffic Engineers - Traffic Cones	—		-		<u> </u>	,,_,,			
Promotions	<del> </del>	545-55	ــــا		Ļ				
T-Shirts (Rockett Marketing)	\$_	600.00	ļ\$ <u></u>	677.61	\$	700.00			
Rack Cards (Franklin's)	_ _		<b></b>		_				
Posters (Franklin's)			_						
Signs/Banners (Fast Signs)			L .		<u> </u>				
Lamar - Billboards	\$	2,250.00	\$	2.250.00	\$	2,250.00			
Administration									
Postage/PO Box	\$	100.00			9	100.00			
Web Site	\$	115.00			\$	115.00	-		
Bank Chargea	\$	50.00	\$	14.50	\$	50.00			
Admin Supplies									
Volunteer Goodwill Expense									
Children's Area Expense	5	15,000.00	\$	9,570.00	\$	15,000.00			
							_		
Total Operating Expenses		\$87,200.00		\$80,456.98		\$89,300.00	\$0.00	\$0.00	\$0.0
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All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners Office of Management & Budget 221 Palafox Place Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

St. Michael's Cemetery Foundation of Pensacola, Inc.

Agency Address:

P.O. Box 13602

Pensacola, FL 32591

Program Name:

Maintenance and Conservation of St. Michael's Cemetery

Program Contact:

Ross Pristera

Contact Email:

RPristera@uwf.edu

Contact Phone:

850-595-5985 ext 115

25-Word Description of Program:

St. Michael's Cemetery Foundation of Pensacola, Inc. will use the County funds for maintenance and conservation of St. Michael's Cemetery, including gate operations, fence repairs, masonry structure repairs, maintenance etc.

Amount Requested:

25,000.00

Amount Received Last Year, if applicable:

25,000.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Funds were used toward the repair of vandalized headstones by bringing in a trained conservator to properly undertake this delicate work. Historic St. Michael's Cemetery is the oldest and most significant historic site that survives above ground, so repairing damage caused by vandals or nature is an expensive and challenging task. Funds have always been used in the maintenance of the site to ensure conditions are safe for visitors. A maintenance list is always being updated and work is continually ongoing.

Briefly discuss how the funding you are currently requesting will be used.

The money will be used to continue to monitor the condition and maintain perimeter fence which was completely repaired one year ago. Also, periodic damage due to car crashes requires repairs as well as address additional deteriorating historic metal fencing inside the site. Further, funds will be used to install both exterior perimeter lighting and interior spot lighting providing security and , hopefully alerting drivers on Garden at the Alcaniz curve to prevent future crashes. The St. Michael Cemetery Board is negotiating to partner on cost sharing to develop hazard warning reflectors along the curve at Garden Street and Alcaniz Street. Funds likely will be used to install additional benches, and interpretative signs at historically significant spots throughout the site. In addition, funds will be used to support printing brochures for visitors to the site and for regional advertising.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The upkeep of a historic cemetery is expensive and nonstop, but this is an important asset that needs to be maintained to preserve Escambia County History. The St. Michael Cemetery Foundation Board helps other cemetery groups, so cutting funding will not only harm St. Michael's Cemetery, but smaller historic cemeteries. If funding is reduced, additional fund raising efforts will be needed so the Foundation can continue to maintain this important historic site. Providing partial funds will make the task of maintaining this large historic cemetery very difficult.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

### Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1. Maintaining the oldest and most significant historic site that survives above ground, reflecting almost 250 years of Pensacola History.
- 2. Promoting a heritage tourism destination in Escambia County by offering tours and publications that highlight an important asset in the County.
- 3. Educating the public on the history of Escambia County by offering lectures, public days, and publications.

# Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- Number of headstones and fences repaired over the period of one year.
- 2. Number of tours given to the public and number of visitors that have attend events.
- 3. Number of individuals and organizations that benefit from the research and publications that the Foundation has offered.

# Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

St. Michael's Cemetery Foundation has no paid staff, but does have an all volunteer Board that has qualified professionals who are active in the management and protection of the cemetery. The Cemetery is open 365 days a year, at no charge, and people can been seen daily touring the site. There is no exact way to count daily visitors, but attendance from events, tours, and lectures are tracked.



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources		: 	
Programmatic Income			
County Funding	25,000.00	25,000.00	25,000.00
City Funding		•	,
State Funding	30,000.00	30,000.00	30,000.00
Federal Funding			
Memberships	2,000.00	2,000.00	2,500.00
Investment Income	9,840.00	9,000.00	9,500.00
Other Income			
Total Income	66,840.00	66,000.00	67,000.00



Ex.	ne	n	s	e	ς
<u> </u>	_		_	•	-

<u>Expenses</u>			
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			v
Salaries and Wages			
Employee Benefits			
Professional Services	8,840.00	21,567.00	9,000.00
Contractual Services	40,000.00	38,000.00	40,000.00
Travel Expenses			
Rentals and Leases		•	
Communication	•		
Postage and Freight	1,000.00	1,000.00	1,000.00
Repair and Maintenance	15,000.00	3,433.00	15,000.00
Printing and Binding			
Marketing and Promotion	2,000.00	2,000.00	2,000.00
Fuel			



Expenses (cont.)

Most Recently Completed Budget Year

Current Budget Year Proposed Budget Year

Supplies

Capitalizable Assets

**Total Expenses** 

Net Income

66,840.00

66,000.00

67,000.00

Please explain any capitalizable asset contained in your request.

N/A



## **Consumer's Certificate of Exemption**

DR-14 R. 04/11

#### Issued Pursuant to Chapter 212, Florida Statutes

85-8012636360C-8	07/26/2013	07/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date.	Expiration Date	Exemption Category

This certifies that

SAINT MICHAELS CEMETERY FOUNDATION OF PENSACOLA INC 6 S ALCANIZ ST PENSACOLA FL 32502-0000

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14 R. 04/11

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Form 8879-EO		IRS e-file Signa for an Exem	ature Authoriz ipt Organizatio	ation on		OMB No. 1545-1878
Form OU 3 LO					20	
ļ	For calendar year 2013.	or fiscal year beginning  Do not send to the	IRS. Keen for your re	eords.	20	2013
Department of the Treasury	le information st	out Form 8879-EO and	ts instructions is at	www.irs.gov/	Torm8879ea.	
Internal Revigious Service  Name of exampt organization SE	Michael's	Cometery For	indation		Employer ide	milication number
	Pensacola,				59-36	<u>41870                                    </u>
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Part  Type of Ref Check the box for the return for	uggat opposite recession to	is Form 9879-FO and an	ter the applicable amo	unt. if any. fro	m the return. If	vou
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eave line 1b, 2b, 3b, 4b, or 5b	1, 42, 01 00, colow, al k	is blank (do not enter «0-	). But if you entered -	0- on the retur	n, then enter -0	)- on
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ne applicable line below. Do n la Form 990 check here	The Table	e, if any (Form 990, Part	VIII column (A) line 1	2)	τb	
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la Form 990-PF check here	D Fax beset	OU INASTINGUE INCOME	(FORM DOUBLE, FOIL VI	, mile by , . ,	50	
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are true, correct, and complete organization's electronic return	. I summer declare man	ne alnount III, Fait Fabov Intermediate sandce DEN	ider, transmitter, or ele	ectronic return	originator (ER	0)
organization's electronic return o send the organization's return	n to the IRS and to rer	eive from the IRS (a) an	acknowledgement of n	eceipt or reas	on for rejection	of
he transmission, (b) the reaso	n for any dalay in non-	esing the return or return	d, and (c) the date of e	nv refund. If a	opticable, t	
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If I have indicated with	un this return that a cou	ov of the return is being fil	ed with a state agency	(les) regulatir	g charities as p	part of
the IRS Fed/State pro	gram, I will enter my P	N on the return's disclosu	ire consent screen.			
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Information for Authorized IRS	s e-file Providers for Bu	einess Returns.			,	•
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-		THINDELL FOLIZA	, UFAS, F.A.			
		Certified Public	Accountants			
		Pensacola,	Florida			

Form 990-EZ

### Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2013

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. > information about Form 990-EZ and its instructions is at www.irs.gov/form990.

and ending For the 2013 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization St. Michael's Cemetery Foundation Address chance 59-3641870 of Pensacola, Inc. Name change Number and street (or P.O. box, if mail is not delivered to street address) Record'suite E. Telephone number Initial return 850-266-9179 P.O. Box 13602 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number -FL 32591 Pensacola Application paradico Check | X If the organization is not Accounting Method: X Cash Accruel Other (specify) Website: WWW.STMICHAELSCEMETERY.ORG required to attach Schedule B Tagrezempt status (check only one) — X 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). 4947(a)(1) or ) 4 (insert no.) X Corporation Trust Association Other Form of organization: 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 107,309 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 Contributions, gifts; grants, and similar amounts received Program service revenue including government fees and contracts 2 3 Membership dues and assessments Investment income Gross amount from sale of assets other than inventory 15,313 Less: cost or other basis and sales expenses 5b 8,851 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than of contributions Gross Income from fundraising events (not including \$\_\_\_\_\_ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 64 Gross sales of inventory, less returns and allowances 7Ь Less: cost of goods sold 70 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 91,996 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 4,136 Professional fees and other payments to independent contractors 12 13 14 14 Occupancy, rent, utilities, and maintenance 6,066 15 15 Printing, publications, postage, and shipping 86,079 16 16 Other expenses (describe in Schedule O) 96,281 17 Total expenses. Add lines 10 through 16 17 -4,285 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund belances at beginning of year (from line 27, column (A)) (must agree with <u>271,621</u> 19 end-of-year figure reported on prior year's return) 11,604 20 Other changes in net assets or fund balances (explain in Schedule O) 20 278,940 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2013)

For Paperwork Reduction Act Notice, see the separate instructions.

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16 D	candida	tes for publ	ic office? If	Yes, comple	nte Schedule C	campaign activitie	on behalf of	for in oppo	sition	******	46	Yes N
Part		All section	1 501(c)(3)		is must ansv	wer questions 47						
v	eer? If "V	es." comple	ete Scheduk	C. Part II		ection 501(h) elec					47	Yes N
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0 0	omplete	this table fo	or the omani	zation's five h	ighest compe	nsated employees	(other than o	fficers, dire	ectors, trustees	and key		
8	mployee:	s) who eact	h received π	ore than \$10	0,000 of comp	ensation from the	organization.	If there is t	none, enter "No	ine."		
		(a) Name á	ind title of eac	n amploy <b>ee</b>		(b) Average hours per week devoted to position	(c) Repo compen (Forms W-2/	aation	(d) Health b contributions to benefit plan deferred com	emplovee		ed amount o npensation
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51 C	omplete	this table f	or the organ	zation's five	righest compe	ensated independe	nt contractors	who each	received more	than		
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May t	ne IRS di	scuss this	return with ti	e prepa <u>rer s</u> l	hown above?	See instructions			44	<u> </u>		Yes     1

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

**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.

Department of the Treasury Internal Bavenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. St. Michael's Cemetery Foundation Employer Identification number

59-3641870

OMB No. 1545-0047

Open to Public

****			ο£	Pensaco	la, Inc.	· · •					59-	364	<u> 1870</u>	)		
̈Ρ,	art I	Reasc	on for	Public Char	ity Status (A	II organization	s must co	mplete	this pa	ırt.) Se	e instr	uction	15			
						ines 1 through 11										
1	Ť	A church, con	vention	of churches, or	association of c	hurches describe	d in section	170(b)(1	)(A)(I).							
2	П				(1)(A)(ii). (Attac											
3	Н					ion described in a	tection 170(	b)(1)(A)(I	R),							
4	Ħ	A medical res	earch o	rganization oper	rated in conjunc	tion with a hospita	bedinseb is	in sectio	n 170(b)	K1)(A)(i	i). Ente	r the ho	ospital's	, name		
	ш,	city, and state		,	- ·										,,,	
5	$\Box$			ated for the beni	efit of a college	or university owne	d or operate	ed by a go	yemme	ntal uni	descrit	oed in				
-		4 10 10		(iv). (Complete i												
6	$\Box$					l unit described in	section 17	0(ь)(1)(А	)(v).							
7	X									rom the	genera	i public				
	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						(vI). (Complete Pa	art II.)									
9	П					33 1/3% of its su		contributio	ons, mei	mbershi	fees, a	and gro	es.			
	_	receipts from	activitie	s related to its e	exempt functions	s—subject to certa	ain exception	ns, and (2	) no mo	re than	33 1/3%	of Its				
		support from	gross in	vestment incom	e and unrelated	business taxable	income (les	s section	511 tax	) from b	usiness	es				
						e section 509(a)(										
10						o test for public s										
11		An organization	on orga	nized and opera	ted exclusively t	or the benefit of, t	to perform th	e functio	ns of, or	to carry	out the	•				
	_	purposes of o	ине оп т	ore publicly sup	ported organiza	tions described in	section 509	)(a)(1) or	section :	509(a)(2	). See :	section	)			
		509(a)(3). Ch	eck the	box that describ	ses the type of s	upporting organiza	ation and co	mplete lii	nes 11 <del>e</del> ,							
		a Type		ь 🔲 Туре ІІ		Type III-Function			<b>d</b> {		e III-No			integra	ted	
0		By checking t	this box,	I certify that the	organization is	not controlled dire	actly or indir	ectly by c	me or m	ore disc	ualified	person	15			
		other than for	undation	managers and	other than one o	or more publicly s	nbboueg au	ganization	ıs descr	ibed in s	ection (	509(a)(	1)			
		or section 50														
f		If the organization	ation re	ceived a written	determination fr	om the IRS that it	isa Type I.	Type II,	or Type	III suppo	xting					
		organization,												· • • • • • • •		
8		Since August	f 17, 200	36, has the orga	nization accepte	id any gift or conti	ribution from	any of th	<del>) ()</del>							
		following per						,								т
						er alone or togethe									Yes	No
		(iii) belov	w, the gi	overning body of	f the supported	organization?	,							11g(i).	├	Н—
					scribed in (i) ab	. , , , , , , , , , , , , , , , , , , ,			,			, ,		11g(H)	<b>⊢</b> −	├
						(i) or (ii) above?								[11g(Bi)		<u> </u>
<u>h</u>		Provide the f	<u>following</u>	information ab		d organization(s).					1					
•		e of supported priization	ļ	(ii) EIN	1	pe of organization ribed on lines 1-9		organization . sted in your		rou notify nization in	(vi) ( organizat	s the ion in col.	(V#)	Amount : Supp		tary
	Ċ.B				,	re or IRC section		document?	co.L (i)	of your	(I) organi	ed in the				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 980-EZ) 2013

(E)

<u>Total</u>

Schedule A (Form 890 or 990-EZ) 2013 St. Michael's Cemetery Foundation 59-3641870

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.)

	ion A. Public Support					4-1-0040	/O Tabel
Calend	lar year (or fiscal year beginning in) 🗠	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,037	89,911	44,951	39,517	77,230	279,646
2.	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						:
3	The value of services or facilities furnished by a governmental unit to the organization without charge		<u>-</u>	i		_	·
4	Total, Add lines 1 through 3	28,037	89,911	44,951	39,517	77,230	279,646
	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)						
6	Public support. Subtract line 5 from line 4.				Selection of the select		279,646
	tion B. Total Support						
	dar year (or fiscal year beginning in) >	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	28,037	89,911	44,951	39,517	77,230	279,646
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,580		9,407	7,226	5,882	37,322
9	Net Income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,441	48		14,750		18,239
11	Total support. Add lines 7 through 10		<b>一种原理的</b>				335,207
12	Gross receipts from related activities, etc.	(see instructions)				,, <u>12  </u>	6,753
13	First five years, if the Form 990 is for the organization, check this box and stop her	re ,.,,			ar as a section 501		<u></u> ▶ ∏
Sec	tion C. Computation of Public S						
14	Public support percentage for 2013 (line						<u>53.42%</u>
15	Public support percentage from 2012 Sch	nedule A, Part II, lir	16 14				79.17%
16a	33 1/3% support test—2013. If the organization qua	liftes as a publicly	supported organiza	etion			<b>►</b> 🗷
b	33 1/3% support test—2012. If the organ check this box and stop here. The organ	zation qualifies as	a publicly support	ed organization		,,,,,	▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets Part IV how the organization meets the "torganization	ets the "facts-and-c acts-and-circumsta	ircumstances" test ances" test. The or	t, check this box ar ganization qualifie	nd stop here. Expi s as a publicly supp	ain in ported	▶ □
ь	10%-facts-and-circumstances test -20 15 is 10% or more, and if the organization Explain in Part IV how the organization re- supported organization	r12, if the organization in meets the "facts- neets the "facts-and	tion did not check : and-circumstance: t-circumstances" t	a box on line 13. 1 s" test, check this l est. The organizati	6a, 16b, or 17a, an box and <b>stop here</b> ion qualifies as a p	id line ublicty	
18	Private foundation. If the organization of instructions	id not check a box	on line 13, 16a, 10	6b, 17á, or 17b, ch	eck this box and s	98	

64	1	8	7	0		P	ag
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(Complete only if you checked the box on line 9 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.)

Sarr	ion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(0) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2.	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					•	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	<u> </u>				· .	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
.5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>			<del>                                     </del>	
7 <b>=</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons		<u> </u>				
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		·				_
٥	Add lines 7a and 7b		and the second of the second o	Commencia o manescripcio del Companio del Co	i i i i i i i i i i i i i i i i i i i	Printer State (September 1997) (1747) 1866	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support					1	
Caler	idar year (or fiscal year beginning in) 🗠	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			<u> </u>		<del>                                     </del>	
10a	Gross income from interest, dividends, payments received on securities loans, rants, royalties and income from similar sources					<u></u>	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					_	<del>''</del>
c	Add lines 10a and 10b				<u> </u>	* "	
11	Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part iV.)			_			
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the						
<u></u>	organization, check this box and stop her tion C. Computation of Public St		ntáce	************			· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2013 (line 8			rn (f))		15	%
15 16	Public support percentage for 2013 (line 8  Public support percentage from 2012 Sch					16	%
16 Sec	tion D. Computation of Investme					······	
17	Investment income percentage for 2013 (			3. column (f))		17	%
18	investment income percentage for 2013 (				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		%
19a	33 1/3% support tests—2013. If the orga	enization did not c	heck the box on lir	e 14, and line 15	is more than 33 1/3		
	17 is not more than 33 1/3%, check this b	ox and stop her	. The organization	qualifies as a put	dicty supported org	anization	▶ 🗆
ь		enization did not d	heck a box on line	14 or line 19a, an	d line 16 is more t	nan 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the	his box and stop	here. The organiza	ition qualifies as s	publicly supported	l organization	🕨 🗌
20	Private foundation. If the organization di	id not check a bo	x on line 14, 19a, o	19h, check this i	oox and see instruc	dons	▶

Schedule A (	Supplem	ental Inform	nation. Provi	de the explan	ations requi	red by Part II, I ormation. (See	ine 10; Part II, li instructions).	ine 17a or 17b; and
Part :	II. Lin	10 - 0	ther Inc	ome Deta	il			,
Other	income				\$	18,239		
			******			- 4		
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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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. inspection

Name of the organization St. Michael's Cemetery Foundation of Personals

59-3641870

OMB No. 1545-0047

of Pensacola, In	le.	59-3641870
Form 990-EZ, Part I, Line 1	6 - Other Expenses	
Description	Amount	
Expenses		
Advertising	\$ 1,087	
Supplies	\$ 1,039	
Website maintenance	\$ 770	
Insurance	\$ 1,321	
Volunteer expense	\$ 45	
Restoration project	\$ 77,243	
Telephone	\$ 642	.,,
License & Permits	\$ 342	
Gate services	\$ 3,590	
	Total \$ 86,079	
Form 990-EZ, Part I, Line 2	20 - Other Changes in Net A	ssets or Fund Balance. Amount
Unrealized Gain	<u>\$</u>	11,604
Form 990-EZ, Part II, Line	24 - Other Assets	
Description	Beg.	of Year End of Year
Market securities	<u>,\$</u>	239,877 \$ 264,76
	Total \$	239,877 \$ 264,76
Form 990-EZ, Part III - Pri	mary Exempt Purpose	
To Maintain, restore, repai	lr, beautify, and improve S	t. Michael's Cemetery

2, Part I, Line 5					
	c - Sale of As	Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities	Inventory - Sec	urities	
	,	ı			
Date Acquired	Sold	Sale Price	Cost & Expense	Depreciation	Gain/ Loss
I 6/07/12	2/16/13 \$	796 \$	8	4.7	
7/26/07	2/26/13	3,383	3,085		298
7/26/07	2/26/13	3,332	2,993		339
7/26/07	2/26/13	1,414	1,261		153
7/26/07	12/20/13	3,301	2,501		800
7/26/07	12/20/13	2,844	2, 153		169
7/26/07	12/20/13	2,658	1,995		663
	12/20/13	908	635		171
	w	18,534 \$		\$ 0	3,
EZ, Part I, Line	5c - Sale of	Lesets Other the	In Inventory - O	ther	
	ı				
Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
,	ţ,		l		i
	,			0	
	7/26/07 Clas 7/26/07 T 6/07/12 EZ. Part I, Line Acquired	7/26/07 12/20/13 Clas 7/26/07 12/20/13 I 6/07/12 12/20/13 S. Part I, Line 5c - Sale of Acquired Sold Sold	7/26/07 12/20/13 2,844  Clas 7/26/07 12/20/13 2,658  I 6/07/12 12/20/13 806  EZ. Part I, Line 5c - Sale of Assets Other the Acquired Sold Price Acquired Sold Sold Sold Sold Sold Sold Sold Sol	Clas 7/26/07 12/20/13 2,844 2,153  Clas 7/26/07 12/20/13 2,844 2,153  I 6/07/12 12/20/13 806 635  SZ. Part I, Eine 5c - Sale of Assets Other than Inventory - O  Acquired Sold Price Expense  \$ 5,630 \$  \$ 5,630 \$  SZ. Bart I, Eine 5c - Sale Cost & Expense  \$ 5,630 \$  SZ. Bart I, Eine 5c - Sale Cost & Expense    Sold Sold Price Expense   Expense	7/26/07 12/20/13 2,844 2,153 7/26/07 12/20/13 2,658 1,995 6/07/12 12/20/13 806 635 6/07/12 12/20/13 806 635 6/07/12 12/20/13 806 635 84 15,313 \$ 0  84 1, Line 5c - Sale of Assets Other than Inventory - Other  Date Sold Price Expense Depreciation \$ 5,630 \$ \$ 5,630 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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5.	Lo	cal Option Sales Tax Fund	Amount Requested	<u>Tab</u>
	<u>Av</u>	ailable Funding: \$0		
	a.	Pensacola State College	\$1,100,000	32
		Total Local Option Sales Tax Fund	\$1,100,000	



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

A copy of your organization's 2013 or 2014 tax return.

 A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Pensacola State College

Agency Address:

1000 College Blvd

Pensacola, FL 32504

Program Name:

STEM Facility Construction

**Program Contact:** 

Dr. Ed Meadows

Contact Email:

emeadows@pensacolastate.edu

Contact Phone:

850-484-1700

25-Word Description of Program:

Local support to assist in the construction costs for the replacement of the BAARS building currently slated for demolition, with a state of the art STEM facility.

**Amount Requested:** 

1,100,000.00

Amount Received Last Year, if applicable:

0.00



Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

N/A

Briefly discuss how the funding you are currently requesting will be used.

The funds will be used to assist with the construction costs for the replacement of the BAARS building at the Pensacola Campus. The total cost to construct the proposed facility is \$27 million. The current facility is slated for demolition, as approved by the Department of Education. The new STEM facility will house programs in cyber security, mathematics, science, aerospace, and applied engineering technology, programs necessary for Pensacola State to achieve its highest priority in promoting student academic and career success.

If Escambia County funding can only fund a portion of your request, how will you offset the difference?

The college received \$1 million in Fiscal Year 13/14 from the State Legislature for the architectural design of the facility. This has allowed the College to contract with an architectural firm to plan a phased demolition and new construction design. The College is requesting \$25 million from the State in Fiscal year 16/17 to fund the actual construction of the STEM facility.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

Under the Governor's program for funding STEM projects, a local commitment is expected. Thus far, Pensacola State has obtained \$100,000 from the Santa - Rosa Economic Development Authority and \$25,000 from the City of Pensacola.

Please list the primary goal(s) that this program is targeting. Maximum of three. For example, "reduce homelessness in Escambia County"

The facility will house programs that respond to the needs of the people and the local businesses in the community. The current design plans include state of the art labs, workspaces and equipment that will enrich the STEM instruction of the future in cyber security, mathematics, science, aerospace and applied engineering technology.

Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

The College will track enrollment, completion and job placements for students in the STEM programs housed in the facility.

Please list the baseline statistics for the performance measure(s). Maximum of three. For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

The College will be offering advanced certificates in aviation maintenance and aviation maintenance related programs to include non-destructible materials testing, blue print reading avionics and aviation project management for the 300 new employees we expect VT Aerospace to hire with their arrival at the airport.



#### **BUDGET**

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>income</u>

MCOTTIC		•	
	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Contributions from Private Sources			
Programmatic Income			
County Funding			
City Funding	25,000.00		
State Funding	1,000,000.00		25,000,000.00
Federal Funding			
Memberships			
Investment Income			
Other Income	100,000.00		
Total Income	1,125,000.00		25,000,000.00



Fuel

# Fiscal Year 2015-2016 ESCAMBIA COUNTY AGENCY REQUEST FORM

Expenses **Most Recently** Current Proposed **Completed Budget Year Budget Year Budget Year Total Staffing** Salaries and Wages **Employee Benefits Professional Services Contractual Services** Travel Expenses Rentals and Leases Communication Postage and Freight Repair and Maintenance **Printing and Binding** Marketing and Promotion



### Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
Capitalizable Assets	1,125,000.00	•	25,000,000.00
Total Expenses	1,125,000.00		25,000,000.00
Net Income			

Please explain any capitalizable asset contained in your request.

The funding is for construction of a new STEM facility on the Pensacola Campus.

# PENSACOLA STATE COLLEGE

# **Financial Audit**

For the Fiscal Year Ended June 30, 2014



State of Florida Auditor General David W. Martin, CPA

#### BOARD OF TRUSTEES AND PRESIDENT

Members of the Board of Trustees and President who served during the 2013-14 fiscal year are listed below:

	County
Herbert R. Woll, Vice Chair to 8-19-13 Chair from 8-20-13	Santa Rosa
Marjorie T. Moore, Vice Chair from 8-20-13	Escambia
Edward Moore, Chair to 8-19-13	Escambia
Carol H. Carlan	Escambia
Monsignor Luke Hunt	Santa Rosa
John L. O'Connor (1)	Santa Rosa
Chip W. Simmons from 2-28-14	Escambia
Dona W. Usry to 2-27-14 (2)	Escambia
Frank H. White from 2-28-14	Escambia
Stephania S. Wilson from 2-17-14 (3) (4)	Santa Rosa
Deidre L. Young to 2-27-14 (2)	Escambia

Dr. Charles E. Meadows, President

Notes: (1) Board member served beyond the end of term, May 31, 2013.

- (2) Board member served beyond the end of term, May 31, 2010.
- (3) Position remained vacant from July 1, 2013, through February 16, 2014.
- (4) Board member served beyond the end of term, May 31, 2014.

The Auditor General conducts audits of governmental entities to provide the Legislature, Florida's citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

The audit team leader was Christy L. Johnson, CPA, and the audit was supervised by Kenneth C. Danley, CPA. Please address inquiries regarding this report to James R. Stultz, CPA, Audit Manager, by e-mail at imstultz@aud.state.fl.us or by telephone at (850) 412-2869.

This report and other reports prepared by the Auditor General can be obtained on our Web site at www.myflorida.com/audgen; by telephone at (850) 412-2722; or by mail at G74 Claude Pepper Building, 111 West Madison Street, Tallahassec, Florida 32399-1450.

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	35
Internal Control Over Financial Reporting	_
	.5 56
	70 36

#### EXECUTIVE SUMMARY

#### Summary of Report on Financial Statements

Our audit disclosed that the College's basic financial statements were presented fairly, in all material respects, in accordance with prescribed financial reporting standards.

#### Summary of Report on Internal Control and Compliance

Our audit did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses.

The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards issued by the Comptroller General of the United States.

#### Audit Objectives and Scope

Our audit objectives were to determine whether Pensacola State College and its officers with administrative and stewardship responsibilities for College operations had:

- > Presented the College's basic financial statements in accordance with generally accepted accounting principles;
- > Established and implemented internal control over financial reporting and compliance with requirements that could have a direct and material effect on the financial statements; and
- > Complied with the various provisions of laws, rules, regulations, contracts, and grant agreements that are material to the financial statements.

The scope of this audit included an examination of the College's basic financial statements as of and for the fiscal year ended June 30, 2014. We obtained an understanding of the College's environment, including its internal control, and assessed the risk of material misstatement necessary to plan the audit of the basic financial statements. We also examined various transactions to determine whether they were executed, in both manner and substance, in accordance with governing provisions of laws, rules, regulations, contracts, and grant agreements.

An examination of Federal awards administered by the College is included within the scope of our Statewide audit of Federal awards administered by the State of Florida.

#### Audit Methodology

The methodology used to develop the findings in this report included the examination of pertinent College records in connection with the application of procedures required by auditing standards generally accepted in the United States of America and applicable standards contained in Government Auditing Standards issued by the Comptroller General of the United States.

MARCH 2015 REPORT No. 2015-124



#### OAVID W. MARTIN, CPA AUDITOR GENERAL

# AUDITOR GENERAL STATE OF FLORIDA

G74 Claude Pepper Building 111 West Madison Street Tallahassee, Florida 32399-1450



PHONE: 850-412-2722 Fax: 850-488-6975

The President of the Senate, the Speaker of the House of Representatives, and the Legislative Auditing Committee

#### INDEPENDENT AUDITOR'S REPORT

#### Report on the Financial Statements

We have audited the accompanying financial statements of Pensacola State College, a component unit of the State of Florida, and its aggregate discretely presented component units as of and for the fiscal year ended June 30, 2014, and the related notes to the financial statements, which collectively comprise the College's basic financial statements as listed in the table of contents.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We did not audit the financial statements of the aggregate discretely presented component units, which represent 100 percent of the transactions and account balances of the aggregate discretely presented component units' columns. Those financial statements were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for the aggregate discretely presented component units, is based on the reports of the other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### Opinions

In our opinion, based on our audit and the reports of the other auditors, the financial statements referred to above present fairly, in all material respects, the respective financial position of Pensacola State College and of its aggregate discretely presented component units as of June 30, 2014, and the respective changes in financial position and, where applicable, cash flows thereof for the fiscal year then ended, in accordance with accounting principles generally accepted in the United States of America.

#### Other Matter

#### Required Supplementary Information

Accounting principles generally accepted in the United States of America require that MANAGEMENT'S DISCUSSION AND ANALYSIS and SCHEDULE OF FUNDING PROGRESS - OTHER POSTEMPLOYMENT BENEFITS PLAN, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a required part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

#### Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued a report on our consideration of Pensacola State College's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, rules, regulations, contracts, and grant agreements and other matters included under the heading INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Pensacola State College's internal control over financial reporting and compliance.

Respectfully submitted.

David W. Martin, CPA Tallahassee, Florida

March 4, 2015

#### MANAGEMENT'S DISCUSSION AND ANALYSIS

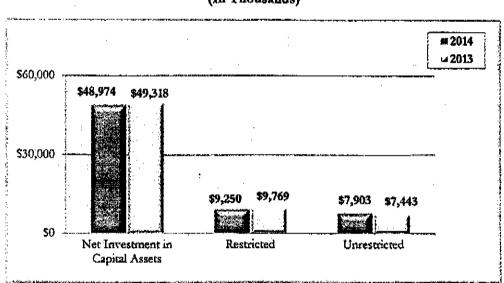
The management's discussion and analysis (MD&A) provides an overview of the financial position and activities of the College for the fiscal year ended June 30, 2014, and should be read in conjunction with the financial statements and notes thereto. The MD&A, and financial statements and notes thereto, are the responsibility of College management. The MD&A contains financial activity of the College for the fiscal years ended June 30, 2014, and June 30, 2013, and its component units, the Pensacola State College Foundation, Inc., for the fiscal years ended December 31, 2013, and December 31, 2012, and the WSRE-TV Foundation, Inc., for the fiscal years ended June 30, 2014, and June 30, 2013.

#### FINANCIAL HIGHLIGHTS

The College's assets totaled \$78.3 million at June 30, 2014. This balance reflects a \$1.5 million, or 1.9 percent, decrease as compared to the 2012-13 fiscal year, due mainly to a reduction in due from other governmental agencies of \$1.4 million, or 30.3 percent. Liabilities decreased by \$1.1 million, or 8.2 percent, totaling \$12.2 million at June 30, 2014, as compared to \$13.3 million at June 30, 2013. Liabilities decreased due mainly to a decrease in unearned revenue of \$558 thousand, or 21.4 percent. As a result, the College's net position decreased by \$403 thousand, resulting in a fiscal year-end balance of \$66.1 million.

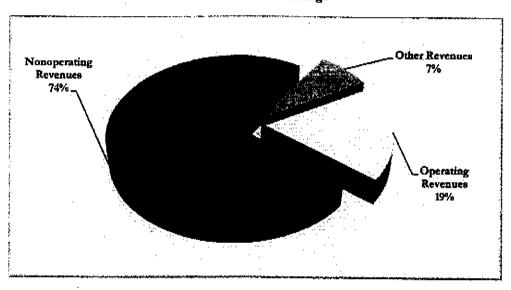
The College's operating revenues totaled \$15.4 million for the 2013-14 fiscal year, representing a 4.3 percent decrease as compared to the 2012-13 fiscal year due mainly to a reduction in student tuition and fees resulting from a decline in enrollment. Operating expenses totaled \$82.5 million for the 2013-14 fiscal year, representing an increase of 3.5 percent as compared to the 2012-13 fiscal year due mainly to an increase in materials and supplies expenses.

Net position represents the residual interest in the College's assets after deducting liabilities. The College's comparative total net position by category for the fiscal years ended June 30, 2014, and June 30, 2013, is shown in the following graph:



Net Position: College (In Thousands)

The following chart provides a graphical presentation of College revenues by category for the 2013-14 fiscal year:



Total Revenues: College

#### OVERVIEW OF FINANCIAL STATEMENTS

Pursuant to GASB Statement No. 35, the College's financial report consists of three basic financial statements: the statement of net position; the statement of revenues, expenses, and changes in net position; and the statement of cash flows. These financial statements, and notes thereto, provide information on the College as a whole, present a long-term view of the College's finances, and include activities for the following entities:

- Pensacola State College (Primary Institution) Most of the programs and services generally associated with a college fall into this category, including instruction, public service, and support services.
- Pensacola State College Foundation, Inc. (Component Unit) Although legally separate, this component unit is important because the College is financially accountable for it, as the College reports its financial activities to the State of Florida. This component unit provides funding and services to support and foster the pursuit of higher education at the College.
- ➤ WSRE-TV Foundation, Inc. (Component Unit) Although legally separate, this component unit is important because the College is financially accountable for it, as the College reports its financial activities to the State of Florida. This component unit provides funding and services to support and foster the activities, operations, and capital needs of WSRE-TV, a public telecommunications station owned and operated by the College.

#### THE STATEMENT OF NET POSITION

The statement of net position reflects the assets and liabilities of the College, using the accrual basis of accounting, and presents the financial position of the College at a specified time. Assets, less liabilities, equals net position, which is one indicator of the College's current financial condition. The changes in net position that occur over time indicate improvement or deterioration in the College's financial condition.

A condensed statement of assets, liabilities, and net position of the College and its component units for the respective fiscal years ended is shown in the following table:

#### Condensed Statement of Net Position at (In Thousands)

	College		Compone	nt Units (1)
	6-30-14	6-30-13	2014	2013
Assets				
Current Assets	\$ 20,518	\$ 22,178	\$ 11,647	\$ 10,229
Capital Assets, Net	50,314	50,943	9	15
Other Noncurrent Assets	7,506	6,712	10,821	10,534
Total Assets	78,338	79,833	22,477	20,778
Liabliities				
Current Liabilities	5,676	6,408	235	240
Noncurrent Liabilities	6,535	6,895	236	236_
Total Liabilities	12,211	13,303	471	476
Net Position				
Net Investment in Capital Assets	48,974	49,318	9	15
Restricted	9,250	9,769	19,778	18,412
Unrestricted	7,903	7,443	2,219	1,875
Total Net Position	\$ 66,127	\$ 66,530	\$ 22,006	\$ 20,302

Note: (1) For the 2014 year, the amounts reported are for the fiscal year ended June 30, 2014, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2013, for the Pensacola State College Foundation, Inc. For the 2013 year, the amounts reported are for the fiscal year ended June 30, 2013, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2012, for the Pensacola State College Foundation, Inc.

Total assets decreased by \$1.5 million. Contributing factors in this decrease included a decrease in due from other governmental agencies resulting from payments made to the College for Public Education Capital Outlay (PECO) allocations and a decrease in depreciable capital assets resulting from the recognition of current fiscal year depreciation expense. These decreases were partially offset by an increase in noncurrent restricted cash and cash equivalents related to accumulating student capital improvement fees which will eventually be used to purchase a new phone system for student buildings and for the renovation of the student registration building on the Pensacola Campus. Total liabilities decreased by \$1.1 million. Contributing factors in this decrease included a decrease in unearned revenue and a decrease in bonds payable due to debt service payments.

#### THE STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

The statement of revenues, expenses, and changes in net position presents the College's revenue and expense activity, categorized as operating and nonoperating. Revenues and expenses are recognized when earned or incurred, regardless of when cash is received or paid.

The following summarizes the activities of the College and its component units for the respective fiscal years ended:

### Condensed Statement of Revenues, Expenses, and Changes in Net Position For the Fiscal Years Ended (In Thousands)

	Coli	ege	Compone	ent Units (1)
	6-30-14	6-30-13	2014	2013
Operating Revenues Less, Operating Expenses	\$ 15,406 82,468	\$ 16,101 79,701	\$ 2,574 2,711	\$ 2,439 3,370
Operating Loss Net Nonoperating Revenues	(67,062) 60,458	(63,600) 58,846	(137) 2,820	(931) 1,931
income (Loss) Before Other Revenues, Expenses, Gains, or Losses Other Revenues, Expenses, Gains, or Losses	(6,604) 6,201	(4,754) 3,609	2,683 92	1,000 <b>40</b>
Net increase (Decrease) in Net Position	(403)	(1,145)	2,775	1,040
Net Position, Beginning of Year Adjustments to Beginning Net Position (2)	66,530	67,675	20,302 (1,071)	19,262
Net Position, Beginning of Year, as Restated	66,530	67,675	19,231	19,262
Net Position, End of Year	\$ 66,127	\$ 66,530	\$ 22,006	\$ 20,302

Notes: (1) For the 2014 year, the amounts reported are for the fiscal year ended June 30, 2014, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2013, for the Pensacola State College Foundation, Inc. For the 2013 year, the amounts reported are for the fiscal year ended June 30, 2013, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2012, for the Pensacola State College Foundation, Inc.

(2) Beginning net position of the Pensacola State College Foundation, Inc., was decreased by \$1,072,011 to correct prior year errors in recognizing certain restricted contributions which, under the terms of a contribution agreement, were subsequently transferred to the PACE Center for Girls, Inc.

#### **Operating Revenues**

GASB Statement No. 35 categorizes revenues as either operating or nonoperating. Operating revenues generally result from exchange transactions where each of the parties to the transaction either gives or receives something of equal or similar value.

The following summarizes the operating revenues for the College and its component units by source that were used to fund operating activities for the respective fiscal years ended:

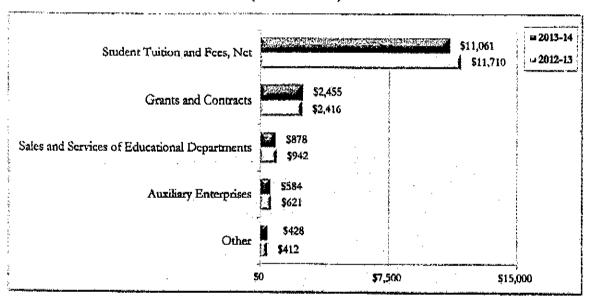
### Operating Revenues For the Fiscal Years Ended (In Thousands)

	College		Compone	nt Units (1)
	6-30-14	6-30-13	2014	2013
Student Tuition and Fees, Net	\$ 11,061	\$ 11,710	\$	\$
Grants and Contracts	2,455	2,416		
Sales and Services of Educational Departments	878	942		
Auxiliary Enterprises	584	621		
Other	428	412	2,574	2,439
Total Operating Revenues	\$ 15,406	\$ 16,101	\$ 2,574	\$ 2,439

Note: (1) For the 2014 year, the amounts reported are for the fiscal year ended June 30, 2014, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2013, for the Pensacola State College Foundation, Inc. For the 2013 year, the amounts reported are for the fiscal year ended June 30, 2013, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2012, for the Pensacola State College Foundation, Inc.

The following chart presents the College's operating revenues for the 2013-14 and 2012-13 fiscal years:

Operating Revenues: College (In Thousands)



College operating revenues decreased primarily due to a reduction in student tuition and fees resulting from a decline in student enrollment.

#### Operating Expenses

Expenses are categorized as operating or nonoperating. The majority of the College's expenses are operating expenses as defined by GASB Statement No. 35. GASB gives financial reporting entities the choice of reporting operating expenses in the functional or natural classifications. The College has chosen to report the expenses in their natural classification on the statement of revenues, expenses, and changes in net position and has displayed the functional classification in the notes to financial statements.

The following summarizes operating expenses by natural classification for the College and its component units for the respective fiscal years ended:

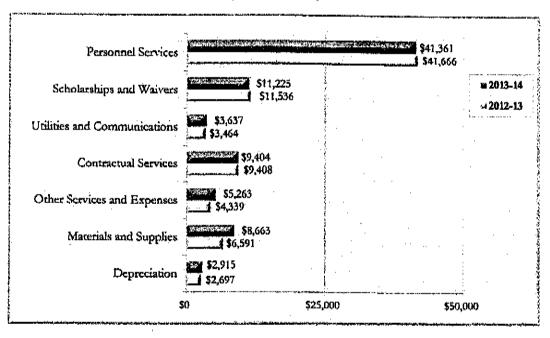
### Operating Expenses For the Fiscal Years Ended (In Thousands)

1	Coli	ege	Componer	nt Units (1)
	6-30-14	6-30-13	2014	2013
Personnel Services	\$ 41,361	\$ 41,666	\$	s
Scholarships and Waivers	11,225	11,536	611	768
Utilities and Communications	3,637	3,464	15	19
Contractual Services	9,404	9,408	308	349
Other Services and Expenses	5,263	4,339	1,563	2,061
Materials and Supplies	8,663	6,591	207	164
Depreciation	2,915	2,697	7	9
Total Operating Expenses	\$ 82,468	\$ 79,701	\$ 2,711	\$ 3,370

Note: (1) For the 2014 year, the amounts reported are for the fiscal year ended June 30, 2014, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2013, for the Pensacola State College Foundation, Inc. For the 2013 year, the amounts reported are for the fiscal year ended June 30, 2013, for the WSRE-TV Foundation, Inc., and for the fiscal year ended December 31, 2012, for the Pensacola State College Foundation, Inc.

The following chart presents the College's operating expenses for the 2013-14 and 2012-13 fiscal years:

Operating Expenses: College (In Thousands)



College operating expenses increased primarily because materials and supplies expenditures were larger than usual due to the interior renovation of Building 3600 on the Warrington Campus and Building 4 on the Pensacola Campus.

#### Nonoperating Revenues and Expenses

Certain revenue sources that the College relies on to provide funding for operations, including State noncapital appropriations, Federal and State student financial aid, certain gifts and grants, and investment income, are defined by GASB as nonoperating. Nonoperating expenses include capital financing costs and other costs related to capital assets. The following summarizes the College's nonoperating revenues and expenses for the 2013-14 and 2012-13 fiscal years:

### Nonoperating Revenues (Expenses): College (In Thousands)

	2013-14	2012-13
State Noncapital Appropriations	\$ 34,333	\$ 33,282
Federal and State Student Financial Aid	19,906	21,623
Gifts and Grants	5,095	3,902
Investment Income	94	91
Other Nonoperating Revenues	1,060	94
Gain (Loss) on Disposal of Capital Assets	50	(51)
Interest on Capital Asset-Related Debt	(80)	<u>(95)</u>
Net Nonoperating Revenues	\$ 60,458	\$ 58,846

Net nonoperating revenues increased primarily due to the following factors:

- State noncapital appropriations increased \$1.1 million.
- > Federal and State Student Financial aid decreased \$1.7 million primarily due to a decline in student enrollment.
- Gifts and grants increased \$1.2 million primarily due to dual enrollment revenues received from local public school districts and a local private school.
- Other nonoperating revenues increased \$966 thousand due to the receipt of insurance loss recoveries due to flooding in April 2014.

#### Other Revenues, Expenses, Gains, or Losses

This category is composed of State capital appropriations and capital grants, contracts, gifts, and fees. The following summarizes the College's other revenues, expenses, gains, or losses for the 2013-14 and 2012-13 fiscal years:

### Other Revenues, Expenses, Gains, or Losses: College (In Thousands)

	2013-14	2012-13
State Capital Appropriations Capital Grants, Contracts, Giffs, and Fees	\$ 1,990 4,211	\$ 440 3,169
Total	\$ 6,201	\$ 3,609

Other revenues increased primarily due to the awarding of the Trade Adjustment Assistance Community College and Career Training Act welding grant and an increase in PECO funding for general renovations, remodeling, and repairs.

#### THE STATEMENT OF CASH FLOWS

The statement of cash flows provides information about the College's financial results by reporting the major sources and uses of cash and cash equivalents. Cash flows from operating activities show the net cash used by the operating activities of the College. Cash flows from capital financing activities include all plant funds and related long-term debt

activities. Cash flows from investing activities show the net source and use of cash related to purchasing or selling investments, and carning income on those investments. Cash flows from noncapital financing activities include those activities not covered in other sections. The statement of cash flows also helps users assess:

- An entity's ability to generate future net cash flows.
- Its ability to meet its obligations as they come due.
- Its need for external financing.

The following summarizes the College's cash flows for the 2013-14 and 2012-13 fiscal years:

### Condensed Statement of Cash Flows: College (In Thousands)

	2013-14	2012-13
Cash Provided (Used) by:		
Operating Activities	\$ (64,009)	\$ (61,153)
Noncapital Financing Activities	59,780	59,228
Capital and Related Financing Activities	4,947	3,774
Investing Activities	97	94
Net Increase in Cash and Cash Equivalents	815	1,943
Cash and Cash Equivalents, Beginning of Year	22,456	20,513
Cash and Cash Equivalents, End of Year	\$ 23,271	\$ 22,456

Major sources of cash inflows came from State noncapital appropriations (\$34.3 million), Federal and State student financial aid (\$19.5 million), and net student tuition and fees (\$10.6 million). Major cash outflows were for payments to employees (\$33.2 million), payments to suppliers (\$23.2 million) and payments for scholarships (\$11.2 million).

Cash and cash equivalents increased by \$815 thousand, or 3.6 percent, because the net cash provided by noncapital financing, capital and related financing, and investing activities exceeded the net cash used by operating activities. The most significant changes in cash flows from the prior fiscal year were increases in payments to suppliers for goods and services, decreases in Federal and State student financial aid receipts, and increases in PECO receipts.

#### CAPITAL ASSETS, CAPITAL EXPENSES AND COMMITMENTS, AND DEBT ADMINISTRATION

#### CAPITAL ASSETS

At June 30, 2014, the College had \$112.5 million in capital assets, less accumulated depreciation of \$62.2 million, for net capital assets of \$50.3 million. Depreciation charges for the current fiscal year totaled \$2.9 million. The following table summarizes the College's capital assets, net of accumulated depreciation, at June 30:

#### Capital Assets, Net at June 30: College (In Thousands)

Capital Assets	2014	2013
Land	\$12,680	\$12,680
Artwork	117	117
Construction In Progress	6	4
Buildings	33,912	35,466
Other Structures and Improvements	1,407	1,320
Furniture, Machinery, and Equipment	2,192	1,356
Capital Assets, Net	\$50,314	\$50,943

#### CAPITAL EXPENSES AND COMMITMENTS

Capital expenses were primarily for the acquisition of furniture, machinery, and equipment. The College had no major construction contract commitments at June 30, 2014.

#### **DEBT ADMINISTRATION**

As of June 30, 2014, the College had \$1.3 million in long-term debt outstanding as compared to \$1.6 million at the end of the prior fiscal year, a decrease of 18.8 percent.

The State Board of Education (SBE) issues capital outlay bonds on behalf of the College. During the 2013-14 fiscal year, there were no bond sales and debt repayments totaled \$366 thousand for principal and interest. Additional information about the College's long-term debt is presented in the notes to financial statements.

#### ECONOMIC FACTORS THAT WILL AFFECT THE FUTURE

The College's economic condition is closely tied to that of the State of Florida. Because of limited economic growth and increased demand for State resources, only a modest increase in State funding is anticipated in the 2014-15 fiscal year. The tuition rates for the 2014-15 fiscal year remained the same as the 2013-14 fiscal year. Due to enrollment trends and the current inability to raise tuition, additional State noncapital funding will be necessary for the College to maintain its present level of services into the 2014-15 and 2015-16 fiscal years.

#### REQUESTS FOR INFORMATION

Questions concerning information provided in the MD&A or other required supplementary information and financial statements and notes thereto, or requests for additional financial information should be addressed to the Vice President for Business Affairs, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504.

#### BASIC FINANCIAL STATEMENTS

#### PENSACOLA STATE COLLEGE A COMPONENT UNIT OF THE STATE OF FLORIDA STATEMENT OF NET POSITION June 30, 2014

	College	Component Units
ASSETS		
Current Assets:		
Cash and Cash Equivalents	\$ 14,631,897	\$ 1,959,409
Restricted Cash and Cash Equivalents	1,259,763	242,770
Investments	1,200,100	692,981
Restricted investments		8,441,959
Accounts Receivable, Net	000 004	
Notes Receivable, Net	998,991	61,405
Due from Other Governmental Agencies	128,506	
Due from Component Unit	3,251,597	
•	123,957	
Prepaid Expenses	123,292	88,410
Other Assets	400	160,388
Total Current Assets	20,518,403	11,647,322
Noncurrent Assets:		
Restricted Cash and Cash Equivalents	7,379,660	
Investments	- ,	716,234
Restricted Investments	55,590	9,414,597
Other Noncurrent Assets	69,953	689,782
Depreciable Capital Assets, Net	37,511,967	8,679
Nondepreciable Capital Assets	12,802,454	
Total Noncurrent Assets	57,819,624	10,829,292
TOTAL ASSETS	78,338,027	22,476,614
LIABILITIES		
Current Liabilities:		
Accounts Payable	1,248,706	94 477
Salary and Payroll Taxes Payable		81,177
Retainage Payable	1,355,926	
Uneamed Revenue	16,452	
	2,051,867	153,909
Deposits Held for Others	270,891	
Long-Term Liabilities - Current Portion:		
Bonds Payable	305,000	
Compensated Absences Payable	427,033	
Total Current Liabilities	5,675,875	235,086
Noncurrent Liabilities:		
Bonds Payable	1,035,000	
Notes Payable	1	141,310
Compensated Absences Payable	5,499,978	
Other Long-Term Liabilities		94,462
Total Noncurrent Liabilities	6,534,978	235,772
TOTAL LIABILITIES	12,210,853	470,858

### PENSACOLA STATE COLLEGE A COMPONENT UNIT OF THE STATE OF FLORIDA STATEMENT OF NET POSITION (CONTINUED) June 30, 2014

	College	Component Units
NET POSITION		
Net investment in Capital Assets	<b>\$ 48,974,421</b>	\$ 8,879
Restricted:		
Nonexpendable:		
Endowment		8,755,474
Expendable:		
Endowment		5,683,423
Grants and Loans	628,087	
Capital Projects	8,587,027	
Debt Service	35,090	
Other		5,338,058
Unrestricted	7,902,569	2,219,122
TOTAL NET POSITION	\$ 66,127,174	\$ 22,005,758

The accompanying notes to financial statements are an integral part of this statement.

#### PENSACOLA STATE COLLEGE A COMPONENT UNIT OF THE STATE OF FLORIDA STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION For the Fiscal Year Ended June 30, 2014

REVENUES Operating Revenues: Student Tuition and Fees, Net of Scholarship			<u>Units</u>
Student Tuition and Fees, Net of Scholarship	ES .		
	Revenues:		
Allowannes of \$11,000,010	l Tuition and Fees, Net of Scholarship		
	Inces of \$11,099,010	\$ 11,060,558	\$
Federal Grants and Contracts 2,413,060		2,413,060	
Nongovernmental Grants and Contracts 42,593			
Sales and Services of Educational Departments 878,299		<b>-</b>	
Auditory Enterprises 583,708			
Other Operating Revenues 427,509 2,574,485	peraing Revenues	427,509	2,574,488
Total Operating Revenues 15,405,737 2,574,488	perating Revenues _	15,405,737	2,574,488
EXPENSES			
Operating Expenses:			
Personnal Services 41,361,075			
		11,225,388	611,187
A		. ,	15,178
			307,889
			1,553,469
B1-4		*	206,830
Depreciation 2,914,863 6,771	abon _	2,914,863	6,771
Total Operating Expenses <u>82,467,784</u> <u>2,711,324</u>	perating Expenses _	82, <u>487,784</u>	2,711,324
Operating Loss (67,052,047) (136,836	ing Loss _	(67,052,047)	(136,636)
NONOPERATING REVENUES (EXPENSES)	RATING REVENUES (EXPENSES)		
State Noncapital Appropriations 34,333,300		34,333,300	
Federal and State Student Financial Aid 19,903,142	nd State Student Financial Aid	19,908,142	
Glifts and Grants 5,094,826	<del></del>	5,094,626	
Investment Income 94,350 2,825,860		94,350	2,825,860
Other Nonoperating Revenues 1,060,184		1,060,184	
Gein on Disposal of Capital Assets 50,008			
Interest on Capital Asset-Related Debt (80,717)		(80,717)	
Other Nonoperating Expenses	operating Expenses		(5,484)
Net Nonoperating Revenues60,457,8932,820,396	perating Revenues	60,457,893	2,820,396
Income (Loss) Before Other Revenues,	.066) Before Other Revenues,		
Expenses, Gains, or Losses (6,604,164) 2,683,580	s, Gains, or Losses	(6,604,164)	2,683,560
State Capital Appropriations 1,990,265		1,990,265	
Capital Grants, Contracts, Giffs, and Fees 4,211,225		4,211,225	
Additions to Permanent Endowments 91,582	p Permanent Endowments		91,582
Total Other Revenues <u>8,201,490</u> 91,582	r Revenues	8,201,490	91,682
Increase (Decrease) in Net Position (402,664) 2,775,142	Decrease) in Net Position	(402,664)	2,775,142
Net Position, Beginning of Year 66,529,638 20,302,625		66,529,838	20,302,625
A -HA	t to Beginning Net Position		(1,072,011)
Net Position, Beginning of Year, as Restated 66,529,838 19,230,614	on, Beginning of Year, as Restated	66,529,838	19,230,614
Net Poeition, End of Year \$ 66,127,174 \$ 22,005,758	on, End of Year	\$ <b>6</b> 6,127,174	\$ 22,006,758

The accompanying notes to financial statements are an integral part of this statement.

#### PENSACOLA STATE COLLEGE A COMPONENT UNIT OF THE STATE OF FLORIDA STATEMENT OF CASH FLOWS For the Flecel Year Ended June 30, 2014

	College
CASH FLOWS FROM OPERATING ACTIVITIES	
Student Tuition and Fees. Net	\$ 10,646,708
Grants and Contracts	2,835,209
Payments to Suppliers	(23,233,020)
Payments for Utilities and Communications	(3,636,922)
Payments to Employees	(33,247,078)
Payments for Employee Benefits	(8, 193, 606)
Payments for Scholarships	(11,225,388)
Loans Issued to Students	(1,418,011)
Collection on Losins to Students	1,416,914
Audiary Enterprises	583,708
Sales and Service of Educational Departments	878,299
Other Receipts	584,499
Net Cash Used by Operating Activities	(64,008,688)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES	
State Noncapital Appropriations	34,333,300
Federal and State Student Financial Aid	19,496,982
Federal Direct Loan Program Receipts	2,341,581
Federal Direct Loan Program Disbursements	(2,412,524)
Gifts and Grants Received for Other Than Capital or Endowment Purposes	4,991,208
Other Nonoperating Receipts	1,029,217
Net Cash Provided by Noncapital Financing Activities	59,779,764
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES	
State Capital Appropriations	3,503,324
Capital Grants and Gifts	4,037,378
Proceeds from Sale of Capital Assets	30,967
Purchases of Capital Assets	(2,259,094)
Principal Paid on Capital Debt	(285,000)
Interest Paid on Capital Debt	(80,717)
Net Cash Provided by Capital and Related Financing Activities	4,946,858
CASH FLOWS FROM INVESTING ACTIVITIES	
Proceeds from Sales and Maturities of Investments	12,818
Investment Income	84,939
Net Cash Provided by Investing Activities	97,757
Net increase in Cash and Cash Equivalents	815,591
Cash and Cash Equivalents, Beginning of Year	22,466,629
Cash and Cash Equivalents, End of Year	\$ 23,271,320

### PENSACOLA STATE COLLEGE A COMPONENT UNIT OF THE STATE OF FLORIDA STATEMENT OF CASH FLOWS (CONTINUED) For the Fiscal Year Ended June 30, 2014

		College
RECONCILIATION OF OPERATING LOSS		
TO NET CASH USED BY OPERATING ACTIVITIES		
Operating Loss	\$ (6	7,082,047)
Adjustment to Reconcile Operating Loss		
to Net Cash Used by Operating Activities		
Depreciation Expense	;	2,914,863
Changes in Assets and Liabilities:		
Receivables, Net		480,728
Other Assets		341,713
Accounts Payable		(2,250)
Unearned Revenue		(456,942)
Deposits Held for Others		(174,774)
Compensated Absences Payable		(49,979)
NET CASH USED BY OPERATING ACTIVITIES	\$ (64	4,008,688)
SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING AND CAPITAL AND RELATED FINANCING ACTIVITIES		
Unrealized gains on investments were recognized as an increase to investment income on the statement of revenues, expenses, and changes in net position, but		
are not cash transactions for the statement of cash flows.  Gains from the disposal of capital assets were recognized on the statement of revenues, expenses, and changes in net position, but are not cash transactions.	\$	9,411
for the statement of cash flows.	\$	50,008

The accompanying notes to financial statements are an integral part of this statement.

#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity. The governing body of Pensacola State College, a component unit of the State of Florida, is the District Board of Trustees. The Board constitutes a corporation and is composed of nine members appointed by the Governor and confirmed by the Senate. The District Board of Trustees is under the general direction and control of the Florida Department of Education, Division of Florida Colleges, and is governed by law and State Board of Education rules. However, the District Board of Trustees is directly responsible for the day-to-day operations and control of the College within the framework of applicable State laws and State Board of Education rules. Geographic boundaries of the District correspond with those of Escambia and Santa Rosa Counties.

Criteria for defining the reporting entity are identified and described in the Governmental Accounting Standards Board's (GASB) Codification of Governmental Accounting and Financial Reporting Standards, Sections 2100 and 2600. These criteria were used to evaluate potential component units for which the District Board of Trustees is financially accountable and other organizations for which the nature and significance of their relationship with the District Board of Trustees are such that exclusion would cause the College's financial statements to be misleading. Based upon the application of these criteria, the College is a component unit of the State of Florida, and its financial balances and activities are reported in the State's Comprehensive Annual Financial Report by discrete presentation.

<u>Discretely Presented Component Units</u>. Based on the application of the criteria for determining component units, the following component units are included within the College's reporting entity:

- > The Pensacola State College Foundation, Inc.: This legally separate organization provides funding and services to support and foster the pursuit of higher education at the College and is governed by a separate board.
- > The WSRE-TV Foundation, Inc.: This legally separate organization provides funding and services to support and foster the activities, operations, and capital needs of WSRE-TV, a public telecommunications station operated by the College, and is governed by a separate board.

The College's component units are audited by other auditors pursuant to Section 1004.70(6), Florida Statutes. The audited financial statements for each component unit are available to the public at the College. The financial data reported on the accompanying financial statements for the Pensacola State College Foundation, Inc., was derived from audited financial statements for the fiscal year ended December 31, 2013. The financial data reported on the accompanying financial statements for the WSRE-TV Foundation, Inc., was derived from audited financial statements for the fiscal year ended June 30, 2014. Additional condensed financial statements for the College's component units are included in a subsequent note.

The College's component units, as described above, are also direct-support organizations, as defined in Section 1004.70, Florida Statutes, and although legally separate from the College, are financially accountable to the College. The component units are managed independently, outside the College's budgeting process, and their

powers generally are vested in a governing board pursuant to various State statutes. The component units receive, hold, invest, and administer property, and make expenditures to or for the benefit of the College.

Basis of Presentation. The College's accounting policies conform with accounting principles generally accepted in the United States of America applicable to public colleges and universities as prescribed by GASB. The National Association of College and University Business Officers (NACUBO) also provides the College with recommendations prescribed in accordance with generally accepted accounting principles promulgated by GASB and the Financial Accounting Standards Board (FASB). GASB allows public colleges various reporting options. The College has elected to report as an entity engaged in only business-type activities. This election requires the adoption of the accrual basis of accounting and entitywide reporting including the following components:

- Management's Discussion and Analysis
- Basic Financial Statements:
  - Statement of Net Position
  - Statement of Revenues, Expenses, and Changes in Net Position
  - Statement of Cash Flows
  - Notes to Financial Statements
- > Other Required Supplementary Information

Basis of Accounting. Basis of accounting refers to when revenues, expenses, related assets, and liabilities are recognized in the accounts and reported in the financial statements. Specifically, it relates to the timing of the measurements made, regardless of the measurement focus applied. The College's financial statements are presented using the economic resources measurement focus and the accrual basis of accounting. Revenues, expenses, gains, losses, assets, and liabilities resulting from exchange and exchange-like transactions are recognized when the exchange takes place. Revenues, expenses, gains, losses, assets, and liabilities resulting from nonexchange activities are generally recognized when all applicable eligibility requirements, including time requirements, are met. The College follows GASB standards of accounting and financial reporting.

The College's component units use the economic resources measurement focus and accrual basis of accounting whereby revenues are recognized when earned and expenses are recognized when incurred, and follow GASB standards of accounting and financial reporting.

Significant interdepartmental sales between auxiliary service departments and other institutional departments have been accounted for as reductions of expenses and not revenues of those departments.

The College's principal operating activity is instruction. Operating revenues and expenses generally include all fiscal transactions directly related to instruction as well as administration, academic support, student services, physical plant operations, and depreciation of capital assets. Nonoperating revenues include State noncapital appropriations, Federal and State student financial aid, investment income (net of unrealized gains on investments), and revenues for capital construction projects. Interest on capital asset-related debt is a nonoperating expense.

The statement of net position is presented in a classified format to distinguish between current and noncurrent assets and liabilities. When both restricted and unrestricted resources are available to fund certain programs, it is the College's policy to first apply the restricted resources to such programs followed by the use of the unrestricted resources.

The statement of revenues, expenses, and changes in net position is presented by major sources and is reported net of tuition scholarship allowances. Tuition scholarship allowances are the difference between the stated charge for goods and services provided by the College and the amount that is actually paid by the student or the third party making payment on behalf of the student. To the extent that these resources are used to pay student charges, the College records a scholarship allowance against tuition and fees.

The statement of cash flows is presented using the direct method in compliance with GASB Statement No. 9, Reporting Cash Flows of Proprietary and Nonexpendable Trust Funds and Governmental Entities That Use Proprietary Fund Accounting.

Cash and Cash Equivalents. The amount reported as cash and cash equivalents consists of cash on hand, cash in demand accounts, and cash invested with the State Board of Administration (SBA) Florida PRIME investment pool. For reporting cash flows, the College considers all highly liquid investments with original maturities of three months or less to be cash equivalents. Under this definition, the College considers amounts invested in the SBA Florida PRIME investment pool to be cash equivalents. College cash deposits are held in banks qualified as public depositories under Florida law. All such deposits are insured by Federal depository insurance, up to specified limits, or collateralized with securities held in Florida's multiple financial institution collateral pool required by Chapter 280, Florida Statutes. Cash and cash equivalents that are externally restricted to make debt service payments, maintain sinking or reserve funds, or to purchase or construct capital or other restricted assets are classified as restricted.

At June 30, 2014, the College and the WSRE-TV Foundation, Inc., reported as cash equivalents \$3,157,335 and \$45,972, respectively, in the Florida PRIME investment pool administered by the SBA pursuant to Section 218.405, Florida Statutes. The investments in the Florida PRIME investment pool, which the SBA indicates is a Securities and Exchange Commission Rule 2a7-like external investment pool, as of June 30, 2014, are similar to money market funds in which shares are owned in the fund rather than the underlying investments. The Florida PRIME investment pool carried a credit rating of AAAm by Standard & Poor's and had a weighted-average days to maturity (WAM) of 40 days as of June 30, 2014. A portfolio's WAM reflects the average maturity in days based on final maturity or reset date, in the case of floating-rate instruments. WAM measures the sensitivity of the Florida PRIME investment pool to interest rate changes. The investments in the Florida PRIME investment pool are reported at fair value, which is amortized cost.

Capital Assets. College capital assets consist of land; artwork; construction in progress; buildings; other structures and improvements; and furniture, machinery, and equipment. These assets are capitalized and recorded at cost at the date of acquisition or at estimated fair value at the date received in the case of gifts and purchases of State surplus property. Additions, improvements, and other outlays that significantly extend the useful life of an asset are capitalized. Other costs incurred for repairs and maintenance are expensed as incurred. The College has

a capitalization threshold of \$5,000 for tangible personal property and \$25,000 for buildings and other structures and improvements. Depreciation is computed on the straight-line basis over the following estimated useful lives:

- ➤ Buildings 40 years
- Other Structures and Improvements 10 to 25 years
- Furniture, Machinery, and Equipment:
  - Computer Equipment 3 years
  - Vehicles, Office Machines, and Educational Equipment 5 years
  - Furniture, Mainframe Computer Equipment, and Television Equipment 7 years

Noncusrent Liabilities. Noncurrent liabilities include bonds payable and compensated absences payable that are not scheduled to be paid within the next fiscal year.

#### 2. ADJUSTMENT TO BEGINNING NET POSITION - COMPONENT UNIT

The beginning net position of the Pensacola State College Foundation, Inc., was decreased by \$1,072,011 to correct prior year errors in recognizing certain restricted contributions and interest earnings which, according to the terms of a contribution agreement, were subsequently transferred to the PACE Center for Girls, Inc.

#### 3. INVESTMENTS

The College's Board of Trustees had not adopted a written investment policy. Therefore, pursuant to Section 218.415(17), Florida Statutes, the College is authorized to invest in the Florida PRIME investment pool, administered by the SBA; interest-bearing time deposits and savings accounts in qualified public depositories, as defined by Section 280.02, Florida Statutes; direct obligations of the United States Treasury; and Securities and Exchange Commission registered money market funds with the highest credit quality rating from a nationally recognized rating agency. Investments set aside to make debt service payments, maintain sinking or reserve funds, or to purchase or construct capital assets are classified as restricted.

The College's investments at June 30, 2014, are reported at fair value, as follows:

Investment Type	Amount				
SBA Fund B Surplus Trust Fund SBA Debt Service	<b>\$</b>	20,500 35,090			
Total College investments	\$	55,590			

State Board of Administration Fund B Surplus Funds Trust Fund. The Fund B Surplus Funds Trust Fund (Fund B) is administered by the SBA pursuant to Sections 218.405 and 218.417, Florida Statutes, and is not subject to participant withdrawal requests. Distributions from Fund B, as determined by the SBA, are effected by transferring eligible cash or securities to the Florida PRIME investment pool, consistent with the pro rata allocation of pool shareholders of record at the creation date of Fund B on December 4, 2007. One hundred

percent of such distributions from Fund B are available as liquid balance within the Florida PRIME investment pool.

At June 30, 2014, the College and WSRE-TV Foundation, Inc., reported investments at fair value of \$20,500 and \$1,387, respectively, in Fund B. Investments in Fund B are accounted for as a fluctuating net position value pool, with a fair value factor of 1.84438408 at June 30, 2014. The weighted-average life (WAL) of Fund B at June 30, 2014, was 2.86 years. A portfolio's WAL is the dollar-weighted average length of time until securities held reach maturity and is based on legal final maturity dates for Fund B as of June 30, 2014. WAL measures the sensitivity of Fund B to interest rate changes. The investments in Fund B are unrated.

State Board of Administration Debt Service Accounts. The College reported investments totaling \$35,090 at June 30, 2014, in the SBA Debt Service Accounts. These investments are used to make debt service payments on bonds issued by the State Board of Education for the benefit of the College. The College's investments consist of United States Treasury securities, with maturity dates of six months or less, and are reported at fair value. The College relies on policies developed by the SBA for managing interest rate risk or credit risk for this account. Disclosures for the Debt Service Accounts are included in the notes to financial statements of the State's Comprehensive Annual Financial Report.

#### Component Units' Investments

Investments held by the College's component units are reported at fair value as follows:

Investment Type	Average Credit				
	Maturity	Quality	Pensacola State College Foundation, Inc 12-31-13	WSRE-TV Foundation, Inc. 6-30-14	Total
Federal Agency Obligations Government National Mortgage Association ii					
Modified Pass Through Pool #26442	September 2028	(1)	\$ 810	\$	\$ 810
Fixed Income					
Vanguard Short-Term Investment-Grade Fund	3.2 Years	(2)	694,500		694,500
Vanguard inflation-Protected Securities Fund	8.2 Years	<b>(2</b> )	1,267,572		1,267,572
Vanguard Intermediate-Term Bond Index Fund	7.2 Years	(2)	885,587		885,587
PIMCO Total Return Fund	6,04 Years	(2)	2,554,738		2,554,738
PIMCO Total Return Fund	8.4 Years	(2)		197,648	197,648
Federated Total Return Bond Fund	6.8 Years	(2)		265,278	265,278
Goldman Sachs Strategic Income Fund	5.8 Years	(2)		54,651	54,651
PIMCO Low Duration Fund	3, <b>5 Years</b>	(2)		101,229	101,229
PIMCO All Asset Fund	5.76 Years	(2)	784,341		784,341
Equitios					
Vanguard 500 Index Fund	(1)	(1)	5,192,097	217,808	5,409,905
Vanguard Dividend Growth Fund	(1)	(1)	1,791,098	-	1,791,098
Vanguard Selected Value Fund	(1)	(1)		37,228	37,228
Vanguard Small Cap Index Fund	(1)	(1)	3,029,203		3,029,203
Vanguard Developed Market Index Fund	(1)	(1)	1,279,925		1,279,925
Alliance Bernstein Small Cap Growth	(1)	(1)		37,623	37,623
American EuroPacific Growth Fund	(1)	(1)		48,661	48.661
Fidelity Small Cap Value Fund	(1)	(1)		36,978	36,978
Harbor International Fund	(1)	(1)		47.810	47.810
Mainstay Marketfield Fund	(1)	(1)		21,395	21,395
Munder Midcap Core Growth Fund	(1)	(1)		36,834	36,834
Oppenheimer Developing Markets Fund	(1)	ίί)	306,468	29,234	335.702
Sentinel Common Stock Fund Class I	ά	(1)	,	217,696	217,698
Other	<b>\-</b> 7	1.7		211,000	211,080
Federated Government Obligations	(1)	(1)		127,972	127.972
SBA Fund B Surplus Funds Trust Fund	(3)	(3)		1,387	1,387
Total Component Units' Investments	- •	/	\$ 17,786,339	\$ 1,479,432	\$ 19,285,771
			+ 11,100,00 <b>3</b>	<del>- 1,710,732</del>	<u> </u>

Notes: (1) Investment risk disclosures are not required for these investments.

Interest Rate Risk: Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Pensacola State College Foundation, Inc.'s investment in the Vanguard Inflation-Protected Securities Fund had an average effective duration of 7.58 years. The Vanguard Short-Term Investment-Grade Fund had an average effective duration of 2.33 years. The Vanguard Intermediate-Term Bond Index Fund had an average effective duration of 6.48 years. The PIMCO Total Return Fund had an average effective duration of 5.37 years. The PIMCO All Asset Fund had an average effective duration of 3.63 years.

The WSRE-TV Foundation, Inc.'s investment in the PIMCO Total Return Fund had an average effective duration of 5.7 years. The Federated Total Return Bond Fund had an average effective duration of 4.3 years.

<sup>(2)</sup> These funds are not rated by a nationally recognized statistical rating organization.

<sup>(3)</sup> SBA Fund B disclosures are detailed on page 20 and 21.

The PIMCO Low Duration Fund had an average effective duration of 2.8 years. The Goldman Sachs Strategic Income Fund had an average effective duration of 5.11 years.

Credit Risk: Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations, causing an investor to experience a loss of principal.

The Pensacola State College Foundation, Inc.'s, investment policy permits investments in equities listed on a national exchange and bonds issued in United States (U.S.) dollars. Uses of leverage in an account (margin or derivative securities that increase risk) are prohibited as an investment. Cash should be transitional or held for the purpose of providing liquidity to meet the Foundation's cash flow requirements. This includes commercial paper with an A-1 or P-1 rating at the time of initial investment and money market mutual funds.

The WSRE-TV Foundation, Inc.'s, investment policy provides that cash funds or equivalents will generally not exceed 25 percent of investable assets, equity investments will not exceed 60 percent, and fixed income investments will generally not exceed 75 percent. The investment portfolio at June 30, 2014, meets the policy guidelines, with equity investments representing 49.4 percent, fixed income investments representing 41.9 percent, and cash representing 8.7 percent.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty, the investor will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party.

Investments of the Pensacola State College Foundation, Inc., are held by Synovus Trust Company, N.A., of Columbus, Georgia, at its sub-custodian, the Bank of New York Mellon. At December 31, 2013, the Foundation's cash balances before outstanding checks totaled approximately \$745,228 of which \$522,265 was insured by the Federal Depository Insurance Corporation.

The WSRE-TV Foundation, Inc.'s, investment policy does not address custodial credit risk.

Concentration of Credit Risk: Concentration of credit risk is the risk of loss attributed to the magnitude of the investor's investment in a single issuer.

The Pensacola State College Foundation, Inc.'s, investment policy provides that investments should produce maximum total return consistent with prudent risk limits. Therefore, the Foundation uses target ranges of 45 to 75 percent in equities with an initial target of 60 percent; 25 to 55 percent in bonds with an initial target of 40 percent; and 5 to 25 percent in small capitalization equities. No more than 20 percent of Foundation assets may be invested in an adversified portfolio of noninvestment grade bonds. The investments at December 31, 2013, meet the investment policy guidelines.

The WSRE-TV Foundation, Inc., did not have any investments at June 30, 2014, in which over 5 percent of the total investment portfolio is derived from one issuer, excluding U.S. Government and U.S. Government agency-backed securities.

#### 4. ACCOUNTS RECEIVABLE

Accounts receivable represent amounts for student fee deferments and contract and grant reimbursements due from third parties. These receivables are reported net of a \$714,991 allowance for doubtful accounts.

#### 5. NOTES RECEIVABLE

Notes receivable represent student loans made under the College's short-term loan programs and are reported net of a \$104,264 allowance for doubtful notes.

#### 6. DUE FROM OTHER GOVERNMENTAL AGENCIES

This amount primarily consists of \$1,310,891 of Public Education Capital Outlay allocations due from the State for construction, remodeling, and renovation of College facilities and \$616,375 of Federal financial assistance due from the United States Department of Education.

#### 7. DUE FROM COMPONENT UNIT

The \$123,957 reported as due from component unit consists of amounts owed to the College by the Pensacola State College Foundation, Inc. (Foundation), for scholarships and student aid. The College's financial statements are reported for the fiscal year ended June 30, 2014. The Foundation's financial statements are reported for the fiscal year ended December 31, 2013. Accordingly, while the College reported an amount as due from component unit on the statement of net position, no amount is reported by the component unit as due to the College.

#### 8. CAPITAL ASSETS

Capital assets activity for the fiscal year ended June 30, 2014, is shown below:

Description	_	Beginning Balance		Additions	R	eductions		Ending Belance
Nondepreciable Capital Assets:								
Land	\$	12,679,633	\$		\$		\$	12,679,633
Artwork		116,700						116,700
Construction in Progress	_	3,841		6,121		3,841	_	6,121
Total Nondepreciable Capital Assets	\$	12,800,174	\$	6,121	\$	3,841	\$	12,802,454
Depreciable Capital Assets:								
Buildings	\$	73,270,302	\$		\$		3	73,270,302
Other Structures and Improvements		10,759,709	·	359,340	_	6,121	•	11,112,928
Furniture, Machinery, and Equipment		13,578,707		1,935,604		226,068		15,288,243
Total Depreciable Capital Assets	_	97,608,718	_	2,294,944		232,189		99,671,473
Less, Accumulated Depreciation:								
Buildings		37,804,135		1,553,776				39,357,911
Other Structures and Improvements		9,439,874		265,350				9.705,224
Furniture, Machinery, and Equipment		12,222,227		1,095,737		221,593		13,096,371
Total Accumulated Depreciation		59,466,236		2,914,863		221,593		62,169,508
Total Depreciable Capital Assets, Net	\$	38,142,482	\$	(619,919)	\$	10,598	\$	37,511,987

#### 9. UNEARNED REVENUE

Unearned revenue includes restricted grants and contracts and student tuition and fees received prior to fiscal year-end related to subsequent accounting periods. As of June 30, 2014, the College reported the following amounts as unearned revenue:

Description	Amount
Restricted Grants and Contracts Student Tuition and Fees	\$ 1,569,180 301,568
Other Unearned Revenue	181,119
Total Unearned Revenue	\$ 2,051,867

#### 10. LONG-TERM LIABILITIES

Long-term liabilities of the College at June 30, 2014, include bonds payable and compensated absences payable. Long-term liabilities activity for the fiscal year ended June 30, 2014, is shown below:

Description	Beginning Belence	Additions	Reductions	Ending Balance	Current Portion
Bonds Payable Compensated Absences Payable	\$ 1,625,000 5,976,990	\$ 477,195	\$ 285,000 627,174	\$ 1,340,000 5,927,011	\$ 305,000 427,033
Total Long-Term Liabilities	\$ 7,601,990	\$ 477,195	\$ 8 <u>12,1</u> 74	\$ 7,267,011	\$ 732,033

Bonds Payable. The State Board of Education (SBE) issues capital outlay bonds on behalf of the College. These bonds mature serially and are secured by a pledge of the College's portion of the State-assessed motor vehicle license tax and by the State's full faith and credit. The SBE and the State Board of Administration (SBA) administer the principal and interest payments, investment of debt service resources, and compliance with reserve requirements. The College had the following bonds payable at June 30, 2014:

Bond Type	Amount Outstanding	Interest Rates (Percent)	Annual Maturity To
	-	11 51 551 14	
SBE Capital Outlay Bonds:			
Series 2005B	\$ 1,270,000	5	2018
Series 2009A	70,000	5	2019
Total	_\$ 1,340,000		

Annual requirements to amortize all bonded debt outstanding as of June 30, 2014, are as follows:

Fiscal Year	SBE Capital Outlay Bonds						
Ending June 30	<u>F</u>	Principal		interest		Total	
2015	\$	305,000	\$	67,000	\$	372,000	
2016		320,000		51,750	-	371,750	
2017		340,000		35,750		375,750	
2018		360,000		18,750		378,750	
2019		15,000		750	_	15,750	
Total	<u> </u>	1,340,000	<u>\$</u>	174,000	\$	1,514,000	

Compensated Absences Payable. College employees may accrue annual and sick leave based on length of service, subject to certain limitations regarding the amount that will be paid upon termination. The College reports a liability for the accrued leave; however, State noncapital appropriations fund only the portion of accrued leave that is used or paid in the current fiscal year. Although the College expects the liability to be funded primarily from future appropriations, generally accepted accounting principles do not permit the recording of a receivable in anticipation of future appropriations. At June 30, 2014, the estimated liability for compensated absences, which includes the College's share of the Florida Retirement System and FICA contributions, totaled \$5,927,011. The current portion of the compensated absences liability, \$427,033, is the amount expected to be paid in the coming fiscal year and represents a historical percentage of leave used applied to total accrued leave liability.

Other Postemployment Benefits Payable. The College follows GASB Statement No. 45, Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions, for other postemployment benefits provided by the Florida College System Risk Management Consortium (Consortium).

Plan Description. The College contributes to an agent, multiple-employer, defined-benefit plan administered by the Consortium for postemployment benefits. Pursuant to the provisions of Section 112.0801, Florida Statutes, former employees who retire from the College are eligible to participate in the College's healthcare and life insurance benefits. The College subsidizes the group health insurance premium rates paid by retirees by allowing them to participate in the Plan at reduced or blended group (implicitly subsidized) premium rates for both active and retired employees. These rates provide an implicit subsidy for retirees because, on an actuarial basis, their current and future claims are expected to result in higher costs to the Plan on average than those of active employees. The College does not offer any explicit subsidies for retiree coverage. Retirees are required to enroll in the Federal Medicare program for their primary health coverage as soon as they are eligible. Neither the College nor the Consortium issue a stand-alone annual report for the Plan, and the Plan is not included in the annual report of a public employee retirement system or another entity.

Funding Policy. Plan benefits are pursuant to the provisions of Section 112.0801, Florida Statutes, and the Board of Trustees can amend plan benefits and contribution rates. The College has not advance-funded or established a funding methodology for the annual other postemployment benefit (OPEB) costs or the net OPEB obligation, and the Plan is financed on a pay-as-you-go basis. For the 2013-14 fiscal year, 78 retirees received other postemployment healthcare benefits, and 149 retirees received postemployment life insurance benefits. The College provided required contributions of \$62,506 toward the annual OPEB cost, comprised of benefit

payments made on behalf of retirees for claim expenses (net of reinsurance), administrative expenses, and reinsurance premiums. Retiree contributions totaled \$516,981, which represents 2 percent of covered payroll.

Annual OPEB Cost and Net OPEB Obligation. The College's annual OPEB cost (expense) is calculated based on the annual required contribution (ARC), an amount actuarially determined in accordance with the parameters of GASB Statement No. 45. The ARC represents a level of funding that if paid on an ongoing basis, is projected to cover normal cost each year and amortize any unfunded actuarial liabilities over a period not to exceed 30 years. The following table shows the College's annual OPEB cost for the fiscal year, the amount actually contributed to the Plan, and changes in the College's net OPEB obligation:

<u>Description</u>	Amount	
Normal Cost (Service Cost for One Year) Amortization of Unfunded Actuarial	\$	31,680
Accrued Liability		41,308
Annual Required Contribution		72,988
Interest on Net OPEB Obligation		(3,196)
Adjustment to Annual Required Contribution		2,684
Annual OPEB Cost (Expense)		72,456
Contribution Toward the OPEB Cost		(62,506)
Increase in Net OPEB Obligation		9,950
Net OPEB Obligation (Asset), Beginning of Year		(79,903)
Net OPEB Obligation (Asset), End of Year (1)	\$	(69,953)

Note: (1) Included in Other Noncurrent Assets on the Statement of Net Position.

The College's annual OPEB cost, the percentage of annual OPEB cost contributed to the Plan, and the net OPEB obligation as of June 30, 2014, and for the two preceding fiscal years, were as follows:

Fiscal Year	Annual OPEB Cost	Percentage of Annual OPEB Cost Contributed	 et OPEB bligation
2011-12	\$ 78,862	121.8%	\$ (54,496)
2012-13	78,747	132.3%	(79,903)
2013-14	72,458	86.3%	(69,953)

Funded Status and Funding Progress. As of July 1, 2013, the most recent valuation date, the actuarial accrued liability for benefits was \$1,239,244, and the actuarial value of assets was \$0, resulting in an unfunded actuarial accrued liability of \$1,239,244 and a funded ratio of 0 percent. The covered payroll (annual payroll of active participating employees) was \$25,996,779 for the 2013-14 fiscal year, and the ratio of the unfunded actuarial accrued liability to the covered payroll was 4.8 percent.

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment and termination, mortality, and healthcare cost trends. Amounts determined regarding the funded status of the Plan and the annual required contributions of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The Schedule of Funding Progress, presented as required supplementary information following the notes to financial statements, presents multiyear trend information that shows whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

Actuarial Methods and Assumptions. Projections of benefits for financial reporting purposes are based on the substantive plan provisions, as understood by the employer and participating members, and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and participating members. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

The College's OPEB actuarial valuation as of July 1, 2013, used the projected unit credit actuarial method to estimate the actuarial accrued liability as of June 30, 2014, and the College's 2013-14 fiscal year ARC. Because the OPEB liability is currently unfunded, the actuarial assumptions included a 4 percent rate of return on invested assets. The actuarial assumptions also included a payroll growth rate of 4 percent per year, an inflation rate of 3 percent per year, and an annual healthcare cost trend rate of 8.5 percent pre-Medicare and 6.25 percent Medicare for the 2013-14 fiscal year, reduced by decrements to an ultimate rate of 5 percent after 5 years for pre-Medicare and 4 years for Medicare. The unfunded actuarial accrued liability is being amortized as a level percentage of projected payroll amortized over 30 years on an open basis. The remaining amortization period at June 30, 2014, was 23 years.

#### 11. RETIREMENT PROGRAMS

Florida Retirement System. Essentially all regular employees of the College are eligible to enroll as members of the State-administered Florida Retirement System (FRS). Provisions relating to the FRS are established by Chapters 121 and 122, Florida Statutes; Chapter 112, Part IV, Florida Statutes; Chapter 238, Florida Statutes; and Florida Retirement System Rules, Chapter 60S, Florida Administrative Code; wherein eligibility, contributions, and benefits are defined and described in detail. The FRS is a single retirement system administered by the Department of Management Services, Division of Retirement, and consists of two cost-sharing, multiple-employer retirement plans and other nonintegrated programs. These include a defined-benefit pension plan (Plan), with a Deferred Retirement Option Program (DROP), and a defined-contribution plan, referred to as the FRS Investment Plan (Investment Plan).

Employees enrolled in the Plan prior to July 1, 2011, vest at six years of creditable service and employees enrolled in the Plan on or after July 1, 2011, vest at eight years of creditable service. All vested members, enrolled prior to July 1, 2011, are eligible for normal retirement benefits at age 62 or at any age after 30 years of service, except for members classified as special risk who are eligible for normal retirement benefits at age 55 or at any age after

25 years of service. All members enrolled in the Plan on or after July 1, 2011, once vested, are eligible for normal retirement benefits at age 65 or any time after 33 years of creditable service, except for members classified as special risk who are eligible for normal retirement benefits at age 60 or at any age after 30 years of service. Members of both Plans may include up to 4 years of credit for military service toward creditable service. The Plan also includes an early retirement provision; however, there is a benefit reduction for each year a member retires before his or her normal retirement date. The Plan provides retirement, disability, death benefits, and annual cost-of-living adjustments.

DROP, subject to provisions of Section 121.091, Florida Statutes, permits employees eligible for normal retirement under the Plan to defer receipt of monthly benefit payments while continuing employment with an FRS employer. An employee may participate in DROP for a period not to exceed 60 months after electing to participate. During the period of DROP participation, deferred monthly benefits are held in the FRS Trust Fund and accrue interest.

As provided in Section 121.4501, Florida Statutes, eligible FRS members may elect to participate in the Investment Plan in lieu of the FRS defined-benefit plan. College employees already participating in the State College System Optional Retirement Program or DROP are not eligible to participate in the Investment Plan. Employer and employee contributions are defined by law, but the ultimate benefit depends in part on the performance of investment funds. The Investment Plan is funded by employer and employee contributions that are based on salary and membership class (Regular Class, Senior Management Service Class, etc.). Contributions are directed to individual member accounts, and the individual members allocate contributions and account balances among various approved investment choices. Employees in the Investment Plan vest at one year of service for employer contributions and vest fully and immediately for employee contributions.

The State of Florida establishes contribution rates for participating employers and employees. Contribution rates during the 2013-14 fiscal year were as follows:

Class	Percent of Gross Salary	
	Employee	Employer
· · ·		<u>(A)</u>
Florida Retirement System, Regular	3,00	6.95
Florida Retirement System, Senior Management Service	3.00	18,31
Florida Retirement System, Special Risk	3.00	19.06
Deferred Retirement Option Program - Applicable to		
Members from All of the Above Classes	0.00	12.84
Florida Retirement System, Reemployed Retires	(B)	(B)

- Notes: (A) Employer rates include 1.20 percent for the postemployment health insurance subsidy. Also, employer rates, other than for DROP participants, include 0.03 percent for administrative costs of the investment Plan.
  - (B) Contribution rates are dependent upon retirement class in which reemployed.

The College's liability for participation is limited to the payment of the required contribution at the rates and frequencies established by law on future payrolls of the College. The College's contributions including employee contributions for the fiscal years ended June 30, 2012, June 30, 2013, and June 30, 2014, totaled \$1,955,818, \$2,116,592, and \$2,890,612, respectively, which were equal to the required contributions for each fiscal year.

There were 95 College participants in the Investment Plan during the 2013-14 fiscal year. The College's contributions including employee contributions to the Investment Plan totaled \$439,580, which was equal to the required contribution for the 2013-14 fiscal year.

Financial statements and other supplementary information of the FRS are included in the State's Comprehensive Annual Financial Report, which is available from the Florida Department of Financial Services' Web site (www.myfloridacfo.com). An annual report on the FRS, which includes its financial statements, required supplementary information, actuarial report, and other relevant information, is available from the Florida Division of Retirement's Web site (www.frs.myflorida.com).

State College System Optional Retirement Program. Section 1012.875, Florida Statutes, provides for an Optional Retirement Program (Program) for eligible college instructors and administrators. The Program is designed to aid colleges in recruiting employees by offering more portability to employees not expected to remain in the FRS for eight or more years.

The Program is a defined-contribution plan, which provides full and immediate vesting of all contributions submitted to the participating companies on behalf of the participant. Employees in eligible positions can make an irrevocable election to participate in the Program, rather than the FRS, and purchase retirement and death benefits through contracts provided by certain insurance carriers. The employing college contributes, on behalf of the participant, 7.34 percent of the participant's salary, less a small amount used to cover administrative costs and employees contribute 3 percent of the employee's salary. Additionally, the employee may contribute, by payroll deduction, an amount not to exceed the percentage contributed by the college to the participant's annuity account. The contributions are invested in the company or companies selected by the participant to create a fund for the purchase of annuities at retirement.

There were 24 College participants during the 2013-14 fiscal year. The College's contributions to the Program totaled \$91,916 and employee contributions totaled \$36,333 for the 2013-14 fiscal year.

Senior Management Service Optional Annuity Program. Section 121.055, Florida Statutes, created the Senior Management Service Optional Annuity Program (Annuity Program) as an optional retirement program for College employees that are members of the FRS Senior Management Service Class.

The Annuity Program is a defined-contribution plan, which provides full and immediate vesting of all contributions submitted to the participating companies on behalf of the participant. College employees in eligible positions make an irrevocable election to participate in the Annuity Program in lieu of the Senior Management Service Class of FRS, and purchase retirement and death benefits through contracts with participating provider companies. The College contributes 18.31 percent and employees contribute 3 percent of the employee's salary. Additionally, the employee may contribute, by salary reduction, an additional amount not to exceed the

percentage contributed by the College. These contributions are invested in the companies selected by the employee to create a fund for the purchase of annuities at retirement.

There was one College participant during the 2013-14 fiscal year. The College's contributions to the Annuity Program totaled \$16,738 and employee contributions totaled \$2,743 for the 2013-14 fiscal year.

#### 12. RISK MANAGEMENT PROGRAMS

The College is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The College provided coverage for these risks primarily through the Florida College System Risk Management Consortium (Consortium), which was created under authority of Section 1001.64(27), Florida Statutes, by the boards of trustees of the Florida public colleges for the purpose of joining a cooperative effort to develop, implement, and participate in a coordinated Statewide College risk management program. The Consortium is self-sustaining through member assessments (premiums) and purchases excess insurance through commercial companies for claims in excess of specified amounts. Excess insurance from commercial companies provided coverage for property insurance of up to \$125 million to February 28, 2014, and up to \$150 million from March 1, 2014. Insurance coverage obtained through the Consortium included fire and extended property, general and automobile liability, workers' compensation, health, life, and other liability coverage. Settled claims resulting from these risks have not exceeded commercial coverage in any of the past three fiscal years.

#### 13. FUNCTIONAL DISTRIBUTION OF OPERATING EXPENSES

The functional classification of an operating expense (instruction, academic support, etc.) is assigned to a department based on the nature of the activity, which represents the material portion of the activity attributable to the department. For example, activities of an academic department for which the primary departmental function is instruction may include some activities other than direct instruction such as public service. However, when the primary mission of the department consists of instructional program elements, all expenses of the department are reported under the instruction classification. The operating expenses on the statement of revenues, expenses, and changes in net position are presented by natural classifications. The following are those same expenses presented in functional classifications as recommended by NACUBO:

Functional Classification	Amount	
Instruction	\$ 26,787,227	
Public Services	3,089,224	
Academic Support	5,109,158	
Student Services	8,302,400	
Institutional Support	12,200,193	
Operation and Maintenance of Plant	12,839,331	
Scholarships and Waivers	11,225,388	
Depreciation	2,914,863	
Total Operating Expenses	\$ 82,467,784	

#### 14. DISCRETELY PRESENTED COMPONENT UNITS

The College has two discretely presented component units as discussed in note 1. These component units represent 100 percent of the transactions and account balances of the aggregate discretely presented component units' columns of the financial statements. The following financial information is from the most recently available audited financial statements for the component units:

#### Condensed Statement of Net Position

	Direct-Support Organizations		Total
	Pensacola State College Foundation, Inc.	WSRE-TV Foundation, Inc.	
Assets:			
Current Assets	\$ 10,547,321	\$ 1,100,001	5 11,647,322
Capital Assets, Net		8,679	8,679
Other Noncurrent Assets	<u>9,291,162</u>	1,529,451	10,820,613
Total Assets	19,838,483	2,638,131	22,476,614
Liabilities:			
Current Liabilities	98,263	138,823	235,085
Noncurrent Liabilities	235,772		235,772
Total Liabilities	332,035	136,623_	470,858
Net Position:		_	
Net Investment in Capital Assets		8,679	8.679
Restricted Nonexpendable	8,756,474	7,0.0	8,756,474
Restricted Expendable	9,983,825	1,037,656	11,021,481
Unrestricted	766,149	1,452,973	2,219,122
Total Net Position	\$ 19,505,448	\$ 2,499,308	\$ 22,008,756

### Condensed Statement of Revenues, Expenses, and Changes in Net Position

	Direct-Support Pensacola State College Foundation, Inc.	t Organizations WSRE-TV Foundation, Inc.	Total
Operating Revenues Depreciation Expense Operating Expenses	\$ 1,543,880 (1,718,285)	\$ 1,030,628 (8,771) (988,288)	\$ 2,574,488 (6,771) (2,704,553)
Operating Income (Loss) Not Nonoperating Revenues Other Revenues	(174,425) 2,686,164 91,582	37,589 155,232	(136,835) 2,820,396 <u>91,582</u>
Increase in Net Position	2,582,321	192,821	2,775,142
Net Position, Beginning of Year Adjustment to Beginning Net Position (1)	17,996,138 (1,072,011)	2,306,487	20,302,625 (1,072,011)
Net Position, Beginning of Year, as Restated	16,92 <u>4,127</u>	2,306,487	19,230,614
Net Position, End of Year	\$ 19,506,448	\$ 2,499,308	\$ 22,005,756

Note: (1) See note 2 to financial statements for details.

#### 15. RELATED PARTY TRANSACTIONS

The College leases a portion of a College-owned building complex known as the College Centre, together with adjacent parking areas, to the Pensacola State College Foundation, Inc. (Foundation). The leased property is used by the Foundation as apartments for students on athletic scholarships and for coaches or counselors assigned by the College to supervise and counsel the student athletes. The lease requires the Foundation to make annual payments of \$44,568 to the College. At the option of the Foundation, the lease is renewable for one-year terms through the 2015-16 fiscal year.

The College also leases College-owned land and buildings located on Metzger Drive, Pensacola, Escambia County, Florida to the Foundation. The leased property is used by the Foundation as residential apartments for the general public. The lease requires the Foundation to make annual payments of \$1 to the College. At the option of the Foundation, the lease is renewable for one-year terms through the 2023-24 fiscal year.

## PENSACOLA STATE COLLEGE OTHER REQUIRED SUPPLEMENTARY INFORMATION SCHEDULE OF FUNDING PROGRESS OTHER POSTEMPLOYMENT BENEFITS PLAN

Actuarial Valuation Date	Valu	iarial ie of iets	Actuarial Accrued Liability (AAL) (1) (b)	Unfunded AAL (UAAL) (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a Percentage of Covered Payroll [(b-a)/c]
7/1/2009	\$	-	\$ 1,078,469	\$ 1,078,469	0%	\$ 26,620,835	4.1%
7/1/2011		-	1,223,867	1,223,867	0%	24,529,439	5.0%
7/1/2013		-	1,239,244	1,239,244	0%	25,996,779	4.8%

Note: (1) The OPEB actuarial valuation used the projected unit credit method to estimate the actuarial accured liability.



## AUDITOR GENERAL STATE OF FLORIDA



PHONE: 850-412-2722 Fax: 850-488-6975

DAVID W. MARTIN, CPA AUDITOR GENERAL G74 Claude Pepper Building 111 West Madison Street Tallahassee, Florida 32399-1450

The President of the Senate, the Speaker of the House of Representatives, and the Legislative Auditing Committee

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

#### Report on the Financial Statements

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of Pensacola State College, a component unit of the State of Florida, and its aggregate discretely presented component units as of and for the fiscal year ended June 30, 2014, and the related notes to the financial statements, which collectively comprise the College's basic financial statements, and have issued our report thereon dated March 4, 2015, included under the heading INDEPENDENT AUDITOR'S REPORT. Our report includes a reference to other auditors who audited the financial statements of the aggregate discretely presented component units, as described in our report on the College's financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

#### Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the College's internal control over financial reporting (internal control) to determine audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. Accordingly, we do not express an opinion on the effectiveness of the College's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the College's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

#### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the College's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, rules, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

#### Purpose of this Report

The purpose of the INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF THE FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the College's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the College's internal control and compliance. Accordingly, this report is not suitable for any other purpose.

Respectfully submitted,

David W. Martin, CPA Tallahassee, Florida March 4, 2015

#### TABLE OF CONTENTS

#### PAGE 1 OF 1

5.	Sol	id Waste Management Fund	Ar	nount Requested	Tab
	Av	ailable Funding: \$60,000			
	а.	Clean & Green (Keep Pensacola Beautiful)	\$	40,000	33
		Total Solid Waste Management Fund	\$	40,000	



All agencies requesting funding from Escambia County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

Escambia County Board of County Commissioners
Office of Management & Budget
221 Palafox Place
Pensacola, Florida 32502

#### Please submit:

- A copy of your organization's 2013 or 2014 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name: Keep Pensacola Beautiful

Agency Address: 3303 N Davis Hwy

Pensacola, FL 32503

Program Name: Beautification, Recycling, and Reduce Litter

Program Contact: Gwinn Corley

Contact Email: director@keeppenscolabeautiful.org

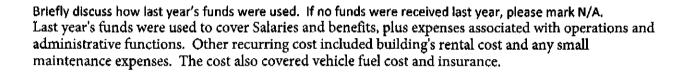
Contact Phone: 850-438-1178

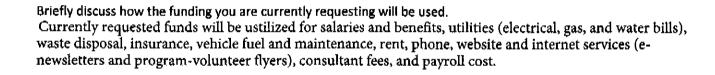
Our programs include beautification, recycling, and litter reduction. We encourage individuals in our communities to promote and assist in keeping our communities safe and clean.

Amount Requested: \$40,000.00

Amount Received Last Year, if applicable: \$40,000.00







If Escambia County funding can only fund a portion of your request, how will you offset the difference? The offset could range from having to downsize our supervisor and admin personnel to reducing our 6 day work week to 5 days, Either way it will reduce the number of roadside litter cleanups as well as illegal dump sites. It will also reduce the number of our Great American Cleanup events and the time we spend cleaning up abandoned cemeteries.



If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

None

#### Please list the primary goal(s) that this program is targeting. Maximum of three.

For example, "reduce homelessness in Escambia County"

- 1. reduce amount of trash from road side litter and illegal dump sites in Escambia County.
- 2. empower citizens to improve their community by focusing on individuals and neighborhood responsibilities.
- 3. increase our community educational efforts in recycling.

### Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

- 1. our success will be measured by the number illegal dump sites and roadside litter events with the number of volunteers and volunteers hours.
- 2. community involvement will be measured by the number events completed.
- 3. we have several avenues to conduct our educational efforts; booths at schools & litter free events, talking with civic groups, and increase our e-newsletters. Success will be measured by the numer of events completed and the number of people who attend.

#### Please list the baseline statistics for the performance measure(s). Maximum of three.

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."

- 1. number of roadside cleanups performed each month with volunteer hours and collected litter weights.
- 2. number of neighborhood cleanups performed each month with volunteer hours and amount of litter collected.
- 3. number of educational events per month with volunteers hours and the number of individuals who attend the event.



#### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### <u>Income</u>

	Most Recently Completed Budget Year F/Y2013-2014	Current Budget Year F/Y2014-2015	Proposed Budget Year F/Y2015-2016
Contributions from Private Sources	\$4,310.45	\$6,150.00	\$3,200.00
Programmatic Income	None	None	None
County Funding Allocation	\$40,000.04	\$40,000.00	\$40,000.00
Contracts Parks & Rec Fishing Bridge CRA Response Total	\$92,170.00 \$10,832.40 \$5,559.00 \$108,561.40	\$92,000.00 \$11,000.00 \$5,500.00 \$108,500.00	\$95,000.00 \$11,000.00 \$6,000.00 \$112,000.00
City Funding	\$19,300.00	\$19,300.00	\$19,300.00
State Funding KAB/FDOT		\$15,000.00	\$15,000.00
Federal Funding Oyster Grant 2 Oyster Grant 3	\$1,357.50	\$29,888.00	
Other Income			
KAB Grant	\$4,500.00	\$10,000.00	\$15,000.00
Recycle/Rebate	\$1,269.99	\$2,000.00	\$2,000.00
DIB Contracts	\$18,240.00	\$18,200.00	\$22,800.00
Festival Contracts	\$22,154.00	\$21,000.00	\$23,600.00
Total income	\$219,693.38	\$270,038.00	\$252,900.00
In-Kind Revenue	\$272,903.66	\$299,800.00	\$299,800.00
Total	\$492,597.04	\$569,838.00	\$552,700.00



### **Expenses**

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	6	8	9
Salaries and Wages	\$116,049.97	\$122,859.00	\$135,159.00
Professional Services			
CPA	\$3,900.00	\$3,600.00	\$3,600.00
Payroll Services	\$10,683.78	\$11,116.00	\$12,616.00
Travel Expenses	\$483.80	\$1,050.00	\$1,050.00
Insurance	\$9,113.33	\$9,000.00	\$7,500.00
Admin/Misc	\$5,257.66	\$5,355.00	\$5,375.00
Total Payroll/Admin Expenses	\$145,488.54	\$152,980.00	\$165,300.00
Utilities	\$4,236.91	\$4,000.00	\$3,000.00
Grant Expenses		\$44,888.00	\$15,000.00
Rent/Maint	\$9,678.73	\$10,110.00	\$9,910.00
Contract Labor	\$668.00	410,110.00	43,510.00
Phone/Internet	\$2,243.00	\$2,250.00	\$2,300.00
Marketing/Promotion	\$3,813.92		
Fuel/Maintenance (4)	\$22,072.77	\$16,863.00	\$14,817.00
Trailers (4)	\$2,143.82	\$2,138.00	\$2,011.00
Equipment/Supplies	\$6,656.40	\$9,050.00	\$9,150.00
Waste Disposal	\$3,502.05	\$3,800.00	\$3,550.00
Depreciation	\$11,376.00	\$14,000.00	\$14,000.00
Ops Misc	\$3,704.66	\$4,500.00	\$12,500.00
Total Operations Expense	\$70,096.26	\$111,599.00	\$86,238.00
Total Expenses	\$215,584.80	\$264,579.00	\$251,538.00
In Kind Expenses	\$272,453.66	\$299,800.00	\$299,800.00
Total	\$488,038.46	\$564,379.00	\$551,338.00
Net Income	\$4,558.58	\$5,459.00	\$1,362.00

### Form **990**

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

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- 4 c			am serv	ice expenses			5,880.									

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2		2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(cX3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	_6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes", then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	116		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete     Schedule D, Parts XI, and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II..... 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a..... X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part L..... 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

If so, complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. Х 27 \*\*\* Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х 282 **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... **28**c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part L*...... 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1..... Х 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.... X 35a b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2...... 35h Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2...... Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI...... 37 Х 

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## Form 990 (2013) Keep Pensacola Beautiful, Inc. 59-1863230 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.

1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	2		Yes	No A
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	0			4
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments to vendors and rules.	eporta	ole gaming	T c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	.7			
þ	If at least one is reported on line 2a, did the organization file all required federal employmen	t tax i	eturns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins		•	3	7.86	4
	Did the organization have unrelated business gross income of \$1,000 or more during the yea			3 a		<u> </u>
	off 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			36		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	r auth nanci	ority over, a al account)?	4 a	ir indirection	X
ь	olf 'Yes,' enter the name of the foreign country:		· · · · · · · · · · · · · · · · · · ·	9.4		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				Second of	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5 a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelts		isaction?	5 b		
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	• • • • •		6 a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution to tax deductible?	ons or	gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				64-39-13	40.5
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly 1	or goods and	7 a	223	X
ь	of Yes,' did the organization notify the donor of the value of the goods or services provided?			7ь		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7 c		х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	74		X 40		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benef	it contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit co	ontract?	7 f		X
Ģ	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	orm 8	899	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	orgai	nization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng org a∨e e	janizations. Did the xcess business	8		
9	Sponsoring organizations maintaining donor advised funds.			TO A	\$ 15 T	
2	Did the organization make any taxable distributions under section 4966?			9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9Ь		
10	Section 501(c)(7) organizations. Enter:			(A)		1. M.
	,	10a			4	
	· · · · · · · · · · · · · · · · · · ·	10b		A Wall	4	Y- 60
	Section 501(c)(12) organizations. Enter:					
		11 a		in all the contract of	,	
	,	11 Ь				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		n 1041?	12 a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		Su de		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			J. 174	7-234	
Σ	Is the organization licensed to issue qualified health plans in more than one state?			13 a	-0 1 A 11	
	Note. See the instructions for additional information the organization must report on Schedul	e O.				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		3.		
	Enter the amount of reserves on hand	13c		6	٠. ٠. ٤.	X
	Did the organization receive any payments for indoor tanning services during the tax year?			14 a	-	<b>├</b> ^
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in t	>chec	ule Q	146		

Part'VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Νo 1 a Enter the number of voting members of the governing body at the end of the tax year.....

If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets?..... Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body?.... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Х 10 a b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ...... 12 c X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule..O........ 15 a Х b Other officers of key employees of the organization... See .Schedule .0....... 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Own website Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

<u>Gwinn Corley</u> 3303 N Davis Hwy Pensacola FL 32503 (850) 433-1178

form <b>990</b> (2013) Keep Pensacola Beautiful, II	orm <b>990</b> (2	2013) [	Keep	Pensacola	Beautiful.	Inc.
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### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	1			(C	;)					
(A) Name and Title	(B) Average thours per week (list	one bo	x, un	less (	perso	k more l n is bot or/truste	han ¢)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional Inustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the granization organization and related organizations
(1) Ron Butlin	1								_	_
Board_Member	0		_					0.	0.	0.
(2) Beth Fugate	2		- 1					_ !	_	_
Treasurer	0							0.	0.	0.
(3) Jessica Bell	2	ļ								
Board Member	0		_		_			0.	0.	0.
(4) Amy DiRusso	1	.	-							
Board Member	0						_	0.	. 0 <u>.</u>	<u> </u>
(5) Beth Bolles	1	↓	-							
Board Member	0							0.	0.	0.
(6) Daniel Fugate	2									
Board Member	0		_					0.	0.	0.
7 Robert Boykin	11		1							
Board Member	0							0.	0.	0.
(8) Judge Ross M Goodman	11									
Board Member	0		_				_	0.	0.	0.
(9) Beth Buckles	11									
Board Member	0							0.	0.	0.
(10) Chasidy Hobbs	1									
Board Member	0							0.	0.	0.
(11) Jimmie Jarratt	11									
Board Member	0							0.	0.	0.
(12) Brian Spencer	11				,					
Board Member	0		_					0.	0.	0.
(13) Pat Johnson Board Member	$-\frac{1}{0}$							0.	0.	0.
(14) Lt Jonathan Stephens Board Member	1							0.	0.	0.
article l'achiere.					ــــــــــــــــــــــــــــــــــــــ				<u></u>	<u> </u>

Part VII Section A. Officers, Directo		леу	Em			es,	an	a Hignest Con	pensated Emp	oyees (continued)
<b>(A)</b> Name and title	Average hours per week	box. offic	, unle cer ar	Pos heck ss pe	arson direct	than is bot or/trus	h an tee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	Institutional Inustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) Ted Kirchharr Board Member	$\frac{1}{0}$							0,	0.	0.
(16) Norm Ross Board Member	$ \frac{1}{0}$							0.	0.	0.
(17) Clark Merritt Board Member								0.	0.	0.
(18) Ginny Ward Board Member	<b></b> - <del>1</del> -							_ 0.	0.	0.
(19) Ned McWilliams Board Member	$\frac{1}{0}$							0.	0.	0.
(20) Marcie Whitaker Board Member								0.	0.	0.
(21) Karen Pritchard, PHD Board Member	$\frac{1}{0}$		•					0.	0.	0.
(22) Gay Work Board Member	$  \frac{1}{0}$							0.	0.	0,
(23) Marie Young Board Member								0.	0.	0.
(24) Taylor Kirschenfeld Past Chair	$   \frac{2}{0}$			х				0.	0.	. 0.
(25) Curt Morse President	$\frac{2}{0}$			Х				0.	0.	0.
1 b Sub-total							¥	0.	0.	0.
c Total from continuation sheets to Part V							► [	0,	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but no from the organization 0	t limited to those li	sted a	abov	/e) v	vhọ i	recei	ved .	more than \$100,00	0 of reportable comp	
3 Did the organization list any former office on line 1a? If 'Yes,' complete Schedule J	er, director, or tru: <i>for such individu</i> :	stee,	key	em	ploy	⁄ee, (	or h	ighest compensat	ed employee	Yes No
For any individual listed on line 1a, is the the organization and related organization such individual.	sum of reportables oreater than \$15	e cor	npe	nsa If 'Y	tion 'es'.	and	oth	er compensation to Schedule 1 for	rom	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization.	r accrue compen	satio	n fro	am a	יעחב	unre	late	d organization or	individual	
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compensation from the organization. Report</li> </ol>	compensated inde compensation for t	penc he ca	lent Ilenç	cor dar y	itrac ⁄ear	tors endir	tha 19 w	t received more the	nan \$100,000 of ganization's tax year	•
Name and busine	ess address							( <b>B)</b> Description o		<b>(C)</b> Compensation
Total number of independent contractors (inc \$100,000 of compensation from the organ		ted to	tho	se li	sted	abov	ve) v	who received more	than	

#### Form 990

#### **Continuation Sheet for Form 990**

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Employler Identification number

Name of the Organization Keep Pensacola Beautiful, Inc.

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and 59-1863230

(A)	(B)	Da-	ition :	((  chad		hat appi	٠,	(D)	<b>(E)</b>	<b>(F)</b>
Name and Title .	Average hours per week (list any hours for related organizations below dotted line)	or director				Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation forn related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
like Wiggins Secretary	2			х				0.	0.	<u> </u>
<b> </b>										
					_		_			
		<u></u>								
								<u> </u>	٠.	
					_					
										·
		_								·**
		<u> </u>								
	'	_	<u>                                      </u>			,		, ,		
		_								
		_			<u>-</u>					
		$\vdash$	-	_					·	
				1	1			1		

1-1		Check if Schedule O co	ontains a resp	onse or note to ar	ny line in this Part V	/II <b>L</b>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ž 2	1	a Federated campaigns				122 127 557		
2 3		<b>b</b> Membership dues						ACCEPT THE STATE
IS.C		c Fundraising events				25000000		r i e e e e e e e e e e e e e e e e e e
등뚝		d Related organizations				3 <b>3 6 7 7 7 8</b>	- 5-5 <b>5-3 5-3 5-3</b>	
쯫풇		e Government grants (contribution	s)   1e	57,017.	4.0000000000000000000000000000000000000	1 3 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hts: 39584	45.5
PROGRAM SERVICE REVENUE   CONTRIBUTIONS, GIFTS, GRANTS		f All other contributions, gifts, gra similar amounts not included ab		10,168.				
통물		g Noncash contributions included in	· • -			6.50		
2		h Total. Add lines 1a-1f	111111111111111111111111111111111111111		67,185.			
	,	9 6		Business Code	and the same of th			
줐	_	a Caty & City Litter			114,633.			
Ę		<pre>b Festivals &amp; Special c Recycling Income</pre>			36,563. 732.	36,563.		
SERV		q			/32.	732.		
3		f All other program service						
ROG		g Total. Add lines 2a-2f			151 020	Security management and the rest of the	is comment of the second secon	Hard the Harry Comment Comment of the Harry
	3				151,928.	A CASA SANTAGENERAL SANTAGEN		
	_	other similar amounts)	arriaena		· <u> </u>			
	4	Income from investment		•				
	5	Royalties						
	_	, . L	(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss	(i) Securities		And the state of t	Contract of the Contract of th	100	
1	7	a Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other				
		·		450.				
		b Less: cost or other basis and sales expenses			1 2 1 2 3 3 3 5 7 3			
		c Gain or (loss)	<u> </u>	450.				
.		d Net gain or (loss)			450.	450.		
	8	a Gross income from fundra	eising events					A Charles Company
OTHER REVENUE	_	(not including., \$						
5		of contributions reported					A STATE OF THE STA	
8		See Part IV, line 18		·			Production of the	transfer to b
ᇹ		b Less: direct expenses						
		c Net income or (loss) from		vents	(1) A second sec			
		a Gross income from gamin See Part IV, line 19			4			
		b Less: direct expenses						
1		c Net income or (loss) from		ities 🟲		AC COMMUNICATION OF THE PROPERTY AND A STATE OF THE PROPER	and the same of th	mining street, many terms, may be to be a first of the
	10:	a Gross sales of inventory, and allowances	less returns					
		b Less: cost of goods sold.		· · · · · · · · · · · · · · · · · · ·	11.52848778			
		c Net income or (loss) from		L		TETISH GRUND STATE OF THE COLUMN		
Ì		Miscellaneous Revenue		Business Code				
ſ	11:	a						
		b						
	•							
		d All other revenue	L			Physical design	المعادر والمعادر والمعادرة	GUNNES - AND TRANSCASTA FIRE THE AND
		Total. Add lines 11a-11d.						
	12	Total revenue. See instruc	ctions	· · · · · · · · · · · · · · · · · · ·	219,563.	152,378.	0.	0.

#### Part IX Statement of Functional Expenses

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX.							
	Check ii Schedule O contains a i	(A)	(B)	(C)	(D)			
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part Vill.	Total expenses	Program service	Management and	Fundraising			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				expenses			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				e			
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages	107,799.	45,872.	61,927,				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).							
9	Other employee benefits							
10	Payroll taxes	8,251.	3,488.	4,763.				
11	Fees for services (non-employees):							
٤	Management							
	Legal				·			
	: Accounting	3,600.		3,600.				
	Lobbying							
•	Professional fundraising services. See Part IV, line 17		<b>。这是一种特别的一种企业,可以是</b>	かい かいいん にいん 自由 といい はいけい				
	Investment management fees							
g	Other. (If line 11g amt exceeds 10% of line 25, column	10,684.	5,912.	4,772.				
12	(A) amount, list line 11g expenses on Schedulé 0)	-325.	-325.	7,112.				
13	Office expenses	, <u>, , , , , , , , , , , , , , , , , , </u>						
14	Information technology							
15	Royalties							
16	Occupancy	16,348.	·	16,348.				
17	Travel	-15.	-15.	10,340.				
18	Payments of travel or entertainment	10,			,			
	expenses for any federal, state, or local public officials	••••						
19	Conferences, conventions, and meetings							
20 21	Interest	1,510.	609.	901.				
22	Depreciation, depletion, and amortization	11 276	7.0.000	0.04				
23	Insurance	11,376.	10,985.	391.				
	Other expenses, Itemize expenses not	9,106.	9,106.	ስ ከመል መቀመር እና መደር አንስር ምሳሌ ተመጥሩ ያገል ለተመጀመሪያ የመጀመሪ				
-	covered above (List miscellaneous expenses l	Service in the service of the servic		and the second second second	ENGLISH STATES			
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
2	Auto Expense	23,782.	23,782.					
t	Crew Equipment & Supplies	6,186.	6,186.					
•	Signs	3,814	3,814.					
C	Waste Disposal	3,214.	3,214.					
	All other expenses	8,446.	4,252.	4,194.				
25	Total functional expenses. Add lines 1 through 24e	213,776.	116,880.	96,896.	0,			
26	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).		-					

		Check if Schedule O contains a response or note to	any lir	ne in this Part X			
		· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			11,635.	1	10,751.
	2	Savings and temporary cash investments	16,678.	2	21,807.		
	3	Pledges and grants receivable, net		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified presection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		1335			
ASSETS	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use				8	125.
Ţ	9	Prepaid expenses and deferred charges			9		
_	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 æ	126,040.			
	b	Less: accumulated depreciation	10Ь	94,374.		10 c	31,666.
	11	Investments - publicly traded securities				11	32,3331
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related, See Part IV, line 11.				13	
	14	Intangible assets		14	"		
	15	Other assets. See Part IV, line 11			I .	15	200.
	16	Total assets. Add lines 1 through 15 (must equal line				16	64,549.
	17	Accounts payable and accrued expenses				17	04,3431
	18	Grants payable	***************************************	18			
	19	Deferred revenue				19	
Ŀ	20	Tax-exempt bond liabilities				20	
A	27	Escrow or custodial account liability. Complete Part I	V of Sc	hedule D		21	
4-v-E	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dire I disqua	ctors, trustees, dified persons.	A TOP TO A CANADA	22	
į	23	Secured mortgages and notes payable to unrelated th			13,788.	23	30,078.
Š	24	Unsecured notes and loans payable to unrelated third	parties			24	20,0,0
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rel plete P	ated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			13,788.	26	30,078.
¥ 4		Total liabilities. Add lines 17 through 25	re 🗠	X and complete		N 44.0	Property of the Control of the Contr
Ş	27	Unrestricted net assets			21,767.	27	21,342.
≪ WHENCH IN	28	Temporarily restricted net assets			6,917.	28	13,129.
	29	Permanently restricted net assets		<u></u>		29	
R		Organizations that do not follow SFAS 117 (ASC 958), ch	CONTRACTOR OF	1			
F.		and complete lines 30 through 34.			200		
20	30	Capital stock or trust principal, or current funds		30			
Ŗ	31	Paid-in or capital surplus, or land, building, or equipment			31		
£	32	Retained earnings, endowment, accumulated income,				32	
B4 L4.ZCWの	33	Total net assets or fund balances			28,684.	33	34,471.
Š	34	Total liabilities and net assets/fund balances		<u></u>	42,472.	34	64,549.
BA	4	<del>_</del>					Form 990 (2013)

Forn	990 (2013) Keep Pensacola Beautiful, Inc. 5	9-186323	0	Pa	age 12
Pa	rt₄XI∰ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			, ,	$\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	7		19,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		13,	
3	Revenue less expenses. Subtract line 2 from line 1	3			787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			684.
5	Net unrealized gains (losses) on investments.	5			<u>UUT.</u>
6	Donated services and use of facilities				
7	Investment expenses	_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	•		0.
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33.				_ ,
	column (B))	10		34,4	471.
Rai	ttXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🗖
				Yes	<del>,</del>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			3000	98% T
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		\$ 3		
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	X	111/2/152
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review			Field 3	
	separate basis, consolidated basis, or both:			7.7	
	X Separate basis Consolidated basis Both consolidated and separate basis				
- 1	Were the organization's financial statements audited by an independent accountant?		. 26		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a con-		224.0	instance	CAN.
	basis, consolidated basis, or both:	0.010	A-10	<b>**</b>	
	Separate basis Consolidated basis Both consolidated and separate basis				14.4
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,	. 2c		х

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

BAA

bilf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

3Ь

Form 990 (2013)

TEEA0112L 07/08/13

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047



Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

Kee	b I	Pensacola	Beau <sup>r</sup>	tiful.	Inc.							59-18	863230	מ		
		Reason fo				(All organ	izations	must o	comple	te this	part.)					
		nization is not												101101		•
1	П	A church, con	vention	of church	es or asso	ciation of chu	rches desc	cribed in	section	170(b)	(1)(A)(1)					
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)														
3	П	A hospital or	a coopei	rative hos	spital servic	e organizatio	n describe	ed in sec	tion 17	0(Ь)(1)(А	V(iii).					
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's														
	_	name, city, ar	nd 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, sta	te, or lo	cal govern	nment or g	overnmental	unit descri	bed in <b>s</b>	ection 1	70(Ь)(1)	(A)(v).					
7	M	An organization in section 170								ental uni	it or fron	n the ger	neral pub	lic describe	d	
8	$\sqcup$	A community							•							
9		An organization from activities investment in June 30, 1975	related to come an	o its exem ad unrelat	pt functions red busines	<ul> <li>subject to our</li> <li>taxable inc</li> </ul>	certain exce ome dess	eptions, a	and (2) r	io more f	than 33-	1/3% of	its suppo	rt from aros	35	fter
10		An organization	on organ	nized and	operated e	exclusively to	test for pu	ıblic safe	ety. See	section	509(a)	(4).				
11		An organization more publicly describes the	n organiz support type of	ed and op ed organi supportin	perated excl zations des la organiza	usively for the scribed in section and com	benefit of, tion 509(a plete lines	to perfor )(1) or s	m the fu section 5 ough 11	inctions ( 509(a)(2 h.	of, or ca ). See s	rry out the	ne purpos 5 <b>09(a)(3)</b>	es of one o Check the	r e box t	hat
		a ∏Type I	b	Туре		_	— Functior		-		ı □ -	Type III	– Non-fu	unctionally	integra	ated
e	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).															
f		If the organizat	tion recei	ived a writ	tten determi	nation from th	e IRS that i	s a Type	I. Type	ll or Typ	e III suo	portina c	rganizati	рп.		
		check this box	x		<i></i>			· · · · · · · ·								. Ц
9		Since August	17, 200	6, has the	e organizat.	ion accepted	any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	?		
		d) A navas	n who di	يم بالممان	والمعالمة المعالدة			6 a. a. a 6 a a .			:L_	J !_ #!5	4 2005		Yes	No
		(i) A person below, t	the gove	rning bod	y of the su	ontrols, eithe pported organ	r alone of nization?	togetner	pe	ersons a	e	a in (ii) .	and (III)	11 g (i)		
						bed in (i) abo										
		(iii) A 35% d				• • •								<b>—</b> • • • • • • • • • • • • • • • • • • •		
h		Provide the fo		_									. ,	11 g (iii)		
		(i) Name of suppo	<del></del> -		EIN	(III) Type of o	manization		s the	(v) Did yo	u notify	(vi) I	s the	(vli) Amoun	t of mon	etary
		organization	- 1	\-· <b>&gt;</b>	<del></del>	(described or above or IR	lines 1-9	organiz	ation in ) listed in	the organi column (	ization in	organiz	ation in		port	,
						(see instru	ictions))	your go	verning nent?	supp	ort?	organize	ed in the			
								Yes	No	Yes	No	Yes	No			
			<u> </u>													
<b>A</b> )																
B)																
C)																
D)																
E)																
						7/2012/17/19		2225						••		
otal			Ş			N. D. S. S.		<b>网络</b>	<b>344</b>	<b>建设</b>						

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

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.)

Se	ction A. Public Support						
beg	endar year (or fiscal year jinning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	80,855.	67,647.	92,353.	89,874.	68,455.	399,184.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				·	,	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	80,855.	67,647.	92,353.	89,874.	68,455.	399,184.
5	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)						0.
6	Public support. Subtract line 5 from line 4					Na.	399,184.
Se	ction B. Total Support	144					
beg	endar year (or fiscal year inning in) 🗠	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	80,855.	67,647.	92,353.	89,874.	68,455.	399,184.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129.					129.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						399,313.
12	Gross receipts from related activ	ities, etc (see ins	tructions) ,	· · · · · · · · · · · · · · · · · · ·	*****	12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	·
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	13 (line 6, columi	n (f) divided by lin	e 11, column (f)).			99.97%
15	Public support percentage from 2	2012 Schedule A,	Part II, line 14			15	99.90%
16:	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a pub	did not check the l blicly supported or	box on line 13, an ganization	nd the line 14 is 3	3-1/3% or more, o	check this box
	b 33-1/3% support test — 2012. If t and stop here. The organization	qualifies as a pul	blicly supported or	rganization			
17:	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est — 2013. If the omeets the 'facts-a -and-circumstanc	organization did no and-circumstances es' test. The organ	ot check a box on titest, check this nization qualifies	line 13, 16a, or 1 box and <b>stop her</b> as a publicly supp	6b, and line 14 is e. Explain in Part ported organizatio	10% IV how ⊓ ►
	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a i-circumstances' i	ind-circumstances test. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization	IV how the
18	Private foundation. If the organia	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions 🟲 🔲

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Gifts, grants, contributions and membership fees received. (Do not include						
_	any 'unusùal grants.')						-
Z	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			- "			
5	The value of services or facilities furnished by a governmental unit to the organization without charge					, <u></u>	
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.			''			
-	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				7		
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(47	(4, 2012	(-)	(.,
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-			
13	Total Support. (Add ins 9,10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and			nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pul			,			
15	Public support percentage for 20	13 (line 8, columi	n (f) divided by lin				Op.
16	Public support percentage from :	2012 Schedule A,	Part III, line 15			16	વ્ય
	tion D. Computation of Inv						
	Investment income percentage f				mn (f))		*
	Investment income percentage f						9.
19a	33-1/3% support tests — 2013. It is not more than 33-1/3%, check	f the organization this box and <b>sto</b> p	did not check the <b>p here.</b> The organ	box on line 14, a iization qualifies a	and line 15 is more as a publicly supp	e than 33-1/3%, a orted organization	
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3% Private foundation. If the organia						
22					DOMEST SERVE SEASON ASSESSED.	CAA INCTUINTIANC	

	(Form 990 or 990-62) 2013 — Ke	<u>ep rensacora Beaut</u>	irui, inc.	59-1863430	rage 4
Part IV	<b>Supplemental Information.</b> or 17b; and Part III, line 12 (See instructions).	Provide the explanatio . Also complete this par	ns required by Part II, li t for any additional info	ne 10; Part II, line 17a mation.	
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Keep Pensacola Beautiful, Inc. 59-1863230 Part : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... 2 Aggregate contributions to (during year)..... Aggregate grants from (during year) ...... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... No Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a b Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)............. d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located • Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **-** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1...... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X..... ▶\$

Schedule D (Form 990) 2013 Keep Part III Organizations Mainta	Pensacola ining Collect	Beautiful, In	c . rical Treasures, o	59-186. r Other Similar Ass	3230 Page 2 ets (continued)
3 Using the organization's acquisition					
items (check all that apply):  a  Public exhibition		م مده ا 🗖 اه	er exchange programs		
b Scholarly research		e Other	r exchange programs		
c Preservation for future gener	ations				
4 Provide a description of the organiz		s and explain how they	further the organization	's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or re	ceive donations of art	, historical treasures,	or other similar assets	Yes No
Part IV Escrow and Custodia					
line 9, or reported an	amount on F	orm 990, Part X, I	ine 21.	iswered Tes to For	
1a is the organization an agent, trus	stee, custodian,	or other intermediary	for contributions or ot	her assets not included	Yes No
on Form 990, Part X?	in Part XIII and	complete the following	oo table:		
on rest explain the arrangement	mir art xm and	complete the rollows	ig table.		Amount
c Beginning balance					A THOUSE
d Additions during the year					
Distributions during the year					
f Ending balance					
2 a Did the organization include an a					Yes No
b If 'Yes,' explain the arrangement					
z		on nord in the explain	and the beatt provide.	<b>4 4 7</b>	
Part V Endowment Funds. C	omplete if the	e organization an	swered 'Yes' to Ec	rm 990. Part IV. lin	e 10.
	(a) Current yea		(c) Two years bac		(e) Four years back
1 a Beginning of year balance	<u> </u>	Çoyınısı you	(oy i wa joano Bao	(a) throo yours buck	(by rour ) care back
<b>b</b> Contributions					
c Net investment earnings, gains,			,		•
and losses d Grants or scholarships			<del></del>		
Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage		year end balance (line	t 1g, column (a)) held	<b>as:</b>	,
a Board designated or quasi-endowm		*	'		
<b>b</b> Permanent endowment	%	_			
c Temporarily restricted endowmer	_				
The percentages in lines 2a, 2b,	and 2c should e	qual 100%.			
3a Are there endowment funds not in to organization by:	the possession of	the organization that a	re held and administere	d for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					
b If 'Yes' to 3a(ii), are the related of					44
4 Describe in Part XIII the intended	-	·			
Part VI Land, Buildings, and					
Complete if the organi		ered 'Yes' to Form	990. Part IV. line	e 11a. See Form 990	). Part X. line 10.
Description of property				· · · · · · · · · · · · · · · · · · ·	(d) Book value
	(a)	Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(a) Book value
la Land					
<b>b</b> Buildings					
c Leasehold improvements					
d Equipment			26,498.	18,868.	7,630.
e Other	<b>⊢</b>		99,542.	75,506.	24,036.
Total. Add lines 1a through 1e. (Colum		al Form 990. Part X. c			31,666.
BAA	,				ule <b>D</b> (Form 990) 2013

Part VII Investments – Other Securities.  Complete if the organization answered	'Yes' to Form 990	N/A ), Part IV, line 11b. See Form 99	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives			-
(2) Closely-held equity interests	•		
(3) Other		· · · · · · · · · · · · · · · · · · ·	
(A)			
(B)		"-	
(C)		-	•
(D)			
(D) (E) (F) (G)			
(F)			
(H)	<u> </u>		
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🟲	· · · · · · · · · · · · · · · · · · ·		
Part: VIII Investments - Program Related. Complete if the organization answered	'Vos' to Form 900	N/A	O Dod V line 12
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-	
	(b) DOOK Value	(c) Method of Valuation: Cost of end-	or-year market value
(1)		1501	
(3)			
(4)			•
(5)			
(6)			
(7)			
(8)		•	,
(9)		-	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Rait⊞X₩ Other Assets.	N/A		
Complete if the organization answered		, Part IV, line 11d. See Form 99	
(1) (a) Des	scription		(b) Book value
(2)	,		
(3)			
(4)	н-		1
(5)			
(6)			
(7)			
(8)			
(9) (10)		1000	
	55 /· 15 5		
Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	s), iine 15.)	······	
PartX Other Liabilities.  Complete if the organization answered 'Yes' to Fo	rm 990 Part IV line 11	e or 11f See Form 990 Part V line 25	
(a) Description of liability	(b) Book value	District Control of the Control of t	
(1) Federal income taxes		Market 1	
(2)		45.7	
(3)			
(4)	1 10		
(5) (6)			10.00
(7)			
(8)			The second second second
(9)			Acres (Arthrey September)
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>b-</b>	And the second second second second	No the second second second second
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's fi		
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	as bose provided in Dark VIII	·	

Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' to Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1924533
a Net unrealized gains on investments	2 a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I 1	30-50-50
a Investment expenses not included on Form 990, Part VIII, line 7b	4-	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XIII Reconciliation of Expenses per Audited Financial Stateme		Return. N/A
Complete if the organization answered 'Yes' to Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		722
a Donated services and use of facilities	2 a	
<b>b</b> Prior year adjustments	2 b	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	14440/47/14
a Investment expenses not included on Form 990, Part VIII, line 7b	4.2	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information.		
	Port IV/ lines 1h and 2h: Das	11/
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con	plete this part to provide any	additional information.
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BAA		Schedule <b>D</b> (Form 990) 2013

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

#### 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.

Employer identification number

Open to Public

OMB No. 1545-0047

 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

Keep Pensacola Beautiful, Inc.	59-1863230						
Form 990, Part VI, Line 11b - Form 990 Review Process							
Form 990 is reviewed during a monthly executive committee meet	ing by the executive						
committee for approval before filing							
Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, To	p Management						
Compensation is approved by the Executive Committee and the fi	Compensation is approved by the Executive Committee and the final vote is made by						
the Board of Directors.							
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers	& Key Employees						
Compensation is approved by the Executive Committee and the fi	nal vote is made by						
the Board of Directors.							
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available							
No documents available to the public.							



Department of the Treasury Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077552417 May 10, 2012 LTR 4168C 0 59-1863230 000000 00

> 00037459 BODC: YE

KEEP PENSACOLA BEAUTIFUL INC 3303 N DAVIS HWY PENSACOLA FL 32503-3016

Employer Identification Number: 59-1863230

Person to Contact: Dee Anna Jarmon

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 26, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1979.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4500M

4077552417 May 10, 2012 LTR 4168C 0 59-1863230 000000 00 00037460

KEEP PENSACOLA BEAUTIFUL INC 3303 N DAVIS HWY PENSACOLA FL 32503-3016

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Thomas

Manager, EO Determinations