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?

   Recommendation: 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:

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

Attachments

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4. Fourth Cent Tourist Development Tax

Available Funding: $1,660,650

		Amount Requested	Tab
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		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.	Sertoma 4th of July	$ 75,000	30
o.	Skills USA		No Request Submitted
p.	St. Michael’s Cemetery	$ 25,000	31
q.	Visit Pensacola		(See Three Cents TDT Request)
	Total Fourth Cent Tourist Development Tax	**$1,837,128**	

5. Local Option Sales Tax Fund

Available Funding: $0

		Amount Requested	Tab
a.	Pensacola State College	$1,100,000	32
	Total Local Option Sales Tax Fund	**$1,100,000**	

6. Solid Waste Management Fund

Available Funding: $60,000

		Amount Requested	Tab
a.	Clean & Green (Keep Pensacola Beautiful)	$ 40,000	33
	Total Solid Waste Management Fund	**$ 40,000**	

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1.	**General Fund** **Available Funding: $1,425,082**	**Amount Requested**	**Tab**
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
l.	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
o.	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
Total General Fund		**$2,089,056**	

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: (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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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
3) 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	~~$42,850.00~~ $32,850

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	$23,235.56	$23,356	$23,356.00
Net Income	$22,980.01	$22,980.01	$22,980.01

Please explain any capitalizable asset contained in your request.

Current capitalizable assets include:

12 passenger van
Office Equipment

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

DEPARTMENT OF THE TREASURY

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)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 15, 2013
Contribution Deductibility:
Yes
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,

Tamera Ripperda

Director, Exempt Organizations

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: Another Chance Transitional Services, Inc.
Number and street (or P.O. box, if mail is not delivered to street address): 2101 N Pace Blvd
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Pensacola, FL 32505-

D Employer identification number: 46-2803547
E Telephone number: 850-437-8900
F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶
H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶
J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	10,000.00
	2	Program service revenue including government fees and contracts			2	2,000.00
	3	Membership dues and assessments			3	0.00
	4	Investment income			4	0.00
	5a	Gross amount from sale of assets other than inventory	5a	0.00		
	b	Less: cost or other basis and sales expenses	5b	0.00		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0.00
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0.00		
	b	Gross income from fundraising events (not including $ 10,000.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0.00		
	c	Less: direct expenses from gaming and fundraising events	6c	0.00		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0.00
	7a	Gross sales of inventory, less returns and allowances	7a	0.00		
	b	Less: cost of goods sold	7b	0.00		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0.00
	8	Other revenue (describe in Schedule O)			8	0.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	12,000.00
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0.00
	11	Benefits paid to or for members			11	0.00
	12	Salaries, other compensation, and employee benefits			12	0.00
	13	Professional fees and other payments to independent contractors			13	0.00
	14	Occupancy, rent, utilities, and maintenance			14	11,050.00
	15	Printing, publications, postage, and shipping			15	0.00
	16	Other expenses (describe in Schedule O)			16	0.00
	17	**Total expenses.** Add lines 10 through 16 ▶			17	11,050.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	50.00
	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)			19	0.00
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	50.00

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2013)

Part II **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	50.00	22	0.00
23	Land and buildings	0.00	23	0.00
24	Other assets (describe in Schedule O)	0.00	24	0.00
25	**Total assets**	0.00	25	0.00
26	**Total liabilities** (describe in Schedule O)	0.00	26	0.00
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	0.00	27	50.00

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? To assist ex-offenders in employment support

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

28 The org. provides support services, employment asst., to ex-offenders transitioning back into the community. We have served over 100 people this year and employed approximately 30.

(Grants $ 0.00) If this amount includes foreign grants, check here . . . . ▶ ☐ | **28a** | 0.00

29

(Grants $ 0.00) If this amount includes foreign grants, check here . . . . ▶ ☐ | **29a** | 0.00

30

(Grants $ 0.00) If this amount includes foreign grants, check here . . . . ▶ ☐ | **30a** | 0.00

31 Other program services (describe in Schedule O)

(Grants $ 0.00) If this amount includes foreign grants, check here . . . . ▶ ☐ | **31a** | 0.00

32 **Total program service expenses** (add lines 28a through 31a) . . . ▶ | **32** | 0.00

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Leon Rankins, III President	20+	0.00	0.00	0.00
Edna Rankins Vice President	5+	0.00	0.00	0.00
Rev. Daniel Roberson Treasurer	5+	0.00	0.00	0.00
Donna Woodard Secretary	5+	0.00	0.00	0.00

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

				Yes	No
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		33		X
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		X
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	X	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a 0.00			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b 0.00			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	39a 0.00			
b	Gross receipts, included on line 9, for public use of club facilities	39b 12,000.00			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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-EZ? If "Yes," complete Schedule L, Part I		40b		X
c	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 ▶	0.00			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	0.00			
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		X

41 List the states with which a copy of this return is filed ▶ Florida

42a The organization's books are in care of ▶ Rev. Daniel Roberson Telephone no. ▶ 850-458-9615

Located at ▶ 6320 W LaRua St Pensacola FL ZIP + 4 ▶ 32526-8726

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

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 ▶ 43 0.00

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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

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

f Total number of other employees paid over $100,000 ▶

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

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

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Edna Rankins, Vice President June 20, 2015
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

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

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.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: Another Chance Transitional Services, Inc.

Employer identification number: 46-2603547

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2013**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	0	0	0	0	10,000.	10,000.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	0	0	0	0	10,000.	0
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.						10,000.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	0	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	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	2,000.00	2,000.00
11 **Total support.** Add lines 7 through 10						12,000.00

12 Gross receipts from related activities, etc. (see instructions) 12 0

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 2013 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . 15 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 organization . . . . . . ▶ ☐

b **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 supported organization . . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

Twelve Month Profit and Loss Projection

Another Chance Transitional Services, Inc

Fiscal Year Begins 1/1/2013 Jan-06

	IND %	Jan-06	% B/A	Feb-06	%	Mar-06	%	Apr-06	%	May-06	%	Jun-06	%	Jul-06	%	Aug-06	%	Sep-06	%	Oct-06	%	Nov-06	%	Dec-06	%	YEARLY	%
Revenue (Sales)																											
Fundraising		820	72.1	830	75.1	1,000	72.7	1,020	69.4	1,100	68.8	1,010	64.3	1,100	75.9	1,300	68.4	1,025	42.4	1,250	76.9	650	41.1	689	61.8		
Memberships		310	27.5	275	24.9	375	27.3	450	30.6	500	31.3	350	22.3	350	24.1	600	31.6	375	15.5	375	23.1	420	26.6	425	38.2		
Events/Car Washes/Raffles		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	210	13.4	0	0.0	0	0.0	1,020	42.1	0	0.0	512	32.4	0	0.0		
Vending/[illegible]		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Grd. Donations		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		
			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		
Total Revenue (Sales)		1,130	100.0	1,105	100.0	1,375	100.0	1,470	100.0	1,600	100.0	1,570	100.0	1,450	100.0	1,900	100.0	2,420	100.0	1,625	100.0	1,582	100.0	1,114	100.0	0	0.0
Cost of Sales																											
Food Supplies		820		600	54.3	700	50.9	800	54.4	600	37.5	600	38.2	600	41.4	600	31.6	600	24.8	600	36.9	600	37.9	800	71.8		
		1,500		0																							
Total Cost of Sales		2,220	196.3	600	54.3	700	50.9	800	54.4	600	37.5	600	38.2	600	41.4	600	31.6	600	24.8	600	36.9	600	37.9	800	71.8	0	
Gross Profit		-1,090	-96.4	505	45.7	675	49.1	670	45.6	1,000	62.5	970	61.8	850	58.6	1,300	68.4	1,820	75.2	1,025	63.1	982	62.1	314	28.2	0	
Expenses																											
Salary expenses (1)		0	0.0	0	0.0	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		
Payroll expenses (2)		0	0.0	0	0.0	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		
Outside services		0	0.0	0	0.0	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		
Supplies (office and operating)		50	4.4	50	4.5	50	3.6	50	3.4	50	3.1	50	3.2	50	3.4	50	2.6	50	2.1	50	3.1	50	3.2	50	4.5		
Repairs and maintenance			4.9	55	5.0	55	4.0	55	3.7	55	3.4	55	3.5	55	3.8	55	2.9	55	2.3	55	3.4	55	3.5	55	4.9		
Advertising			0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Car, delivery and travel			13.3	150	13.6	150	10.9	150	10.2	150	9.4	150	9.6	150	10.3	150	7.9	150	6.2	150	9.2	150	9.5	150	13.5		
Accounting and legal			0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		0.0		0.0	0	0.0	0	0.0		
Rent		2,500	221.2	1,070	96.8	1,070	77.8	1,070	72.8	1,070	66.9	1,070	68.2	1,070	73.8	1,070	56.3	1,070	44.2	1,070	65.8	1,070	67.6	1,070	96.1		
Telephone		100	8.8	165	14.9	165	12.0	165	11.2	165	10.3	165	10.5	165	11.4	165	8.7	165	6.8	165	10.2	165	10.4	165	14.8		
Utilities		300	26.5	825	74.7	825	60.0	825	56.1	825	51.6	825	52.5	825	56.9	825	43.4	825	34.1	1,050	64.6	1,050	66.4	1,100	98.7		
Insurance		250	22.1	250	22.6	250	18.2	250	17.0	250	15.6	250	15.9	250	17.2	250	13.2	250	10.3	250	15.4	250	15.8	250	22.4		
Taxes (real estate, etc.)			0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Interest			0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Depreciation			0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Other expenses (specify) Credit Card Fee for parking, carpool			0.0	200	18.1	200	14.5	200	13.6	200	12.5	200	12.7	200	13.8	200	10.5	200	8.3	200	12.3	200	12.6	200	18.0		
Other expenses (specify)			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		

Twelve Month Profit and Loss Projection

Another Chance Transitional Services, Inc.

Fiscal Year Begi 1/1/2013 Jan-08

	IND. %	Jan-08	% IND	Feb-08	%	Mar-08	%	Apr-08	%	May-08	%	Jun-08	%	Jul-08	%	Aug-08	%	Sep-08	%	Oct-08	%	Nov-08	%	Dec-08	%	YEARLY	%
Revenue (Sales)																											
Other expenses (specify)			1.3		3.8		1.0		9.0		5.9		0.0		6.1		0.2		0.0		3.0		3.0		3.6		
Misc. (unspecified)			1.3		3.8		1.0		0.0		5.9		0.0		6.1		0.3		0.0		0.0		0.0		3.6		
Total Expenses		3,200	236.3	2,185	262.3	2,785	211.6	2,785	188.1	2,745	172.0	2,785	176.1	2,785	196.7	2,785	145.5	2,785	114.3	2,880	184.0	2,380	118.6	2,543	272.8	0	
Net Profit		-4,230	-308.6	2,260	204.1	-2,085	163.8	-1,405	106.9	-1,745	118.3	-1,715	144.3	-1,815	132.1	-1,451	-77.1	-945	-30.0	-1,065	120.3	-1,387	124.0	-3,728	266.1	0	

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

Open to Public Inspection

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

B Check if applicable

☐ Terminated, Out of Business

✓ Gross receipts are normally $50,000 or less

C Name of organization: **ANOTHER CHANCE TRANSITIONAL SERVICES INC**
d/b/a:

% Leon Rankins III
2101 N Pace Blvd
Pensacola, FL, US, 32505

D Employer Identification Number **46-2603547**

E Website:
www.anotherchance1.org

F Name of Principal Officer: **Leon Rankins III**

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.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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

RECEIVED
JUL 30 2015
ADMINISTRATIVE SERVICES
OFFICE OF MANAGEMENT & BUDGET

Another Chance Transitional Services

"Assisting former offenders in their efforts to rebuild their lives"

Decreasing Crime ● Reducing Recidivism ● Enhancing Public Safety

May 1, 2015

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, III
Executive Director
Another Chance Transitional Services, Inc.

RECEIVED
MAY 1 2015
ADMINISTRATIVE SERVICES
OFFICE OF MANAGEMENT & BUDGET

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 II 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 ex-offender 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, 6-month 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.1 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
jshivers

ANOTHER CHANCE TRANSITIONAL SERVICES, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit 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

N13000003553
FILED
April 15, 2013
Sec. Of State
jshivers

Article VI

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: VP
EDNA RANKINS
7153 RAMPART WAY
PENSACOLA, FL. 32505 US

FILED
Apr 30, 2015
Secretary of State
CC5924095912

2015 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003553

Entity Name: ANOTHER CHANCE TRANSITIONAL SERVICES, INC.

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	RANKINS, LEON III	Name	RANKINS, EDNA
Address	7153 RAMPART WAY	Address	7153 RAMPART WAY
City-State-Zip:	PENSACOLA FL 32505	City-State-Zip:	PENSACOLA FL 32505

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEON RANKINS III PRESIDENT 04/30/2015
Electronic Signature of Signing Officer/Director Detail — Date

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.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
6 Another Chance Transitional Services, Inc.

2 Business name/disregarded entity name, if different from above
ACTS, Inc.

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ______
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 1
Exemption from FATCA reporting code (if any) ______
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2101 N Pace Blvd.

6 City, state, and ZIP code
Pensacola, FL 32505

Requester's name and address (optional)
The Escambia County Commission
221 N Palafox Street
Pensacola, FL 32501

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
4 6 – 2 6 0 3 5 4 7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶ 5/1/15

General Instructions

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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- 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 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:

1. Certify that the TIN you 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 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.

March 23, 2015

The Able Trust

Tallahassee, FL

To Whom It May Concern:

My name is Stephanie 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 out 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.

Sincerely,

Stephanie D. Davis

Stephanie Davis

700 W. Hernandez St.

Pensacola, FL 32501

April 3, 2015

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.

Sincerely,

Ruby Lewis
4/3/2015
2412 W. Avery St., Apt. #B

Pensacola, FL 32505

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
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

SENATOR GREG EVERS
2nd District

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

Greg Evers, State Senator
District 2

REPLY TO:
☐ 209 East Zaragoza Street, Pensacola, Florida 32502-6048 (850) 595-0213 FAX: (888) 263-0013
☐ 308 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5002
☐ 5234 Willing Street, Milton, FL 32570 (850) 564-1026 FAX: (850) 564-1170

Senate's Website: *www.flsenate.gov*

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore

Katie L. Macarthur

From: Sheila Kovacs [skovacs1717@gmail.com]
Sent: Thursday, July 30, 2015 12:26 PM
To: 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: Sheila Kovacs [mailto:skovacs1717@gmail.com]
Sent: Thursday, July 30, 2015 10:43 AM
To: Katie 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: Sheila Kovacs [mailto:skovacs1717@gmail.com]
Sent: Thursday, July 30, 2015 9:44 AM
To: Katie L. Macarthur; leon rankins
Subject: Re: Re:

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			
Memberships			
Investment Income			
Other Income			
Total Income	16,000.00	16,000.00	16,000.00

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	**Current Budget Year**	**Proposed Budget Year**
Total Staffing			
Salaries and Wages	11,069.00	22,324.00	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			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

0000069 10/15/12

DEPARTMENT OF REVENUE

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.

DEPARTMENT OF REVENUE

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.

3. 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.

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: 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:

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

<u>Expenses</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
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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**

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

A For the 2013 calendar year, or tax year beginning 07/01/13 , and ending 06/30/14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: Community Organizations Active in Disasters, Inc.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1301 W Government Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Pensacola FL 32502

D Employer identification number: 20-4815891

E Telephone number: 850-444-7135

G Gross receipts $ 686,061

F Name and address of principal officer:
Greg Strader
1301 W Government Street
Pensacola FL 32502

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.bereadyalliance.org/

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	2980
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	219,797	418,758
	9 Program service revenue (Part VIII, line 2g)	238,339	251,180
	10 Investment 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)	16,070	8,900
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	475,745	680,275
Expenses	13 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)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	156,686	178,167
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,086		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	377,298	408,074
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	533,984	586,241
	19 Revenue less expenses. Subtract line 18 from line 12	-58,239	94,034
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,590,910	1,639,763
	21 Total liabilities (Part X, line 26)	1,556,094	1,510,913
	22 Net assets or fund balances. Subtract line 21 from line 20	34,816	128,850

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.

COPY

Sign Here

▶ Signature of officer | Date

▶ Greg Strader | Executive Director
Type or print name and title

Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael D. Thornton				P00150049

Firm's name ▶ Brown Thornton Pacenta & Company, PA
Firm's EIN ▶ 59-3478013

Firm's address ▶ P.O. Box 12484
Pensacola, FL 32591
Phone no. 850-434-3146

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Part 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:

See Schedule O

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 $ 377,835 including grants of $) (Revenue $)

Heritage Oaks Mobile Home Park - Providing mitigated manufactured housing for low income residents, supported by wrap around services, including case management, financial literacy training, youth character building services and recreation.

4b (Code:) (Expenses $ 47,416 including grants of $) (Revenue $)

Preparedness & Mitigation - Enhancing resilience through a community based disaster coalition, with emphasis on emergency preparedness & public safety education, financial literacy and stability through training, drills and exercises for children, youth, teens and adults and the coordination of Citizen Corps and Community Emergency Response Team (CERT), making the community safer, stronger and better prepared for emergencies of all kinds, enhance economic stability and serve as a force multiplier for Emergency Management.

4c (Code:) (Expenses $ 49,995 including grants of $) (Revenue $)

Response & Deepwater Horizon - Coordination of human services for individuals and families impacted by emergencies or disaster through a community based disaster coalition responsible for volunteers and donations that includes providing childcare for first responders, provision of emergency services for persons with disabilities, the homebound and others with functional needs like language barriers and coordinate volunteers and donations during major emergencies.

4d Other program services. (Describe in Schedule O.)

(Expenses $ 75,048 including grants of $) (Revenue $)

4e Total program service expenses ▶ 550,294

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	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		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, 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 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		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, VII, 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	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	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
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
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?	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		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 fundraising 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
	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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	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		
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 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		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):			
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		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		X
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	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, Parts 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
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	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 Schedule O	38	X	

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	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A			2b		
	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		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		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 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		X
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		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).**					
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		
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	7d				
e	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?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A			7g		X
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
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		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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 ☒

ction 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	1a	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
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	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		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		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	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 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

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?	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	
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	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☒ 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 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: ▶ Greg Strader 1301 W. Government Street
Pensacola FL 32502 850-444-7135

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 ☐

ction 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 organizations 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bob Greene oard member	1.00 0.00	X						0	0	0
(2) Scott Luth Board member	1.00 0.00	X						0	0	0
(3) Pat Crawford Board member	1.00 0.00	X						0	0	0
(4) Mike Eddins Board member	1.00 0.00	X						0	0	0
(5) Brunie Emmanuel Chair Prgm &Services	1.00 0.00	X		X				0	0	0
(6) Burt Fenters Board member	1.00 0.00	X						0	0	0
(7) Charlene Damron Board member	1.00 0.00	X						0	0	0
(8) Doug Rehm Treasurer	1.00 0.00	X		X				0	0	0
(9) Tom Hilton Secretary	1.00 0.00	X		X				0	0	0
(10) Kermit E Housh Past Chair	1.00 0.00	X						0	0	0
(11) Sandra Jackson-McMurray Board member	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(12) David Lister Board Member	1.00 0.00	X						0	0	0
(13) Buzz Ritchie Vice Chair	1.00 0.00	X		X				0	0	0
(14) Sue Straughn Chair	1.00 0.00	X		X				0	0	0
(15) Malcolm Thomas Board member	1.00 0.00	X						0	0	0
(16) Randal Rudd Board member	1.00 0.00	X						0	0	0
(17) Paul Wilson Board member	1.00 0.00	X						0	0	0
(18) Greg Strader ecutive Director	40.00 0.00			X				56,723	0	0
(19) Chip Fox Ex-Officio	1.00 0.00						X	0	0	0
1b Sub-total ▶								56,723		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								56,723		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
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	4		X
5	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	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) Name and business address	(B) Description of services	(C) Compensation

2 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 VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Garrett Walton Ex-Officio	1.00 0.00						X	0	0	0
(13) Janice Kilgore Ex-Officio	1.00 0.00						X	0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

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 in reportable compensation from the organization ▶

		Yes	No
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		
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	4		
5 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	5		

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) Name and business address	(B) Description of services	(C) Compensation

2 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 VIII Statement of Revenue

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

	Line	Item			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	265,570				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	153,188				
	g	Noncash contributions included in lines 1a-1f: $						
	h	Total. Add lines 1a–1f ▶			418,758			
Program Service Revenue				Busn. Code				
	2a	Heritage Oaks Rental Income		531110	251,180			251,180
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a–2f ▶			251,180			
	3	Investment income (including dividends, interest, and other similar amounts) ▶			1,223			1,223
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	c	Rental inc. or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		6,000				
	b	Less: cost or other basis & sales exps.		5,786				
	c	Gain or (loss)		214				
	d	Net gain or (loss) ▶			214	214		
Other Revenue	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Busn. Code				
	11a	Other Miscellanous Income		900099	4,800	4,800		
	b	Annual Meeting		900099	4,100	4,100		
	c							
	d	All other revenue						
	e	Total. Add lines 11a–11d ▶			8,900			
	12	Total revenue. See instructions. ▶			680,275	9,114	0	252,403

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 ☐

	not include amounts reported on lines 6b, 7b, 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 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 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	178,167	157,256	18,868	2,043
8	Pension plan accruals 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	4,643	4,411	232	
c	Accounting	15,786	14,997	789	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	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				
13	Office expenses	13,018	11,065	1,953	
14	Information technology				
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 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				
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	
c	Outside contract services	67,025	63,524	3,501	
d	Program supplies	17,894	17,894		
e	All other expenses	50,107	47,752	2,036	319
.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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing			109,214	1	147,592
	2	Savings and temporary cash investments			104,255	2	105,341
	3	Pledges and grants receivable, net				3	77,460
	4	Accounts receivable, net			21,644	4	19,979
	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				6	
	7	Notes and loans receivable, net				7	
	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 other basis. Complete Part VI of Schedule D	10a	1,467,525			
	b	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				13	
	14	Intangible assets			2,041	14	1,341
	15	Other assets. See Part IV, line 11			6,053	15	5,977
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,590,910	16	1,639,763
Liabilities	17	Accounts payable and accrued expenses			40,036	17	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 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	
	23	Secured mortgages and notes payable to unrelated third parties			1,513,333	23	1,420,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			2,725	25	
	26	**Total liabilities.** Add lines 17 through 25			1,556,094	26	1,510,913
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			34,816	27	108,136
	28	Temporarily restricted net assets				28	20,714
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			34,816	33	128,850
	34	Total liabilities and net assets/fund balances			1,590,910	34	1,639,763

Part 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	680,275
2	Total expenses (must equal Part IX, column (A), line 25)	2	586,241
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	128,850

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 ☒ 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 separate basis, consolidated basis, or both: ☐ 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?	2c	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)

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.**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: Community Organizations Active in Disasters, Inc.

Employer identification number: 20-4815891

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

DAA

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.)

ction 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 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2013.** 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—2012.** 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—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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

ction 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.")	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						
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						
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	Add lines 7a and 7b						
8	**Public support** (Subtract line 7c from line 6.)						1,876,399

Section B. Total Support

	lendar 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
10a	Gross income from interest, dividends, payments received on securities loans, rents, 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						
c	Add lines 10a and 10b	4,203	2,812	1,951	1,539	1,223	11,728
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.)	74,829	142,989	514,503	475,745	680,061	1,888,127

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, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.38 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	98.68 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	1 %

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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

2013

ne of the organization Community Organizations Active in Disasters, Inc.	Employer identification number 20-4815891

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the $33\frac{1}{3}$ % 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, 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 ▶ $ ....

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

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

Name of organization	Employer identification number
Community Organizations Active	20-4815891

art 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	State of Florida Division of Emergency Management 2555 Shumard Oak Boulevard Tallahassee FL 32399	$ 117,950	Person ☒ 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 Neighborhood Enterprise Division 221 Palafox Place, Suite 200 Pensacola FL 32502	$ 93,333	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	United Way of Escambia County 1301 W. Government Street Pensacola FL 32502	$ 20,714	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Corporation for National Community Service 1201 New York Avenue, NW Washington DC 20525	$ 54,287	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	Centene Charitable Foundation 7700 Forsyth Boulevard St. Louis MO 63105	$ 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
6	Sunshine State Health Plan 1301 International Parkway Sunrise FL 33323	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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 Inspection

e of the organization
Community Organizations Active
in Disasters, Inc.

Employer identification number
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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶

7 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 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 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 ▶ $

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $
b Assets included in Form 990, Part X ▶ $

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.
Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ ...... %
b Permanent endowment ▶ ...... %
c Temporarily restricted endowment ▶ ...... %
The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		389,076		389,076
b Buildings		17,888	2,134	15,754
c Leasehold improvements		726,570	102,232	624,338
d Equipment		6,457	5,982	475
e Other		327,534	83,943	243,591
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				1,273,234

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. (Column (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)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(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) line 15.) ▶	

Part X **Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements			1	823,667
2	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	143,392		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	143,392
3	Subtract line 2e from line 1			3	680,275
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	680,275

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.

1	Total expenses and losses per audited financial statements			1	729,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	143,392		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	143,392
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	586,241

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 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.

Part XIII Supplemental Information (continued)

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 **2013** Open to Public Inspection

Name of the organization: Community Organizations Active in Disasters, Inc.

Employer identification number: 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 communication, cooperation, collaberation, 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, and 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 actual financial transactions is low. Therefore, staff and the Executive Committe, based on their knowledge of the business affiliations of board members and staff, are able to effectively identify circumstances where a

Name of the organization	Employer identification number
Community Organizations Active	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.

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.

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 black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07/01/12 , and ending 06/30/13

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Community Organizations Active in Disasters, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 1301 W Government Street Room/suite City, town or post office, state, and ZIP code Pensacola FL 32502	D Employer identification number 20-4815891 E Telephone number 850-444-7135 G Gross receipts $ 479,245

F Name and address of principal officer:
Greg Strader
1301 W Government Street
Pensacola FL 32502

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.bereadyalliance.org/

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	1800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	298,422	219,797
	9	Program service revenue (Part VIII, line 2g)	204,188	238,339
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,251	1,539
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,942	16,070
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	519,803	475,745
Expenses	13	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)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	152,862	156,686
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,347		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	352,425	377,298
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	505,287	533,984
	19	Revenue less expenses. Subtract line 18 from line 12	14,516	-58,239

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,734,315	1,590,910
	21	Total liabilities (Part X, line 26)	1,641,260	1,556,094
	22	Net assets or fund balances. Subtract line 21 from line 20	93,055	34,816

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.

Sign Here

▶ Gregory D. Strader
Signature of officer Date

▶ Greg Strader Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Michael D. Thornton	Preparer's signature	Date 12/13/13	Check ☐ if self-employed	PTIN P00150049
Firm's name ▶ Brown Thornton Pacenta & Company, PA			Firm's EIN ▶ 59-3478013	
Firm's address ▶ P.O. Box 12484 Pensacola, FL 32591			Phone no. 850-434-3146	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

1 Briefly describe the organization's mission:

See Schedule O

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
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 $ 338,959 including grants of $) (Revenue $)

Heritage Oaks Mobile Home Park - Providing mitigated manufactured housing for low income residents, supported by wrap around services, including case management, financial literacy training, youth character building services and recreation.

4b (Code:) (Expenses $ 87,920 including grants of $) (Revenue $)

Preparedness & Mitigation - Enhancing resilience through a community based disaster coalition, with emphasis on emergency preparedness & public safety education, financial literacy and stability through training, drills and exercises for children, youth, teens and adults and the coordination of Citizen Corps and Community Emergency Response Team (CERT), making the community safer, stronger and better prepared for emergencies of all kinds, enhance economic stability and serve as a force multiplier for Emergency Management.

4c (Code:) (Expenses $ 26,320 including grants of $) (Revenue $)

Response & Deepwater Horizon - Coordination of human services for individuals and families impacted by emergencies or disaster through a community based disaster coalition responsible for volunteers and donations that includes providing childcare for first responders, provision of emergency services for persons with disabilities, the homebound and others with functional needs like language barriers and coordinate volunteers and donations during major emergencies.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 51,134 including grants of $) (Revenue $)

4e Total program service expenses ▶ 504,333

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	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		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, 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 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		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, VII, 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	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	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
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
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?	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		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 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
	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	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	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 25	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		
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 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 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
b	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		X
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	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, Parts 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
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	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 Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	4			
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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 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		X
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		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).**					
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		
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	7d				
e	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?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A			7g		X
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
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		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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 to any question in this Part VI ☒

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	1a	19			
	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	1b	19			
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	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		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		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	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 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

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?	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	
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	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Greg Strader 1301 W. Government Street

Pensacola FL 32502 850-444-7135

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

Check if Schedule O contains a response to any question in this Part VII ☐

ion 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 organizations 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) Bob Greene Board member	1.00 0.00	X						0	0	0
Scott Luth Board member	1.00 0.00	X						0	0	0
(3) Mark Dufva Board member	1.00 0.00	X						0	0	0
(4) Mike Eddins Board member	1.00 0.00	X						0	0	0
(5) Brunie Emmanuel Chair Prgm & Ldrship	1.00 0.00	X		X				0	0	0
(6) Burt Fenters Board member	1.00 0.00	X						0	0	0
(7) Hugh Hamilton Board member	1.00 0.00	X						0	0	0
(8) Peter Robinson Board Member	1.00 0.00	X						0	0	0
(9) Tom Hilton Secretary	1.00 0.00	X		X				0	0	0
(10) Kermit E Housh Chair	1.00 0.00	X		X				0	0	0
(11) Sandra Jackson-McMurray Board member	1.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(12) David Lister Treasurer	1.00 0.00	X		X				0	0	0
(13) Buzz Ritchie Board member	1.00 0.00	X						0	0	0
(14) Sue Straughn Vice Chair	1.00 0.00	X		X				0	0	0
(15) Jeff Rogers Board member	1.00 0.00	X						0	0	0
(16) Malcolm Thomas Board member	1.00 0.00	X						0	0	0
(17) Don Turner Board member	1.00 0.00	X						0	0	0
(18) Randal Rudd ard member	1.00 0.00	X						0	0	0
(19) Paul Wilson Board member	1.00 0.00	X						0	0	0

		(D)	(E)	(F)
1b	Sub-total ▶			
c	Total from continuation sheets to Part VII, Section A ▶	55,074		
d	Total (add lines 1b and 1c) ▶	55,074		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
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	4		X
5	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	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) Name and business address	(B) Description of services	(C) Compensation

2 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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Greg Strader Executive Director	40.00 0.00			X				55,074	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

		(D)	(E)	(F)
1b	Sub-total ▶	55,074		
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 in reportable compensation from the organization ▶

			Yes	No
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		
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	4		
5	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	5		

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) Name and business address	(B) Description of services	(C) Compensation

2 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 VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	143,846				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	75,951				
	g	Noncash contributions included in lines 1a-1f:	$	7,551				
	h	Total. Add lines 1a–1f ▶			219,797			
Program Service Revenue			Busn. Code					
	2a	Heritage Oaks Rental Income	531110		238,339			238,339
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a–2f ▶			238,339			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			1,539			1,539
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	c	Rental inc. or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		3,500				
	b	Less: cost or other basis & sales exps.	-	3,500				
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ .... of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Busn. Code					
	11a	Other Revenue	900099		11,000	11,000		
	b	Annual Meeting	900099		4,120	4,120		
	c	Other Miscellanous Income	900099		950	950		
	d	All other revenue						
	e	Total. Add lines 11a–11d ▶			16,070			
	12	Total revenue. See instructions. ▶			475,745	16,070	0	239,878

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 to any question in this Part IX ☒

	o not include amounts reported on lines 6b, 7b, 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 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 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	865	822	43	
c	Accounting	14,983	14,234	749	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	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				
13	Office expenses	12,564	10,677	1,887	
14	Information technology				
15	Royalties				
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.)				
a	Repairs and maintenance	73,777	73,560	217	
b	Utilities	52,510	52,510		
c	Program supplies	26,570	26,570		
d	Uncollectable accounts	25,636	25,636		
	All other expenses	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 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)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing			211,765	1	109,214
	2	Savings and temporary cash investments			103,252	2	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 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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			12,996	9	14,077
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,473,525			
	b	Less: accumulated depreciation	10b	139,899	1,382,606	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	14	2,041
	15	Other assets. See Part IV, line 11			819	15	6,053
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,734,315	16	1,590,910
Liabilities	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 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	
	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 parties				24	
	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			2,440	25	2,725
	26	**Total liabilities.** Add lines 17 through 25			1,641,260	26	1,556,094
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			31,051	27	34,816
	28	Temporarily restricted net assets			62,004	28	
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			93,055	33	34,816
	34	Total liabilities and net assets/fund balances			1,734,315	34	1,590,910

Part XI 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)	1	475,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	533,984
3	Revenue less expenses. Subtract line 2 from line 1	3	-58,239
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,055
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	34,816

Part 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 ☒ 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? 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	2a		X
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	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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)

rtment of the Treasury
al 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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: Community Organizations Active in Disasters, Inc.

Employer identification number: 20-4815891

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

DAA

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.)

ction A. Public Support

alendar 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.")						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 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 ▶ ☐

b **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 ▶ ☐

17a **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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

ction A. Public Support

Calendar 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						
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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						1,861,319

Section B. Total Support

endar 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 securities loans, rents, royalties and income from similar sources	14,451	4,203	2,812	1,951	1,539	24,956
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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	74,829	142,989	514,503	475,745	1,886,275

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, check this box and **stop here** ▶ ☒

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

33 1/3% support tests—2012. 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 ▶ ☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

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. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization
Community Organizations Active in Disasters, Inc.

Employer identification number
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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	2b	
	Number of conservation easements on a certified historic structure included in (a)	2c	
	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 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, 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 ▶

7 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 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 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 ▶ $

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $
b Assets included in Form 990, Part X ▶ $

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

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
Grants or scholarships					
Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .... %

b Permanent endowment ▶ .... %

c Temporarily restricted endowment ▶ .... %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		389,076		389,076
b Buildings		17,888	1,675	16,213
c Leasehold improvements		726,570	70,043	656,527
d Equipment		6,457	4,984	1,473
e Other		333,534	63,197	270,337
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				1,333,626

Part VII Investments—Other Securities. 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
inancial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
l. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Other Liabilities	2,725
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,725

2. FIN 48 (ASC 740) Footnote. 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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	573,261
2	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	97,516		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	97,516
3	Subtract line 2e from line 1			3	475,745
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	475,745

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	631,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	97,516		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	97,516
3	Subtract line 2e from line 1			3	533,984
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	533,984

Part XIII Supplemental Information

Complete this part to 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.

Part XIII Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)
D   ment of the Treasury
I   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.

OMB No. 1545-0047
2012
Open to Public Inspection

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, collaberation, 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

Name of the organization: Community Organizations Active

Employer identification number: 20-4815891

embers and staff, are able to effectively identify circumstances where a conflict 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.

Form 990, Part IX, Line 24e - Other Expenses

Description Amount

Project management

$ 21,171 $ 0 $ 0

Outside contract services

Name of the organization
Community Organizations Active

Employer identification number
20-4815891

	$ 10,085	$ 500	$ 0
Training and development			
	$ 6,556	$ 1,639	$ 0
Direct assistance			
	$ 7,551	$ 0	$ 0
Telephone			
	$ 5,310	$ 590	$ 0
Eligibility screening			
	$ 5,856	$ 0	$ 0
Membership dues			
	$ 3,290	$ 581	$ 0
Taxes and licenses			
	$ 3,209	$ 357	$ 0
Marketing and promotions			
	$ 1,988	$ 0	$ 75
Printing and copying			
	$ 1,395	$ 265	$ 200
Special events			
	$ 1,057	$ 0	$ 0
Postage			
	$ 426	$ 72	$ 72
Bank Charges			
	$ 0	$ 1	$ 0

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.

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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:	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:	lgarrett@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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

1) Budget
2) Budget - draft)
3) IRS For
4) 501 (c) (ination Docume
5) Original ated 3/27/15

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

REVENUES		BUDGET 2015
FEDERAL FUNDING		
OAAIIIC1	$	487,650
OAAIIIC2	$	275,717
OAAIIIB	$	318,665
OAAIIIE	$	150,313
NSIP	$	71,435
CNS-FGP	$	524,310
ADULT CARE FOOD PROGRAM	$	15,616
VA	$	175,000
CDBG CITY	$	65,000
CDBG RURAL	$	47,000
EF&S	$	5,092
SUBTOTAL FEDERAL FUNDING		[illegible]
STATE FUNDING		
CCE	$	940,935
CCDA	$	-
ADI	$	337,353
HCE	$	218,520
MEDICAID WAIVER	$	-
RELIEF	$	48,000
SUBTOTAL STATE FUNDING		[illegible]
LOCAL FUNDING		
GR ESC COUNTY	$	38,000
GR SR COUNTY	$	36,150
UNITED WAY - ESC CTY	$	24,500
UNITED WAY ALLOC	$	62,000
UNITED WAY CFC	$	2,500
UNITED WAY DESIGNATIONS	$	15,000
UNITED WAY FSECC	$	1,000
UNITED WAY SANTA ROSA	$	5,000
UNITED WAY OTHER	$	2,500
AMERICAN ELDERCARE	$	420,000
SUNSHINE TANGO HEALTHPLAN	$	80,000
SUBTOTAL LOCAL FUNDING		[illegible]
IN-KIND SUPPORT		
IN-KIND	$	224,000
SUBTOTAL IN-KIND SUPPORT		[illegible]
CONSUMER/[illegible] FUNDING		
PROGRAM INCOME	$	55,000
COPAY	$	25,000
PRIVATE PAY	$	100,000
SUBTOTAL CONSUMER/[illegible] FUNDING		[illegible]
EVENTS/[illegible]		
FUNDRAISING EVENT	$	134,275
GENERAL REVENUE DONATIONS	$	60,000
CIRCLE OF FRIENDS	$	14,000
FR CAMPAIGN	$	7,000
SEASONAL DONATIONS	$	2,500
PUBLIC INFORMATION SPONSORSHIPS	$	2,500
GOLF TOURNAMENT DONATION	$	15,000
[illegible]		[illegible]
OTHER [illegible]		
VOLUNTEER DISCRETIONARY FUND	$	350
BOARD LUNCHES	$	365
RECOGNITION	$	2,050
AGENCY ACTIVITY	$	1,500
DAYCARE ACTIVITIES	$	1,800
WEATHERIZATION	$	2,400
WHEELCHAIR RAMP	$	500
EMERGENCY AIDE	$	2,400
SUBTOTAL OTHER [illegible]		[illegible]

EXPENSES	BUDGET 2015	
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
TOTAL EXPENSES		[illegible]

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

[illegible]	[illegible]
FEDERAL FUNDING	
OAAIIIC1	$ 487,650
OAAIIIC2	$ 275,717
OAAIIIB	$ 318,665
OAAIIIE	$ 150,313
NSIP	$ 71,435
CNS-FGP	$ 524,310
ADULT CARE FOOD PROGRAM	$ 15,616
VA	$ 175,000
CDBG CITY	$ 65,000
CDBG RURAL	$ 47,000
EF&S	$ 5,092
[illegible]	[illegible]
[illegible]	
CCE	$ 940,935
CCDA	$ -
ADI	$ 337,353
HCE	$ 218,520
MEDICAID WAIVER	$ -
RELIEF	$ 48,000
[illegible]	[illegible]
[illegible]	
GR ESC COUNTY	$ 38,000
GR SR COUNTY	$ 36,150
UNITED WAY - ESC CTY	$ 24,500
UNITED WAY ALLOC	$ 62,000
UNITED WAY CFC	$ 2,500
UNITED WAY DESIGNATIONS	$ 15,000
UNITED WAY FSECC	$ 1,000
UNITED WAY SANTA ROSA	$ 5,000
UNITED WAY OTHER	$ 2,500
AMERICAN ELDERCARE	$ 300,000
SUNSHINE TANGO HEALTHPLAN	$ 80,000
NONRECURRING GRANTS	$ 4,000
[illegible]	[illegible]
[illegible]	
IN-KIND	$ 224,000
[illegible]	[illegible]
[illegible]	
PROGRAM INCOME	$ 55,000
COPAY	$ 25,000
PRIVATE PAY	$ 100,000
[illegible]	[illegible]
[illegible]	
FUNDRAISING EVENT	$ 134,275
GENERAL REVENUE DONATIONS	$ 60,000
CIRCLE OF FRIENDS	$ 14,000
FR CAMPAIGN	$ 7,000
SEASONAL DONATIONS	$ 2,500
PUBLIC INFORMATION SPONSORSHIPS	$ 2,500
GOLF TOURNAMENT DONATION	$ 15,000
[illegible]	[illegible]
[illegible]	
VOLUNTEER DISCRETIONARY FUND	$ 350
BOARD LUNCHES	$ 365
RECOGNITION	$ 2,050
AGENCY ACTIVITY	$ 1,500
DAYCARE ACTIVITIES	$ 1,800
WEATHERIZATION	$ 2,400
WHEELCHAIR RAMP	$ 500
EMERGENCY AIDE	$ 2,400
[illegible]	[illegible]

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

EXPENSES		BUDGET 2016
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
TOTAL EXPENSES		[illegible]

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

[illegible]		[illegible]
FEDERAL FUNDING		
OAAIIIC1	$	487,650
OAAIIIC2	$	275,717
OAAIIIB	$	318,665
OAAIIIE	$	150,313
NSIP	$	71,435
CNS-FGP	$	524,310
ADULT CARE FOOD PROGRAM	$	15,616
VA	$	175,000
CDBG CITY	$	65,000
CDBG RURAL	$	47,000
EF&S	$	5,092
[illegible]		[illegible]
[illegible]		
CCE	$	940,935
CCDA	$	-
ADI	$	337,353
HCE	$	218,520
MEDICAID WAIVER	$	-
RELIEF	$	48,000
[illegible]		[illegible]
[illegible]		
GR ESC COUNTY	$	38,000
GR SR COUNTY	$	36,150
UNITED WAY - ESC CTY	$	24,500
UNITED WAY ALLOC	$	62,000
UNITED WAY CFC	$	2,500
UNITED WAY DESIGNATIONS	$	15,000
UNITED WAY FSECC	$	1,000
UNITED WAY SANTA ROSA	$	5,000
UNITED WAY OTHER	$	2,500
AMERICAN ELDERCARE	$	300,000
SUNSHINE TANGO HEALTHPLAN	$	80,000
NONRECURRING GRANTS	$	4,000
[illegible]		[illegible]
[illegible]		
IN-KIND	$	224,000
[illegible]		[illegible]
[illegible]		
PROGRAM INCOME	$	55,000
COPAY	$	25,000
PRIVATE PAY	$	100,000
[illegible]		[illegible]
[illegible]		
FUNDRAISING EVENT	$	134,275
GENERAL REVENUE DONATIONS	$	60,000
CIRCLE OF FRIENDS	$	14,000
FR CAMPAIGN	$	7,000
SEASONAL DONATIONS	$	2,500
PUBLIC INFORMATION SPONSORSHIPS	$	2,500
GOLF TOURNAMENT DONATION	$	15,000
[illegible]		[illegible]
[illegible]		
VOLUNTEER DISCRETIONARY FUND	$	350
BOARD LUNCHES	$	365
RECOGNITION	$	2,050
AGENCY ACTIVITY	$	1,500
DAYCARE ACTIVITIES	$	1,800
WEATHERIZATION	$	2,400
WHEELCHAIR RAMP	$	500
EMERGENCY AIDE	$	2,400
[illegible]		[illegible]

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

[illegible] EXPENSES		BUDGET 2016
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
TOTAL EXPENSES		[illegible]

Extended to August 17, 2015

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)

▶ 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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: Council on Aging of West Florida, Inc.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): PO Box 17066 Room/suite
City or town, state or province, country, and ZIP or foreign postal code: Pensacola, FL 32522

D Employer identification number: 59-1373939
E Telephone number: (850)432-1475
G Gross receipts $ 5,958,159.

F Name and address of principal officer: John B. Clark
same as C above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ www.coawfla.org
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1972 M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: See Schedule O.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	60
6	Total number of volunteers (estimate if necessary)	6	173
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,875,768.	5,098,121.
	9	Program service revenue (Part VIII, line 2g)	1,097,510.	753,842.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,761.	42,210.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,698.	10,850.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,009,737.	5,905,023.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,806,297.	1,629,456.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 134,279.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,014,422.	3,653,667.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,820,719.	5,283,123.
	19	Revenue less expenses. Subtract line 18 from line 12	189,018.	621,900.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,996,506.	2,712,056.
	21	Total liabilities (Part X, line 26)	822,595.	940,776.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,173,911.	1,771,280.

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.

Sign Here
▶ Signature of officer — Date: 7.13.15
▶ John B. Clark, President/CEO
Type or print name and title

CLIENT'S COPY

Paid Preparer Use Only	Print/Type preparer's name David Lister, CPA	Preparer's signature David Lister, CPA	Date 07/07/15	Check ☐ if self-employed	PTIN P00627283
	Firm's name ▶ Saltmarsh, Cleaveland & Gund			Firm's EIN ▶ 59-2922169	
	Firm's address ▶ 900 North 12th Avenue Pensacola, FL 32501			Phone no. 850-435-8300	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

Part 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 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? ☐ Yes ☒ No

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 ☒ No

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 $ 594,631. including grants of $) (Revenue $ 264,956.)

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 $ 760,350. including grants of $) (Revenue $ 0.)

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 $ 0.)

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.)

4e Total program service expenses ▶ 4,895,947.

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	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, 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 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		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, VII, 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	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*	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
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	
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?	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		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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		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		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*	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		
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*	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'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 "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 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	
b	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		X
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	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		X
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*	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 Schedule O	38	X	

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	1a	47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	60			
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		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		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?			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).**					
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		
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	7d				
e	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, boats, airplanes, or other vehicles, did 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		
9	**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		
10	**Section 501(c)(7) organizations.** Enter:					
a	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 25		
	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	1b 24		
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	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		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		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	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 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

Section 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	
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ 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: ▶

Laura Garrett - (850)432-1475
875 Royce Street, Pensacola, FL 32503

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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) DeeDee Davis Chairperson	1.00	X		X				0.	0.	0.
(2) Caron Sjoberg First Vice Chairperson	1.00	X		X				0.	0.	0.
(3) Robert Mills Second Vice Chairperson	1.00	X		X				0.	0.	0.
(4) J. M. Novota Treasurer	1.00	X		X				0.	0.	0.
(5) P.C. Wu Secretary	1.00	X		X				0.	0.	0.
(6) Lorenzo Aguilar Member	1.00	X						0.	0.	0.
(7) Malcom Ballinger Member	1.00	X						0.	0.	0.
(8) Dr. James R. Barnett Member	1.00	X						0.	0.	0.
(9) Sonya Daniel Member	1.00	X						0.	0.	0.
(10) Rabbi Joel Fleekop Member	1.00	X						0.	0.	0.
(11) Dr. Thomas Lampone Member	1.00	X						0.	0.	0.
(12) Kathleen Logan Member	1.00	X						0.	0.	0.
(13) Lumon May Member	1.00	X						0.	0.	0.
(14) Larry Mosley Member	1.00	X						0.	0.	0.
(15) John Peacock Member	1.00	X						0.	0.	0.
(16) Tara Peterson Member	1.00	X						0.	0.	0.
(17) Diane L. Scott Member	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(18) Monica Sherman Member	1.00	X						0.	0.	0.
(19) Sue Straughn Member	1.00	X						0.	0.	0.
(20) Andy Marlette Member	1.00	X						0.	0.	0.
(21) Edgar M. Turner Member	1.00	X						0.	0.	0.
(22) Dona Usry Member	1.00	X						0.	0.	0.
(23) Marie K. Young Member	1.00	X						0.	0.	0.
(24) Richard Tuten Member	1.00	X						0.	0.	0.
(25) John Clark CEO/President	40.00	X		X				103,785.	0.	13,418.
(26) Laura Garrett Executive Vice President	40.00			X				87,466.	0.	12,585.
1b Sub-total ▶								191,251.	0.	26,003.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								191,251.	0.	26,003.

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 ▶ 1

			Yes	No
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*	4		X
5	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*	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) 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 listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	104,101.				
	b	Membership dues	1b					
	c	Fundraising events	1c	120,075.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,164,004.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	709,941.				
	g	Noncash contributions included in lines 1a-1f: $		121,704.				
	h	Total. Add lines 1a-1f ▶			5,098,121.			
Program Service Revenue			Business Code					
	2 a	Contracts	900099		507,753.	507,753.		
	b	Fed/State Medicaid Wai	900099		121,475.	121,475.		
	c	Private Pay/Fee for Se	900099		103,485.	103,485.		
	d	Co-Pay/Assessed Fees/P	900099		18,676.	18,676.		
	e							
	f	All other program service revenue	900099		2,453.	2,453.		
	g	Total. Add lines 2a-2f ▶			753,842.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			42,210.	42,210.		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	24,838.					
	b	Less: cost or other basis and sales expenses	24,838.					
	c	Gain or (loss)	0.					
	d	Net gain or (loss) ▶			0.			
	8 a	Gross income from fundraising events (not including $ 120,075. of contributions reported on line 1c). See Part IV, line 18	a	38,160.				
	b	Less: direct expenses	b	28,298.				
	c	Net income or (loss) from fundraising events ▶			9,862.			9,862.
	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	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11 a	Miscellaneous Revenue	900099		988.	988.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			988.			
	12	Total revenue. See instructions. ▶			5,905,023.	797,040.	0.	9,862.

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, 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 domestic organizations 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, trustees, and key employees				
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	1,269,459.	788,224.	415,860.	65,375.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,041.	29,818.	16,182.	2,041.
9	Other employee benefits	119,327.	74,063.	40,194.	5,070.
10	Payroll taxes	192,629.	119,560.	64,884.	8,185.
11	Fees for services (non-employees):				
a	Management				
b	Legal	895.	412.	483.	
c	Accounting	25,700.	11,822.	13,878.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,472.	7,577.	8,895.	
12	Advertising and promotion	5,158.	2,248.	2,581.	329.
13	Office expenses	112,035.	55,003.	45,545.	11,487.
14	Information technology	1,237.	742.	383.	112.
15	Royalties				
16	Occupancy	65,634.	45,202.	19,319.	1,113.
17	Travel	45,240.	38,449.	5,778.	1,013.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	16,408.		16,408.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,954.		76,954.	
23	Insurance	33,417.	17,135.	15,442.	840.
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	Subcontractor Expense	2,445,145.	2,444,640.	505.	
b	Volunteer Expense	457,093.	457,012.	14.	67.
c	Program Supplies	135,861.	90,150.	45,081.	630.
d	Allocation of managemen	0.	554,854.	-587,683.	32,829.
e	All other expenses	216,418.	159,036.	52,194.	5,188.
25	**Total functional expenses.** Add lines 1 through 24e	5,283,123.	4,895,947.	252,897.	134,279.
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)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	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 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 instr). Complete Part II of Sch L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,103.	9	914.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,510,014.			
	b	Less: accumulated depreciation	10b	732,771.	757,356.	10c	777,243.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			301,328.	12	468,759.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,048.	15	5,048.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,996,506.	16	2,712,056.
Liabilities	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	
	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	
	23	Secured mortgages and notes payable to unrelated third parties			323,996.	23	312,577.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			16,011.	25	15,218.
	26	**Total liabilities.** Add lines 17 through 25			822,595.	26	940,776.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			1,173,911.	27	1,771,280.
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,173,911.	33	1,771,280.
	34	Total liabilities and net assets/fund balances			1,996,506.	34	2,712,056.

Part 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	5,905,023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,283,123.
3	Revenue less expenses. Subtract line 2 from line 1	3	621,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,173,911.
5	Net unrealized gains (losses) on investments	5	-24,531.
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	1,771,280.

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 ☒ 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 separate basis, consolidated basis, or both: ☒ 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?	2c		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	X	

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.*	OMB No. 1545-0047 **2014** **Open to Public Inspection**

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

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.	4,336,501.	4,782,225.	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.	4,782,225.	3,875,768.	5,712,566.	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) ▶	(a) 2010	(b) 2011	(c) 2012	(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 and income from similar sources	194.	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.	9,181.	1,539.	6,320.	988.	38,894.
11 **Total support.** Add lines 7 through 10						23,909,591.

12 Gross receipts from related activities, etc. (see instructions) 12 3,858,623.

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)) 14 99.55 %

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 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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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.")						
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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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'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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2013 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from **2013** Schedule A, Part III, line 17 18 %

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 ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

			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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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 filing 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		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
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.*	11c		

Section B. Type I Supporting Organizations

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

Section 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 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		

Section D. Type III Supporting Organizations

			Yes	No
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?	1		
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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in *Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through 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 instructions for short tax year or assets held for part of year):			
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 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		
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, 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 Type III supporting organization (see instructions).

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

	Section D - Distributions	**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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 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	**(iii)** Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
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:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 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).

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

2014

Name of the organization: Council on Aging of West Florida, Inc.

Employer identification number: 59-1373939

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 .... ▶ $ ____________

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

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

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	Corporation for National and Community Service 1201 New York Avenue, NW Washington, DC 20525	$ 544,294.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201	$ 1,460,820.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	U.S. Department of Housing and Urban Development 451 7th Street S.W. Washington, DC 20410	$ 115,402.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	U.S. Department of Agriculture 1400 Independence Ave., S.W. Washington, DC 20250	$ 31,544.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	U.S. Department of Homeland Security 245 Murray Lane S.W. Washington, DC 20528	$ 1,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

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

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

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

(e) Transfer of gift

Transferee's name, address, and 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, and 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, and 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, and 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.irs.gov/form990.*

OMB No. 1545-0047

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization: Council on Aging of West Florida, Inc.

Employer identification number: 59-1373939

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C 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 ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing 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, enter the amount paid from the 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-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-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.)	(a) Filing organization's totals	(b) 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		
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:	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.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
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 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
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))					
f Grassroots lobbying expenditures					

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		
j Total. Add lines 1c through 1i			0.
2a 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The organization contributed to hire a lobbyist through the Florida Council on Aging.

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
2014
Open to Public Inspection

Name of the organization: Council on Aging of West Florida, Inc.

Employer identification number: 59-1373939

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
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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ______

7 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 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 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) 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 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		47,197.		47,197.
b Buildings		1,132,497.	475,001.	657,496.
c Leasehold improvements				
d Equipment		130,101.	131,042.	-941.
e Other		200,219.	126,728.	73,491.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				777,243.

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) Mutual funds	468,759.	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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" 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)		
(9)		
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)	
(9)	
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 Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deposits	15,218.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	15,218.

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 ☒

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.

1	Total revenue, gains, and other support per audited financial statements			1	5,881,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-24,531.		
b	Donated services and use of facilities	2b	955.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	-23,576.
3	Subtract line 2e from line 1			3	5,905,023.
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,905,023.

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.

1	Total expenses and losses per audited financial statements			1	0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	0.
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	0.

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 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.

Part X, Line 2:

The Council is exempt from federal income taxes under Internal Revenue Service Code Section 501(c)(3). As a result, there is no provision for taxes in the accompanying financial statements. With few exceptions, the Council is no longer subject to examination by tax authorities for years before 2011.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

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

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
Total ▶						

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.

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

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Part 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.

		(a) Event #1 Rat Pack Reunion (event type)	(b) Event #2 Golf Tounament (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through 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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	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 9 in column (d) ▶				31,461.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				6,699.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

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:

a The organization's facility	13a	%
b 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 ▶ $ ______ .

c If "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 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 ☐ 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 IV **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 provide any additional information (see instructions).

Part IV **Supplemental Information** *(continued)*

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, 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.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

Part I 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.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			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 interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total					▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2014

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Part IV **Business Transactions Involving Interested Persons.**

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) Sharing of organization's revenues?	
				Yes	No
Malcolm Ballinger	Member of the Board	0.	The Organiz		X
Caron Sjoberg	Member of the Board	0.	The Organiz		X

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Malcolm Ballinger

(b) Relationship Between Interested Person and Organization:

Member of the Board of Directors

(d) Description of Transaction: The Organization uses the Board member's company to produce the Coming of Age magazine.

(a) Name of Person: Caron Sjoberg

(b) Relationship Between Interested Person and Organization:

Member of the Board of Directors

(d) Description of Transaction: The Organization uses the Board member's company for IT services.

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

Part 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 determining noncash contribution amounts
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				
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 ▶ (General)	X	22,284	61,115.	Quoted prices
26	Other ▶ (Meals)	X	7,797	24,463.	Purchase price from
27	Other ▶ (Physicals)	X	98	18,400.	Quoted price
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?	30a		X
b	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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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.

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
2014
Open to Public Inspection

Name of the organization: Council on Aging of West Florida, Inc.
Employer identification number: 59-1373939

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.

Recreation - Provides opportunities for active adults to develop

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

personal, social, and educational interests; to enjoy different types of recreation; and to participate in fun and physical fitness activities.

Expenses $ 35,044. including grants of $ 0. Revenue $ 0.

Transportation - Limited transportation of individuals is provided for medical appointments and other essential services.

Expenses $ 87,207. including grants of $ 0. Revenue $ 0.

Social Service Programs - An in depth program which identifies 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. Revenue $ 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 receive an in-depth review and present the governing Board of Directors with a summary overview of the 990.

Form 990, Part VI, Section B, Line 12c:

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 interest form indicating that they have read and understand the agency's conflict of interest policy. The policy is also reviewed with all staff 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 contacting similar agencies within the state and by reviewing state and federal data on similar positions. Copies of these reviews are available for review in the agency's personnel department. Any raise for the CEO is determined 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, 36, or 37.
▶ Attach to Form 990.
▶Information about Schedule R (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

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
Council on Aging Foundation of West Florida, Inc. - 59-2864564, 875 Royce Street, Pensacola, FL 32503	Encourage, solicit, promote, receive and administer gifts	Florida	501(c)(3)	7	Council on Aging of West Florida, Inc.		X

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

Part 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

			Yes	No
	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 organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

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, complete only Part I and check this box ▶ ☒
- 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.*

Part I 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 Part I only ▶ ☐

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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Council on Aging of West Florida, Inc.	Employer identification number (EIN) or 59-1373939
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 17066	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pensacola, FL 32522	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

- The books are in the care of ▶ Laura Garrett 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.

1 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:

▶ ☒ calendar year 2014 or
▶ ☐ tax year beginning ______ , and ending ______ .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	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.	3a	$ 0.
b	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.	3b	$ 0.
c	**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.	3c	$ 0.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

423841
03-01-14

COUNCIL ON
AGING
OF WEST FLORIDA, INC.
EST. 1972

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

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

United Way of Escambia County
United Way of Santa Rosa County
Department of Elder Affairs State of Florida
BBB Accredited Charity
Northwest Florida Area Agency on Aging, Inc.
Corporation for National & Community Service
CFC Combined Federal Campaign Agency No. 16074

Please remember the Council on Aging of West Florida, Inc. in your will and let us know when you do so we can thank you.

COUNCIL ON AGING OF
WEST FLORIDA, INC.

REQUEST FOR FUNDING
FISCAL YEAR 2015/19

MARCH 27, 2015

COUNCIL ON
AGING
OF WEST FLORIDA, INC.
EST. 1972

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

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) **Budget Information Document (2 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**
6) **Audited Financial Statements – 2013**

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**
Phone: **(850) 432-1475**
Date: **3/27/15**

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:

1. **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

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	0	0
Other	369,297	823,365
TOTAL	4,498,700	5,017,896

*Medicaid Waiver transitioned to the Long Term Care Medicaid 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"

Budget Information Form for Outside Agencies
(Continued)

Expenditures

Description	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	0	0
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

REVENUES	***BUDGET 2015***
FEDERAL FUNDING	
OAAIIIC1	$ 487,650
OAAIIIC2	$ 275,717
OAAIIIB	$ 318,665
OAAIIIE	$ 150,313
NSIP	$ 71,435
CNS-FGP	$ 524,310
ADULT CARE FOOD PROGRAM	$ 15,616
VA	$ 175,000
CDBG CITY	$ 65,000
CDBG RURAL	$ 47,000
EF&S	$ 5,092
SUBTOTAL FEDERAL FUNDING	***$ 2,135,798***
STATE FUNDING	
CCE	$ 940,935
CCDA	$ -
ADI	$ 337,353
HCE	$ 218,520
MEDICAID WAIVER	$ -
RELIEF	$ 48,000
SUBTOTAL STATE FUNDING	***$ 1,544,808***
LOCAL FUNDING	
GR ESC COUNTY	$ 38,000
GR SR COUNTY	$ 36,150
UNITED WAY - ESC CTY	$ 24,500
UNITED WAY ALLOC	$ 62,000
UNITED WAY CFC	$ 2,500
UNITED WAY DESIGNATIONS	$ 15,000
UNITED WAY FSECC	$ 1,000
UNITED WAY SANTA ROSA	$ 5,000
UNITED WAY OTHER	$ 2,500
AMERICAN ELDERCARE	$ 420,000
SUNSHINE TANGO HEALTHPLAN	$ 80,000
SUBTOTAL LOCAL FUNDING	***$ 686,650***
IN-KIND SUPPORT	
IN-KIND	$ 224,000
SUBTOTAL IN-KIND SUPPORT	***$ 224,000***
CONSUMER/PRIVATE PAYFUNDING	
PROGRAM INCOME	$ 55,000
COPAY	$ 25,000
PRIVATE PAY	$ 100,000
SUBTOTAL CONSUMER/PRIVATE PAY FUNDING	***$ 180,000***
EVENTS/ACTIVITY FUNDING	
FUNDRAISING EVENT	$ 134,275
GENERAL REVENUE DONATIONS	$ 60,000
CIRCLE OF FRIENDS	$ 14,000
FR CAMPAIGN	$ 7,000
SEASONAL DONATIONS	$ 2,500
PUBLIC INFORMATION SPONSORSHIPS	$ 2,500
GOLF TOURNAMENT DONATION	$ 15,000
SUBTOTAL EVENTS/ACTIVITY FUNDING	***$ 235,275***
OTHER INCOME	
VOLUNTEER DISCRETIONARY FUND	$ 350
BOARD LUNCHES	$ 365
RECOGNITION	$ 2,050
AGENCY ACTIVITY	$ 1,500
DAYCARE ACTIVITIES	$ 1,800
WEATHERIZATION	$ 2,400
WHEELCHAIR RAMP	$ 500
EMERGENCY AIDE	$ 2,400
SUBTOTAL OTHER FUNDING	***$ 11,365***
TOTAL REVENUE	[illegible]

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

EXPENSES	***BUDGET 2015***
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
TOTAL EXPENSES	***$ 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.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Council on Aging of West Florida, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶ 501 (c) 3 Non-profit Corporation

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 1
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
875 Royce Street

6 City, state, and ZIP code
Pensacola, FL 32503

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
- -

or

Employer identification number
5 9 - 1 3 7 3 9 3 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person** ▶ Date ▶ 3.27.15

General Instructions

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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- 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 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:

1. Certify that the TIN you 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 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

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

Date: March 20, 2007

COUNCIL ON AGING OF WEST FLORIDA
INC
PO BOX 17066
PENSACOLA FL 32522

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

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

RECEIVED
MAR 2 6 2007

Budget to Actual - Master 2014

Income Statement

Period Ending 12/31/14

	Month Ending Actual	Year To Date (Actual)	Year to Date Budget	+/- Budget YTD Budget to Actual	Master Budget 2014	% to Goal Master to Actual 100.00%	+/- YTD Goal Master to Actual
Net Income							
Net Income Before Cost Allocations							
Revenues							
Federal Funding	$ 186,225.61	$ 2,398,442.89	$ 2,060,605.00	$ 337,837.89	$ 2,060,605.00	116.40%	16.40%
State Funding	$ 213,856.83	$ 1,813,288.93	$ 1,565,063.00	$ 248,225.93	$ 1,565,063.00	115.86%	15.86%
Local Funding	$ 11,306.47	$ 257,547.72	$ 179,667.00	$ 77,880.72	$ 179,667.00	143.35%	43.35%
Consumer Private Funding	$ 10,043.24	$ 175,122.15	$ 225,300.00	$ (50,177.85)	$ 225,300.00	77.73%	-22.27%
Events/Activities Funding	$ 3,331.35	$ 155,045.59	$ 183,400.00	$ (28,354.41)	$ 183,400.00	84.54%	-15.46%
Other Income/Funding	$ 122,376.78	$ 1,082,995.33	$ 284,665.00	$ 798,330.33	$ 284,665.00	380.45%	280.45%
Total Revenues	$ 547,140.28	$ 5,882,442.61	$ 4,498,700.00	$ 1,383,742.61	$ 4,498,700.00	130.76%	30.76%
Expenses							
Salaries & Wages	$ 112,014.05	$ 1,269,459.26	$ 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	$ (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%	-9.29%
Education & Training	$ 179.00	$ 5,747.52	$ 6,845.00	$ (1,097.48)	$ 6,845.00	83.97%	-16.03%
Communications & Postage	$ 6,522.45	$ 71,873.23	$ 78,076.00	$ (6,202.77)	$ 78,076.00	92.06%	-7.94%
Utilities	$ 2,864.81	$ 35,231.33	$ 33,800.00	$ 1,431.33	$ 33,800.00	104.23%	4.23%
Printing & Supplies	$ 1,696.09	$ 22,580.55	$ 43,890.00	$ (21,309.45)	$ 43,890.00	51.45%	-48.55%
Advertising	$ 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%	-8.09%
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	$ (2,512.01)	$ 32,915.00	92.37%	-7.63%
Equipment Expense	$ 2,156.10	$ 24,527.19	$ 33,250.00	$ (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	$ 39,499.60	$ 457,092.12	$ 419,540.00	$ 37,552.12	$ 419,540.00	108.95%	8.95%
Subcontracted Services	$ 239,459.79	$ 2,445,143.91	$ 1,437,410.00	$ 1,007,733.91	$ 1,437,410.00	170.11%	70.11%
Program/Food Supplies	$ 1,253.70	$ 14,157.36	$ 12,800.00	$ 1,357.36	$ 12,800.00	110.60%	10.60%
Other Expenses	$ 57,239.75	$ 412,806.13	$ 516,618.00	$ (103,811.87)	$ 516,618.00	79.91%	-20.09%
Total Expenses	$ 509,408.90	$ 5,309,780.28	$ 4,498,700.00	$ 811,080.28	$ 4,498,700.00	118.03%	18.03%
Total Net Income Before Cost Allocations	$ 37,731.38	$ 572,662.33	$ -	$ 572,662.33	$ -	N/A	N/A
Cost Pool Allocations	$ -	$ -	$ -	$ -	$ -	N/A	N/A
	$ 37,731.38	$ 572,662.33	$ -	$ 572,662.33	$ -	N/A	

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

Assets

Current Assets	
Cash & Investments	1,247,803.25
Receivables	770,992.69
Other Current Assets	5,961.79
Total Current Assets	2,024,757.73
Fixed Assets	
Property & Equipment	1,482,715.12
Accumulated Depreciation	(730,179.40)
Fixed Assets, net	752,535.72
Other Assets	0.00
Total Assets	$ 2,777,293.45

Liabilities and Net Assets

Current Liabilities	
Accounts Payable & Accrued Liabilities	695,119.59
Other Payables	34,981.86
Total Current Liabilities	730,101.45
Long Term Liabilities	300,619.96
Net Assets	
Unrestricted Net Assets	1,171,132.23
Temporarily Restricted Net Assets	2,777.48
Total Net Assets	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

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

Date: March 20, 2007

COUNCIL ON AGING OF WEST FLORIDA
INC .
PO BOX 17066
PENSACOLA FL 32522

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

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

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PAGE 3 OF 9

1.	General Fund	Amount Requested	Tab
	Available 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
l.	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
o.	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
Total General Fund		**$2,089,056**	

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

DEPARTMENT OF THE TREASURY

Date: JAN 12 1993

ESCA IA COMMUNITY CLINICS INC
BA T HOSPITAL INC
C/O GARY B LEUCHTMAN ESQ
P O BOX 12950
PENSACOLA, FL 32576

Employer Identification Number:
59-3105246
Contact Person:
JERRY FINKLIN
Contact Telephone Number:
(404) 331-0172
Accounting Period Ending:
September 30
Form 990 Required:
Yes
Addendum Applies:
Yes

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)(iii).

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. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. 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).

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. However, 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 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)(1) organization.

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 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 fundraising 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 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising 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 mail, please file the return even if you do 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 filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $10 a day is charged when a return is filed 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 Business Income Tax 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 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.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(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 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.B. 1956-2, page 306.)

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

We have sent a copy of this letter to your representative as indicated in your power 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 Williams
District Director

Enclosure(s):
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 1391, Deductibility of Payments 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, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 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.

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)

▶ 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

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ESCAMBIA COMMUNITY CLINICS INC.
Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 14 W JORDAN STREET
Room/suite: 2G

City or town, state or province, country, and ZIP or foreign postal code: PENSACOLA, FL 32501

F Name and address of principal officer: DON TURNER
SAME AS C ABOVE

D Employer identification number: 59-3105246

E Telephone number: 850-436-4630

G Gross receipts $ 15,930,470.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ECC-CLINIC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1993 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE PRIMARY AND PREVENTIVE HEALTH CARE SERVICES TO RESIDENTS OF ESCAMBIA COUNTY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	177
6	Total number of volunteers (estimate if necessary)	6	0
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Client's Copy
Prepared by
Warren Averett
AND ADVISORS

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,532,680.	4,411,176.
	9	Program service revenue (Part VIII, line 2g)	5,127,290.	10,834,031.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77.	78.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,638,457.	685,185.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,298,504.	15,930,470.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,057,069.	8,286,558.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,151,256.	6,410,482.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,208,325.	14,697,040.
	19	Revenue less expenses. Subtract line 18 from line 12	-909,821.	1,233,430.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,014,574.	3,308,819.
	21	Total liabilities (Part X, line 26)	1,079,466.	1,140,281.
	22	Net assets or fund balances. Subtract line 21 from line 20	935,108.	2,168,538.

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.

Sign Here
▶ Signature of officer — Date
▶ DON TURNER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA L. NOLL, CPA	Barbara L Noll, CPA	8/13/14		P00172872

Firm's name ▶ WARREN AVERETT, LLC
Firm's EIN ▶ 45-4084437
Firm's address ▶ 45 EGLIN PARKWAY, SUITE 301
FT. WALTON BEACH, FL 32548
Phone no. 850-244-5121

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

332001 10-29-13 LHA **For Paperwork Reduction Act Notice, see the separate instructions.**

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part 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? ☐ Yes ☒ No

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 ☒ No

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 $) (Revenue $ 11,519,216.)

PATIENT SERVICES - TO PROVIDE QUALITY AMBULATORY MEDICAL CARE TO THE INDIGENT OF THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 11,953,170.

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	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, 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 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		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, VII, 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	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*	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
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
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?	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		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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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*	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		
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 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		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):			
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		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		X
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	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		X
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*	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 Schedule O	38	X	

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	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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	177			
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		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		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 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		X
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		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).**					
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		
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	7d				
e	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?			7f		X
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?			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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	1b	13		
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	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			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			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		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 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

Section 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	
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*	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*	12c		
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

DON TURNER - 850-436-4630
14 W JORDAN STREET SUITE 2G, PENSACOLA, FL 32501

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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN PORTER CHAIRMAN	1.50	X		X				0.	0.	0.
(2) DENISE BARTON VICE CHAIRMAN	1.50	X		X				0.	0.	0.
(3) PATRICK EMMANUEL, JR. SECRETARY	1.00	X		X				0.	0.	0.
(4) ROSCOE ELMORE TREASURER	1.00	X		X				0.	0.	0.
(5) JUSTIN LABRATO TREASURER	2.00	X		X				0.	0.	0.
(6) WALTER RITCHIE DIRECTOR	0.50	X						0.	0.	0.
(7) JOSEPH EMMANUEL JR DIRECTOR	0.50	X						0.	0.	0.
(8) BOB WILSON DIRECTOR	0.50	X						0.	0.	0.
(9) JESSICA GRIFFEN DIRECTOR	0.50	X						0.	0.	0.
(10) DAISY WHITE DIRECTOR	0.50	X						0.	0.	0.
(11) ANN OSINAME DIRECTOR	0.50	X						0.	0.	0.
(12) FREDDIE CATTOUSE DIRECTOR	0.50	X						0.	0.	0.
(13) LAURA IRWIN VICE CHAIRMAN	0.50	X		X				0.	0.	0.
(14) BILL BASS DIRECTOR	0.50	X						0.	0.	0.
(15) MICHAEL ZIEHL DIRECTOR	0.50	X						0.	0.	0.
(16) LISA MAYO DIRECTOR	0.50	X						0.	0.	0.
(17) GEORGE A.W. SMITH CHIEF MEDICAL OFFICER	40.00			X				193,498.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONALD R. TURNER EXECUTIVE DIRECTOR	40.00			X				149,789.	0.	0.
(19) COLLEEN A. BETZ CHIEF OPERATING OFFICER	40.00			X				85,531.	0.	0.
(20) SHEILA D. BROWN CHIEF FINANCIAL OFFICER - FORMER	40.00			X				73,129.	0.	0.
(21) WENDY C. HOEFLICH CHIEF FINANCIAL OFFICER - CURRENT	40.00			X				34,825.	0.	0.
(22) QUETHELINE HELVETIUS EMPLOYEE	40.00					X		165,901.	0.	0.
(23) MANUEL ABENDAN EMPLOYEE	40.00					X		165,131.	0.	0.
(24) ROGELIO SAMSON EMPLOYEE	40.00					X		164,783.	0.	0.
(25) GEORGE SOLIMAN EMPLOYEE	40.00					X		162,313.	0.	0.
(26) MARY SALIB EMPLOYEE	40.00					X		158,318.	0.	0.
1b Sub-total ▶								1,353,218.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								1,353,218.	0.	0.

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 ▶ 9

			Yes	No
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*	4	X	
5	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*	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) Name and business address NONE	(B) Description of services	(C) Compensation

2 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 ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	10,500.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,507,998.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,892,678.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			4,411,176.			
Program Service Revenue				**Business Code**				
	2 a	PATIENT SERVICES		621990	10,834,031.	10,834,031.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			10,834,031.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			78.			78.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	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 assets other than inventory	(i) Securities	(ii) Other				
	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 including $ ____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	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	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		**Business Code**				
	11 a	OTHER CLINIC REVENUE		900099	685,185.	685,185.		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			685,185.			
	12	**Total revenue.** See instructions. ▶			15,930,470.	11,519,216.	0.	78.

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, 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				
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 paid to or for members				
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)				
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):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	776,775.	742,002.	34,773.	
12	Advertising and promotion	10,741.	2,148.	8,593.	
13	Office expenses	46,386.	41,747.	4,639.	
14	Information technology				
15	Royalties				
16	Occupancy	547,763.	329,063.	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.		4,339.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	164,737.	148,264.	16,473.	
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) amount, list line 24e expenses on Schedule O.)				
a	CHARITY CARE	1,987,947.	1,987,947.		
b	BAD DEBT	1,781,723.	1,781,723.		
c	SUPPLIES	677,907.	576,577.	101,330.	
d	REPAIRS AND MAINTENANCE	95,439.	57,263.	38,176.	
e	All other expenses	170,505.	53,609.	116,896.	
25	**Total functional expenses.** Add lines 1 through 24e	14,697,040.	11,953,170.	2,743,870.	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)				

Part 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	15,930,470.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,697,040.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,233,430.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	935,108.
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	2,168,538.

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 ☒ 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 separate basis, consolidated basis, or both: ☒ 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?	2c	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	X	

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.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization ESCAMBIA COMMUNITY CLINICS INC.

Employer identification number 59-3105246

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

			Yes	No
(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?	**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)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

LHA 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

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 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | %

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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 Inspection

Name of the organization
ESCAMBIA COMMUNITY CLINICS INC.

Employer identification number
59-3105246

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ______

7 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 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 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 ▶ $ ______

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		701,275.	243,899.	457,376.
c Leasehold improvements				
d Equipment		1,152,439.	710,165.	442,274.
e Other		461,872.	28,926.	432,946.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,332,596.

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)		
(9)		
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)	
(9)	
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 Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SUPPLEMENTAL INSURANCE	218.
(3) LTD PAYABLE	137.
(4) PREPAID LEGAL	5.
(5) OTHER SHORT TERM LIABILITIES	1,992.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,352.

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 ☐

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.

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:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	3,769,670.		
c	Add lines 4a and 4b			4c	3,769,670.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	15,930,470.

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.

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,927,370.
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			
b	Other (Describe in Part XIII.)	4b	3,769,670.		
c	Add lines 4a and 4b			4c	3,769,670.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	14,697,040.

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 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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED WITH REVENUE FOR GAAP REPORTING (CHARITY CARE AND BAD DEBTS)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED WITH REVENUE FOR GAAP REPORTING (CHARITY CARE AND BAD DEBTS)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

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
2013
Open to Public Inspection

Name of the organization	Employer identification number
ESCAMBIA COMMUNITY CLINICS INC.	59-3105246

Part I Questions Regarding Compensation

			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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the 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. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			
a	The organization?	5a		X
b	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		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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 in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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 (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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GEORGE A.W. SMITH	(i)	183,000.	10,498.	0.	0.	0.	193,498.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) QUETHELINE HELVETIUS	(i)	156,000.	9,901.	0.	0.	0.	165,901.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MANUEL ABENDAN	(i)	156,000.	9,131.	0.	0.	0.	165,131.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROGELIO SAMSON	(i)	156,000.	8,783.	0.	0.	0.	164,783.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GEORGE SOLIMAN	(i)	156,000.	6,313.	0.	0.	0.	162,313.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY SALIB	(i)	156,000.	2,318.	0.	0.	0.	158,318.	0.
EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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)

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
2013
Open to Public Inspection

Name of the organization	Employer identification number
ESCAMBIA COMMUNITY CLINICS INC.	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, complete only Part I** and check this box ▶ ☒
- 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*.

Part I 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 Part I only ▶ ☐

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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ESCAMBIA COMMUNITY CLINICS INC.	Employer identification number (EIN) or 59-3105246
	Number, street, and room or suite no. If a P.O. box, see instructions. 14 W JORDAN STREET, NO. 2G	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PENSACOLA, FL 32501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

- The books are in the care of ▶ DON TURNER 14 W JORDAN STREET SUITE 2G - PENSACOLA, FL 32501
  Telephone No. ▶ 850-436-4630 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2013 or
▶ ☐ tax year beginning ______ , and ending ______ .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$ 0.
b	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.	3b	$ 0.
c	**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.	3c	$ 0.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

ESCAMBIA COMMUNITY CLINICS, INC.

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2014 AND 2013

Warren
Averett
CPAs AND ADVISORS

ESCAMBIA COMMUNITY CLINICS, INC.
TABLE OF CONTENTS
DECEMBER 31, 2014 AND 2013

Warren
Averett
CPAs AND ADVISORS

45 Eglin Parkway, N.E., Suite 301
Fort Walton Beach, FL 32548
850.244.5121
warrenaverett.com

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 Averett, 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	$ 3,314,119
LIABILITIES AND NET 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	3,506,851	2,168,538
TOTAL LIABILITIES AND NET ASSETS	$ 4,872,904	$ 3,314,119

See notes to the financial statements.

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)	-
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

See notes to the financial statements.

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

	Healthcare Services	Support Services	Total
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	$ 4,753,880	$ 1,670,282	$ 6,424,162
Payroll taxes and fringe benefits	1,281,157	450,137	1,731,294
Total salaries and related expenses	6,035,037	2,120,419	8,155,456
OTHER EXPENSES			
Prescription drugs	370,444	-	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

See notes to the financial statements.

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

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
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	-
Net cash used in investing activities	(32,030)	(64,435)
CASH FLOWS FROM FINANCING ACTIVITIES		
Borrowings on related party note payable	119,700	-
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	$ -	$ 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:

Medicaid - 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 wrap-around 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.

Medicare - 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 Charges	Contractual and Charitable Allowances	Net Patient Service Revenue
Medicare	$ 989,376	$ (35,098)	$ 954,278
Medicaid	5,713,052	(1,397,111)	4,315,941
Other third-party	1,209,451	(232,801)	976,650
Self-pay	2,679,129	(2,202,868)	476,261
	$ 10,591,008	$ (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	$ 1,039,731	$ (311,759)	$ 727,972
Medicaid	5,075,648	(465,005)	4,610,643
Other third-party	983,333	(157,184)	826,149
Self-pay	3,191,908	(2,183,150)	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	(729,589)	(982,990)
Property and equipment, net	$ 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%
Medicaid	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
	$ 749,787

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		
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	1,434,605	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
TOTAL GRANTS, CONTRACTS, AND REIMBURSEMENTS	$ 5,587,203	$ 4,488,878

COMPLIANCE SECTION

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	93.224	N/A	$ 1,525,476
ACA-Grants for New & Expanded Services	93.527	N/A	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.

Warren Averett
CPAs AND ADVISORS

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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.

Warren Averett, LLC

Fort Walton Beach, Florida
April 24, 2015

Warren
Averett
CPAs AND ADVISORS

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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.

Warren Averett, LLC

Fort Walton Beach, Florida
April 24, 2015

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

I. SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued: Unmodified

Internal control over financial reporting:				
• Material weakness(es) identified?	X	Yes		No
• Significant deficiency(ies) identified that is/are not considered to be material weaknesses?	X	Yes		None Reported
Noncompliance material to financial statements noted?		Yes	X	No

Federal Awards

Internal control over major programs:				
• Material weakness(es) identified?		Yes	X	No
• Significant deficiency(ies) identified that is/are not considered to be material weaknesses?		Yes	X	None Reported

Type of auditors' report issued on compliance for major programs: Unmodified

• Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133?		Yes	X	No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
93.224/93.527	Health Center Cluster

Dollar threshold used to distinguish between type A and type B programs: $300,000

Auditee qualified as low-risk auditee?		Yes	X	No

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, quarter-end, 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.

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.

TABLE OF CONTENTS

PAGE 4 OF 9

1. General Fund

Available Funding: $1,425,082

	General Fund	Amount Requested	Tab
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
l.	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
o.	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
Total General Fund		**$2,089,056**	

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 ⊞

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.
2. 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."

1. The number of children assessed as Ready to Enter Kindergarten.
2. The number of families terminated for loss of employment and over income.
3. 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.
2. 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	36.00	38.00	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Warren
Averett
CPAs AND ADVISORS

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**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1 , 2013, and ending JUN 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*

OMB No. 1545-1878

2013

Name of exempt organization
ESCAMBIA COUNTY SCHOOL READINESS
COALITION, INC.

Employer identification number
59-3683227

Name and title of officer
WALTER B. WATSON, JR.
EXECUTIVE DIRECTOR

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)	**1b**	19,699,073.
2a Form 990-EZ check here ▶ ☐	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ ☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a 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

☒ I authorize 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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 ▶ ____________ Date ▶ ____________

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**
323051
10-01-13

Form **8879-EO** (2013)

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.

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)

▶ 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

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
ESCAMBIA COUNTY SCHOOL READINESS
COALITION, INC.
Doing Business As EARLY LEARNING COALITION OF ESC
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3300 NORTH PACE BLVD, SUITE 210
City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32505

D Employer identification number
59-3683227

E Telephone number
850-332-7847

G Gross receipts $ 19,699,073.

F Name and address of principal officer: WALTER B. WATSON, JR.
3300 NORTH PACE BLVD, SUITE 210, PENSACOLA,

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ELCESCAMBIA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2000 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	40
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	19,214,808.	19,696,729.
	9	Program service revenue (Part VIII, line 2g)	1,571.	2,287.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,075.	57.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,217,454.	19,699,073.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,426.	71,897.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,177,051.	19,745,120.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,209,477.	19,817,017.
	19	Revenue less expenses. Subtract line 18 from line 12	7,977.	-117,944.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,491,743.	1,407,442.
	21	Total liabilities (Part X, line 26)	1,382,352.	1,415,995.
	22	Net assets or fund balances. Subtract line 21 from line 20	109,391.	-8,553.

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.

Sign Here
▶ Signature of officer Date
▶ WALTER B. WATSON, JR., EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KELLEY CHAMBLIN, CPA				P00651140

Firm's name ▶ WARREN AVERETT, LLC
Firm's EIN ▶ 45-4084437
Firm's address ▶ 316 SOUTH BAYLEN ST. SUITE 300
PENSACOLA, FL 32502
Phone no. 850-435-7400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part 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 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.

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
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 $ 19,341,879. including grants of $) (Revenue $ 2,287.)
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.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 19,341,879.

332002 10-29-13

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	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, 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 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		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, VII, 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	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*	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
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
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?	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		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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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*	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		
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 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		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):			
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		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		X
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	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		X
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*	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 Schedule O	38	X	

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	1a	144			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	40			
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		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		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 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		X
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		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).**					
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		
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	7d				
e	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?			7f		X
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?			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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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	1b	18			
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	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		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		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	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 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

Section 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
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

BECKI RUTCHLAND - 850-332-7847
3300 NORTH PACE BLVD, SUITE 210, PENSACOLA, FL 32505

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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERMIT E. HOUSH BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) ALEXIS BOLIN VICE CHAIR	1.00	X		X				0.	0.	0.
(3) SUSAN NELMS SECRETARY	1.00	X		X				0.	0.	0.
(4) ROGER THOMPSON MEMBER	1.00	X		X				0.	0.	0.
(5) MARY ANN BICKERSTAFF MEMBER	1.00	X						0.	0.	0.
(6) PAMELA HAGAN MEMBER	1.00	X						0.	0.	0.
(7) JUDY DICKINSON MEMBER	1.00	X						0.	0.	0.
(8) RICHARD DODD MEMBER	1.00	X						0.	0.	0.
(9) PAT FRANKLIN MEMBER	1.00	X						0.	0.	0.
(10) SUSAN MORGAN MEMBER	1.00	X						0.	0.	0.
(11) GERALD BOONE MEMBER	1.00	X						0.	0.	0.
(12) CHARLOTTE BOLING MEMBER	1.00	X						0.	0.	0.
(13) EDNA WILLIAMS MEMBER	1.00	X						0.	0.	0.
(14) MONA JACKSON TREASURER	1.00	X						0.	0.	0.
(15) BRITTANY CURTIS MEMBER	1.00	X						0.	0.	0.
(16) DREW HARDGRAVE MEMBER	1.00	X						0.	0.	0.
(17) TAMMY HICKS MEMBER	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIM CARMODY MEMBER	1.00	X						0.	0.	0.
(19) WALTER B. WATSON, JR. EXECUTIVE DIRECTOR	40.00			X				71,897.	0.	0.

	(D)	(E)	(F)
1b Sub-total ▶	71,897.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	71,897.	0.	0.

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 ▶ 0

			Yes	No
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*	4		X
5	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*	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) Name and business address	(B) Description of services	(C) Compensation
KINDER-WORLD INC 2000 TONI ST, PENSACOLA, FL 32504	SERVICE PROVIDER	454,569.
CHILDCARE NETWORK 2623 W MICHIGAN AVENUE, PENSACOLA, FL 32526	SERVICE PROVIDER	448,577.
KIDS KLUB/MOORE UNLIMITED 8350 N DAVIS HWY, PENSACOLA, FL 32514	SERVICE PROVIDER	428,357.
COME UNTO ME PRESCHOOL/VPK 1803 NORTH "S" STREET, PENSACOLA, FL 32505	SERVICE PROVIDER	406,489.
GLOBAL LEARNING CENTER 8497 N PALAFOX ST, PENSACOLA, FL 32534	SERVICE PROVIDER	403,864.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 58

Part VIII Statement of Revenue

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	70,000.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	19,625,620.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,109.				
	g	Noncash contributions included in lines 1a-1f: $		139,493.				
	h	**Total.** Add lines 1a-1f ▶			19,696,729.			
Program Service Revenue				**Business Code**				
	2 a	CEU CLASS FEES		900099	2,287.	2,287.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			2,287.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			57.			57.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of 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 including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	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	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		**Business Code**				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			19,699,073.	2,287.	0.	57.

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, 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				
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 paid to or for members				
5	Compensation of current officers, directors, 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 accruals 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				
c	Accounting	25,725.	13,120.	12,605.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	124,132.	93,424.	30,708.	
12	Advertising and promotion				
13	Office expenses	298,968.	286,109.	12,859.	
14	Information technology	10,343.	8,840.	1,503.	
15	Royalties				
16	Occupancy	18,156.	14,922.	3,234.	
17	Travel	22,534.	15,251.	7,283.	
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	6,707.	6,004.	703.	
23	Insurance	10,197.	6,672.	3,525.	
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	CONTRACT EXPENSES	17,600,722.	17,600,722.		
b	LEASED EMPLOYEES	1,428,959.	1,079,321.	349,638.	
c	RENTALS	113,931.	92,179.	21,752.	
d	COMMUNICATIONS	36,798.	30,198.	6,600.	
e	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - 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 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 111,305.			
	b	Less: accumulated depreciation 10b 72,194.	17,375.	10c	39,111.
	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		14	
	15	Other assets. See Part IV, line 11	3,949.	15	9,067.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,491,743.	16	1,407,442.
Liabilities	17	Accounts payable and accrued expenses	1,382,352.	17	1,415,995.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26	**Total liabilities.** Add lines 17 through 25	1,382,352.	26	1,415,995.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	92,017.	27	-19,221.
	28	Temporarily restricted net assets	17,374.	28	10,668.
	29	Permanently restricted net assets		29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		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.

Part 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	19,699,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,817,017.
3	Revenue less expenses. Subtract line 2 from line 1	3	-117,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,391.
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	-8,553.

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 ☒ 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 separate basis, consolidated basis, or both: ☐ 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?	2c	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	X	

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.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.
Employer identification number 59-3683227

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An 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).**
11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA 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

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.")	20,741,615.	20,057,376.	19,768,738.	19,211,892.	19,696,729.	99,476,350.
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	20,741,615.	20,057,376.	19,768,738.	19,211,892.	19,696,729.	99,476,350.
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.						99,476,350.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 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 and income from similar sources	1,027.	631.	1,175.	1,075.	57.	3,965.
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.)	4,607.	1,752.	1,260.	1,571.	2,287.	11,477.
11 **Total support.** Add lines 7 through 10						99,491,792.

12 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 99.98 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 99.98 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2009 AMOUNT: $ 4,607.

2010 AMOUNT: $ 1,752.

2011 AMOUNT: $ 1,260.

2012 AMOUNT: $ 1,571.

2013 AMOUNT: $ 2,287.

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

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 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, 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 ▶ $ ____________

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

Name of organization	Employer identification number
ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.	59-3683227

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	OFFICE OF EARLY LEARNING 107 EAST MADISON STREET TALLAHASSEE, FL 32399	$ 18,533,908.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

ESCAMBIA COUNTY SCHOOL READINESS
COALITION, INC.

Employer identification number

59-3683227

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
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	**Employer identification number**
ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.	59-3683227

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less for the year.** (Enter this information once.) ▶ $

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

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

(e) Transfer of gift

Transferee's name, address, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

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 Inspection

Name of the organization ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Employer identification number 59-3683227

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ____

7 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 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 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 ▶ $ ____

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____
b Assets included in Form 990, Part X ▶ $ ____

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

332051
09-25-13

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ ________ %

c Temporarily restricted endowment ▶ ________ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		111,305.	72,194.	39,111.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				39,111.

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)		
(9)		
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)	
(9)	
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 Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements			1	19,699,073.
2	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	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	19,699,073.
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	19,699,073.

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.

1	Total expenses and losses per audited financial statements			1	19,817,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	19,817,017.
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	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 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.

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
2013
Open to Public Inspection

Name of the organization	Employer identification number
ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.	59-3683227

Part 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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		139,493.	COST
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				
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 ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	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?	30a		X
b	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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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.

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 **2013** **Open to Public Inspection**

Name of the organization	ESCAMBIA COUNTY SCHOOL READINESS 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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ ☒
- 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*.

Part I 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 Part I only ▶ ☐

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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.	Employer identification number (EIN) or 59-3683227
	Number, street, and room or suite no. If a P.O. box, see instructions. 3300 NORTH PACE BLVD, SUITE 210	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PENSACOLA, FL 32505	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

- The books are in the care of ▶ BECKI RUTCHLAND
  3300 NORTH PACE BLVD, SUITE 210 - PENSACOLA, FL 32505
  Telephone No. ▶ 850-332-7847 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$ 0.
b	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.	3b	$ 0.
c	**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.	3c	$ 0.

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.

APR 3 0 2007

Internal Revenue Service

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

Date: April 23, 2007

ESCAMBIA COUNTY SCHOOL READINESS
COALITION INC
% BETH ROGERS
3636 D N L ST STE A
PENSACOLA FL 32505

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 tax-exempt 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

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

RECEIVED SEP 2 3 2005

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

DEPARTMENT OF THE TREASURY

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

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

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: 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:

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.211nwfl.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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages	171,956.00	162,206.00	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			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

<u>Expenses (cont.)</u>

	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**

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

A For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 20 14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization United Way of Escambia County, Inc.
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) 1301 W. Government Street
Room/suite
City or town, state or province, country, and ZIP or foreign postal code Pensacola, FL 32502

D Employer identification number 59-0651076
E Telephone number 850-434-3157
G Gross receipts $ 3,325,194

F Name and address of principal officer: Andrea Krieger, 1301 W Government St., Pensacola, FL 32502

H(a) Is this a group return for subordinates? ☐ Yes ☐ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1944

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To unite the efforts and resources of Escambia County with programs and initiatives that can create measurable and sustainable positive changes in the areas of health, education, and financial stability.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	2,267
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(13)
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,504,327	3,011,507
	9	Program service revenue (Part VIII, line 2g)	53,082	86,800
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,654	32,570
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,626	31,955
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,625,689	3,162,832
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,308,392	1,681,303
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	835,493	916,236
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,927	13,345
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	363,455	377,183
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,527,267	2,988,067
	19	Revenue less expenses. Subtract line 18 from line 12	98,422	174,765
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,830,546	3,409,087
	21	Total liabilities (Part X, line 26)	1,952,822	1,285,170
	22	Net assets or fund balances. Subtract line 21 from line 20	1,877,723	2,123,917

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.

Sign Here
▶ Signature of officer
Date 2/9/15
▶ TOM HILTON, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part 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:

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? . . . . ☐ Yes ☑ No

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 ☑ No

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: 624100) (Expenses $ 1,756,646 including grants of $ 1,681,303) (Revenue $ 281,019)

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 $1,681,303 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.

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 counties 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 Northwest 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.

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 Helpline, 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 $ 203,977 including grants of $ 0) (Revenue $ 148,855)

4e Total program service expenses ▶ 2,418,749

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		✓
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		✓
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		✓
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		✓
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	✓	
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.			
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	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		✓
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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	✓	
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		✓
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		✓
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		✓
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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*	28c		✓
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	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		✓
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, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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*	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		✓
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		✓
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	✓	

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	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	✓	
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	0			
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) . .					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✓
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		✓
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		✓
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?			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		✓
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).**					
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	✓	
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 file Form 8282?			7c		✓
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 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, 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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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 . .	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 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	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		
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

				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.	1a 25			
b	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 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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		✓
6	Did the organization have members or stockholders?		6	✓	
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
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		✓

Section 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		✓
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	✓	
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*	12a	✓	
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*	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
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 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	✓	
b	Other officers or key employees of the organization . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	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?	16a		✓
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Florida

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.

☑ Own website ☑ Another's website ☑ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Tom Hilton, 1301 W. Government Street, Pensacola, FL 32502

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Sammons Chairperson		✓		✓						
(2) David Peadon Chair Elect		✓		✓						
(3) Bob Sanders Treasurer		✓		✓						
(4) Meri Asmar Secretary		✓		✓						
(5) Andrea Krieger Chief Executive Officer	59 1			✓				116,228		9,767
(6) Tom Hilton Chief Financial Officer	44 1			✓				64,422		8,124
(7) Mark Faulkner Director		✓								
(8) David Jones Past Chair							✓			
(9) Oliver Jones Director		✓								
(10) Bob McLaughlin Director		✓								
(11) Ted Kircharr Director							✓			
(12) Yvette McLellan Director		✓								
(13) Trip Maygarden Director		✓								
(14) Vaughn Nichols Director		✓								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Malcom Thomas Director		✓								
(16) Kathie Jeffcoat Director		✓								
(17) Patrice Whitten Director		✓								
(18) Cathy England Director		✓								
(19) Hal George Director		✓								
(20) KC Etheridge Director		✓								
(21) Tim Putman Director		✓								
(22) David Moore Director		✓								
(23) Cedric Durre Director		✓								
(24) John Floyd Director		✓								
(25) Michael Adamson Director		✓								
1b Sub-total . . . ▶								180,650		17,891
c Total from continuation sheets to Part VII, Section A . . . ▶										
d Total (add lines 1b and 1c) . . . ▶								180,650		17,891

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 ▶ 1

			Yes	No
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		✓
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* . . .	4		✓
5	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* . . .	5		✓

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) Name and business address	(B) Description of services	(C) Compensation
None		

2 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 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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) Tammy Davies Director		✓								
(2) Jack Lowrey Director		✓								
(3) Michelle Scaglione Director		✓								
(4) Oliver Sumlin Director		✓								
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . ☐

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	8,361				
	b	Membership dues	1b					
	c	Fundraising events	1c	68,605				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	156,711				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,777,830				
	g	Noncash contributions included in lines 1a-1f: $ 50,963						
	h	**Total.** Add lines 1a–1f ▶			3,011,507			
Program Service Revenue				Business Code				
	2a	**Non Profit Training Seminars**		624200	13,825	13,825		
	b	**Escambia 211 Serving NW Florida**		624200	37,969	37,969		
	c	**Emergency Food Shelter Program**		624200	2,293	2,293		
	d	**Designation Fee Income**		900099	24,793	24,793		
	e	**Subsidized Agency Rent**		624110	7,920	7,920		
	f	All other program service revenue .						
	g	**Total.** Add lines 2a–2f ▶			86,800			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			32,570	32,570		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	156,137					
	b	Less: cost or other basis and sales expenses	135,706					
	c	Gain or (loss)	20,431					
	d	Net gain or (loss) ▶			20,431	20,431		
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a	27,375				
	b	Less: direct expenses	b	26,338				
	c	Net income or (loss) from fundraising events ▶			1,037			1,037
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a	305				
	b	Less: cost of goods sold	b	318				
	c	Net income or (loss) from sales of inventory ▶			(13)		(13)	
		Miscellaneous Revenue		Business Code				
	11a	**Event Sponsorships**			10,500	10,500		
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶			10,500			
	12	**Total revenue.** See instructions. ▶			3,162,832	150,301	(13)	1,037

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, 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	1,665,050	1,665,050		
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	214,920	82,650	113,551	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) . .				
7	Other salaries and wages	582,310	352,279	142,317	87,714
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,866	1,567	1,247	52
9	Other employee benefits	39,830	22,741	6,408	10,681
10	Payroll taxes	76,310	47,716	17,576	11,018
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	18,300		18,300	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	13,345			13,345
f	Investment management fees	6,928		6,928	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	8,538	4,030	3,780	728
12	Advertising and promotion	39,128	18,784	8,476	11,868
13	Office expenses	59,014	43,124	11,141	4,749
14	Information technology	18,958	10,402	4,627	3,929
15	Royalties				
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	Payments to affiliates	30,655	20,224	6,442	3,989
22	Depreciation, depletion, and amortization .	63,600	46,754	10,404	6,442
23	Insurance	24,807	16,111	5,646	3,050
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	Dues and Subscriptions	3,131	1,129	1,936	66
b	Volunteer Support and Recognition	9,762	8,721	0	1,041
c	Government Fees and Licenses	2,126	990	452	684
d	Meals and Event Dinners	23,166	10,269	7,833	5,064
e	All other expenses	2,871	314	2,327	230
25	**Total functional expenses.** Add lines 1 through 24e	2,988,067	2,418,749	379,420	189,898
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		684,307	1	584,118
	2	Savings and temporary cash investments		198,266	2	15,804
	3	Pledges and grants receivable, net		1,250,715	3	1,013,823
	4	Accounts receivable, net		118,839	4	92,625
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,268	8	4,691
	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			
	b	Less: accumulated depreciation	10b 845,403	685,047	10c	673,066
	11	Investments—publicly traded securities		844,952	11	978,140
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,830,545	16	3,409,087
Liabilities	17	Accounts payable and accrued expenses		58,821	17	66,076
	18	Grants payable		1,629,728	18	965,555
	19	Deferred revenue		8,312	19	8,312
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		111,091	21	116,666
	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		135,323	23	128,561
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		9,547	25	
	26	**Total liabilities.** Add lines 17 through 25		1,952,822	26	1,285,170
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,131,888	27	1,213,776
	28	Temporarily restricted net assets		478,909	28	643,215
	29	Permanently restricted net assets		266,926	29	266,926
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	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		3,830,545	34	3,409,087

Part 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	3,162,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,988,067
3	Revenue less expenses. Subtract line 2 from line 1	3	174,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	1,877,723
5	Net unrealized gains (losses) on investments	5	71,429
6	Donated services and use of facilities	6	68,013
7	Investment expenses	7	6,928
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(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))	10	2,123,917

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 ☑ 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? . . . 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	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 a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis	2b	✓	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
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		✓
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)

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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 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	3,557,669	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 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	16,725,200
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.						16,725,200

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,345,977	3,557,669	3,299,832	3,504,327	3,017,395	16,725,200
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 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.)	48,088	38,575	38,937	53,082	86,800	265,482
11	**Total support.** Add lines 7 through 10						17,114,081

12	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

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.7 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	98.0 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 organization . . . . ▶ ☐

b **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 supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) . . . | 17 | %

18 Investment income percentage from **2012** Schedule A, Part III, line 17 . . . . | 18 | %

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

Part II, Section B, Line 10 - Other income includes various fees from providing Non Profit Training seminars to local non profits, Information and referral services on behalf of neighboring United Ways, designation fee income, and administration of the local Emergency, Food and Shelter program in Escambia County, as well as subsidized rent from a local agency co-located in the United Way building.

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

2013

Name of the organization
United Way of Escambia County

Employer identification number
59-0651076

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☑ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓ % 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, 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 . . . . ▶ $ ____________

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

Name of organization

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	$ 290,178	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
2	United Way Worldwide 701 N. Fairfax Street Alexandria, VA. 22314	$ 225,468	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Gulf Power Company One Energy Place Pensacola, FL. 32520	$ 221,134	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
4	Publix Corporation PO Box 407 Lakeland, FL.33802	$ 186,933	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
5	Escambia County Government 221 N. Palafox Place Pensacola, FL. 32502	$ 163,386	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	Navy Federal Credit Union 8071 Security Place Pensacola, FL. 32508	$ 94,905	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
United Way of Escambia County	59-0651076

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
7	Armstrong World Industries PO Box 1991 Pensacola, FL, 32589	$ 87,831	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
8	Regions Bank 70 N. Baylen Street Pensacola, FL, 32502	$ 82,905	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number

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

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

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

(e) Transfer of gift

Transferee's name, address, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

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 Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ____

7 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 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 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 ▶ $ ____

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____

b Assets included in Form 990, Part X ▶ $ ____

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☑

Part V **Endowment Funds.**
Complete if the organization answered "Yes" to Form 990, Part 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	279,995	238,961	218,828
b	Contributions					
c	Net investment earnings, gains, and losses	19,632	29,864	(14,815)	43,048	22,113
d	Grants or scholarships					
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	238,961

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ 0%
b Permanent endowment ▶ 100%
c Temporarily restricted endowment ▶ 0%
The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
	(i) unrelated organizations	3a(i)		✓
	(ii) related organizations	3a(ii)		✓
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		92,350		92,350
b	Buildings		1,089,186	(558,325)	530,861
c	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 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. *(Column (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)		
(9)		
Total. *(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, line 11d. See Form 990, Part X, line 15.

(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) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☑

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.

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 VIII, line 12:				
a	Net unrealized gains on investments	2a	71,429		
b	Donated services and use of facilities	2b	68,013		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	26,338		
e	Add lines **2a** through **2d**			2e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,936		
b	Other (Describe in Part XIII.)	4b	394,396		
c	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.)*			5	3,162,832

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.

1	Total expenses and losses per audited financial statements			1	2,681,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	68,013		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	26,338		
e	Add lines **2a** through **2d**			2e	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	6,936		
b	Other (Describe in Part XIII.)	4b	394,396		
c	Add lines **4a** and **4b**			4c	401,332
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,988,067

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 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.

Part IV - The organization maintains custody of fees remitted by members of UWADA (United Way Agency Directors Association) as annual dues to cover the costs of maintaining the Association, including costs related to professional development of the membership, as well as costs of meetings. In addition, the organization maintains custody of funds for several local programs that are held in partnership with other local civic groups to meet common goals.

Part XI, 2D Expenses of annual Passport to Unite, $26,338 are netted against Fundraising Event revenues on the tax return.

Part XI, 4B, Designations to outside agencies are netted against campaign revenue on the financial statements ($381,051), as are investment expense fees ($13,345), totaling ($394,396).

Part XII, 2D Expenses of annual Passport to Unite, $26,338 are netted against Fundraising Event revenues on the tax return.

Part XII, 4B, Designations to outside agencies are netted against campaign revenue on the financial statements ($381,051), as are investment expense fees ($13,345), totaling ($394,396).

Part XIII **Supplemental Information** *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.

▶ 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

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

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.

	(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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.

Florida

Part 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.

			(a) Event #1 Passport to Unite (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	27,375			27,375
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	27,375			27,375
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,351			1,351
	6	Rent/facility costs	1,383			1,383
	7	Food and beverages	11,647			11,647
	8	Entertainment				
	9	Other direct expenses	11,957			11,957
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				26,338
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				1,037

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	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) ▶				

9 Enter the state(s) in which the organization operates gaming activities: ______

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ______

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:

a	The organization's facility	13a	%
b	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 ▶ $ ________

c If "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 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 ☐ 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 IV 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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 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) 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 Ste210,Pensacola, FL32505	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	$66,186.59				Designation/Allocation
(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, FL 32502	59-3213644	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 . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 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) 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) Amer. Red Cross NWFL, 222 N Baylen St., Pensacola, FL 32502	59-0637808	501(c)3	$34,378.28				Designation/Allocation
(2) Gulf Coast Kids House, 3401 N 12th Ave, Pensacola, FL 32503	59-3520130	501(c)3	$32,155.57				Designation/Allocation
(3) Boys&Girls Club, 923 Denton Blvd NW, Ft Walton Bch, FL 32547	59-1390241	501(c)3	$31,164.10				Designation/Allocation
(4) B.R.A.C.E., 1301 W Government St, Pensacola, FL 32501	20-4815891	501(c)3	$27,148.73				Designation/Allocation
(5) Chain Reaction, 1301 E Gadsden St, Pensacola, FL 32501	20-5966578	501(c)3	$26,179.27				Designation/Allocation
(6) Pace Ctr for Girls, 1201 College Blvd, Pensacola, FL 32504	59-2414492	501(c)3	$24,663.83				Designation/Allocation
(7) Childrens Home Soc of FL, PO Box 19136, Pensacola, FL 32523	59-0192430	501(c)3	$21,998.05				Designation/Allocation
(8) AMIKids Pensacola, 3685 Muldoon Rd, Pensacola, FL 32526	59-3051944	501(c)3	$19,540.37				Designation/Allocation
(9) Health & Hope Clinic, 9999 Chemstrand Rd, Pensacola, FL 32514	26-4336638	501(c)3	$18,681.15				Designation/Allocation
(10) New Beginnings Group Inc, 820 Gerhardt Dr, Pensacola, FL 32503	59-3597194	501(c)3	$17,038.74				Designation/Allocation
(11) Bay Area Food Bank, 5709 Industrial Blvd, Milton, FL 32583	63-0821997	501(c)3	$16,568.56				Designation/Allocation
(12) United Ministries of Pensacola, 257B E Lee St, Pensacola, FL 32513	59-2865996	501(c)3	$15,605.71				Designation/Allocation

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
United Way of Escambia County	59-0651076

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 the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 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) 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) Autism Pensacola, PO Box 30213, Pensacola, FL 32503	11-3643957	501(c)3	$14,598.35				Designation/Allocation
(2) Baptist Health Care Fdtn, 1000 W Moreno Ste409, Pensacola FL 32501	59-0192265	501(c)3	$12,697.25				Designation/Allocation
(3) Milk & Honey Outreach, 31 E. Wright St, Pensacola, FL 32501	59-3454711	501(c)3	$10,304.31				Designation/Allocation
(4) Seastars Aquatics, 5425 Hibiscus Rd, Pensacola, FL 32504	20-1199276	501(c)3	$9,783.44				Designation/Allocation
(5) Lakeview Center Inc., 1221 W Lakeview Ave, Pensacola, FL 32501	59-0737872	501(c)3	$8,750.44				Designation/Allocation
(6) Esc. Cty Public Schools Fdtn, 30 Texar Dr, Pensacola, FL 32503	59-2715995	501(c)3	$8,565.46				Designation/Allocation
(7) NW FL Legal Svcs, 701 S J St. Pensacola, FL 32501	59-1817996	501(c)3	$8,476.75				Designation/Allocation
(8) United Way of Okaloosa/Walton 112 Tupelo Ave, Ft. Walton Bch 32548	59-0972293	501(c)3	$7,965.45				Designation/Allocation
(9) Soc of St Vincent De Paul, 2200 W. De Soto St, Pensacola, FL 32505	26-4125098	501(c)3	$7,475.85				Designation/Allocation
(10) Covenant Hospice, 5041 N. 12th Ave, Pensacola, FL 32504	59-2208300	501(c)3	$7,119.41				Designations
(11) Independence for the Blind, 3107 N Davis Hwy, Pensacola, FL 32503	59-3297510	501(c)3	$6,858.77				Designation/Allocation
(12) Legal Svcs of North FL, 118 S Baylen St. Pensacola, FL 32502	51-0197090	501(c)3	$6,119.98				Designation/Allocation

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

Cat. No. 50055P

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 the selection criteria used to award the grants or assistance? . . . . . . ☑ Yes ☐ No

2 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) 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) Boy Scouts GulfCoast Council 9440 Univ.Pkwy, Pensacola, FL 32514	59-0624405	501(c)3	$5,956.71				Designations
(2) Learn to Read of NW FL, 1721 W. FairfieldDrSte315 PensacolaFL 32501	59-2974077	501(c)3	$5,794.35				Designation/Allocation
(3) Panhandle Youth Asst Pgm 4150 Cedar Springs Rd, Molino, FL 32577	59-3490012	501(c)3	$5,382.53				Designation/Allocation
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶

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

Cat. No. 50055P

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.

(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 relief assistance, Escambia County residents	39	16,253			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

2013

Open To Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0551076

Part 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 determining noncash contribution amounts
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	✓	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				
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)	✓	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 ▶ (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	
			Yes	**No**
30a	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?	30a		✓
b	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	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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, Types of Property - column B, the count is based on the number of donors, not on items received.

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 **2013** **Open to Public Inspection**

Name of the organization United Way of Escambia County	**Employer identification number** 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 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 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 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.

Name of the organization	Employer identification number
United Way of Escambia County	59-0651076

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)

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, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: United Way of Escambia County
Employer identification number: 59-0651076

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) United Way of Escambia County Foundation, LLC 1301 W. Government Street, Pensacola, FL 32502	Fundraising	Florida	$27,698	$625,573	UW Escambia Cty
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Part 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
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 organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

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

DEPARTMENT OF THE TREASURY

Date: AUG 0 8 2005

UNITED WAY OF ESCAMBIA COUNTY INC
1301 W GOVERNMENT ST
PENSACOLA, FL 32501

Employer Identification Number:
59-0651076
DLN:
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:
Yes
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.

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

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

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: Escambia-Pensacola Human Relations Comm

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	0.00	0.00	0.00
Salaries and Wages	143,792.47	131,794.38	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

H

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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. General Fund

Available Funding: $1,425,082

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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			
Other Income			
Total Income		843,862.00	849,258.00

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	2,802.00
Rentals and Leases			
Communication		2,242.00	2,294.00
Postage and Freight			
Repair and Maintenance		17,242.00	17,256.00
Printing and Binding		1,771.00	4,004.00
Marketing and Promotion			
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	**Current Budget Year 10/1/14-9/30/15**	**Proposed Budget 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

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

Date: April 26, 2006

LAKEVIEW CENTER INC
1221 W LAKEVIEW AVE
PENSACOLA FL 32501-1857 215

Person to Contact
Mrs. Coghill 31-07426
Customer Service Specialist
Toll Free Telephone 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 tax-exempt 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 shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

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)
▶ **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

A For the 2013 calendar year, or tax year beginning 10/01, **2013, and ending** 09/30, **20** 14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: LAKEVIEW CENTER, INC.
Doing Business As:
Number and street (or P.O. box if mail is not delivered to street address): 1221 W. LAKEVIEW AVENUE | Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: PENSACOLA, FL 32501-1836

D Employer identification number: 59-0737872
E Telephone number: (850) 469-3620
G Gross receipts $ 217,701,276.

F Name and address of principal officer: GARY BEMBRY
1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.EBAPTISTHEALTHCARE.ORG/LAKEVIEWCENTER

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1961 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO HELP PEOPLE OVERCOME LIFE'S CHALLENGES. THE ORGANIZATION PROVIDES BEHAVIORAL HEALTH (MENTAL HEALTH & SUBSTANCE ABUSE) SERVICES, CHILD PROTECTIVE SERVICES, (SEE SCH O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	3,478.
6	Total number of volunteers (estimate if necessary)	6	26.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	61,307,525.	57,067,704.
	9	Program service revenue (Part VIII, line 2g)	120,246,333.	158,509,820.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,014,364.	1,491,038.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	815,932.	632,714.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,384,154.	217,701,276.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,972,041.	14,441,578.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	92,757,706.	98,399,079.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,211,187.	88,209,184.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	173,940,934.	201,049,841.
	19	Revenue less expenses. Subtract line 18 from line 12	10,443,220.	16,651,435.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	134,116,354.	157,173,476.
	21	Total liabilities (Part X, line 26)	24,955,451.	30,172,986.
	22	Net assets or fund balances. Subtract line 21 from line 20	109,160,903.	127,000,490.

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.

Sign Here
▶ Signature of officer | Date
▶ Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name: MICHAEL J ENGLE	Preparer's signature	Date	Check ☐ if self-employed	PTIN: P00482834
Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260	
Firm's address ▶ 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246			Phone no. 816 221-6300	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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 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.

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☒ **No**

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 $ 109,396,933. including grants of $ 0) (Revenue $ 125,172,474.)

VOCATIONAL SERVICES: IN 2014, THIS DIVISION EMPLOYED APPROXIMATELY 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.

4b (Code:) (Expenses $ 42,798,964. including grants of $ 0) (Revenue $ 27,303,165.)

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.

4c (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.

4d Other program services (Describe in Schedule O.)

(Expenses $ 3,676,032. including grants of $ 0) (Revenue $ 6,442,106.)

4e Total program service expenses ▶ 194,293,461.

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**	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**		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, 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 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**		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, VII, 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**	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*	**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
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**		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
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**		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 fundraising 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
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		

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 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	
24 a	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		
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
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		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		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):			
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	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		X
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	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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
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	X	
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 Schedule O	38	X	

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	**1a**	183			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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**	3,478			
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**		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**		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 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**		X
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**		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).**					
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**		
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	**7d**				
e	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?			**7f**		X
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?			**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**		
b	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	**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**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
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	**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 report on Schedule O.			**13a**		
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**				
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**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

					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.	1a	15			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
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	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	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	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	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 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

Section 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	
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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		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		

Section C. Disclosure

17 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 (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 ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶M. ALLISON HILL 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836 850-469-3620

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) MOLLYE BAROWS MEMBER	1.00 0	X								
(2) CHARLES BEALL, JR. MEMBER/SECRETARY	1.00 0	X		X						
(3) MICHAEL BODENHAUSEN MEMBER	1.00 0	X								
(4) VINCE CURRIE MEMBER/TREASURER	1.00 0	X		X						
(5) DAVID BEAR MEMBER	1.00 0	X								
(6) FRED DONOVAN, JR. MEMBER	1.00 0	X								
(7) REV. DR. HUGH HAMILTON, III MEMBER/VICE CHAIR	1.00 0	X		X						
(8) KEVIN HOFFMAN, PH.D MEMBER	1.00 0	X								
(9) LIAS IHNS MEMBER	1.00 0	X								
(10) DALE JORDAN MEMBER	1.00 0	X								
(11) DAVID MAYO, JR. MEMBER	1.00 0	X								
(12) RUTH MCKINON MEMBER	1.00 0	X								
(13) STEPHANIE M. POWELL MEMBER	1.00 0	X								
(14) DAVID STAFFORD MEMBER	1.00 0	X								

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(15) JARL T. "JT" YOUNG MEMBER/CHAIRMAN	1.00 0	X		X						
(16) GARY L. BEMBRY PRESIDENT/CEO	37.00 13.00			X						
(17) RICHARD J. GILMARTIN VICE PRESIDENT	49.00 1.00			X						
(18) DENNIS GOODSPEED VICE PRESIDENT	50.00 0			X						
(19) MARY A. HILL VICE PRESIDENT/COO	49.00 1.00			X						
(20) SANDRA WHITAKER VICE PRESIDENT	49.00 1.00			X						
(21) BURTON E. WILLIAMS III VICE PRESIDENT/COO LAE, INC	50.00 0			X						
(22) ANN HARTER VICE PRESIDENT	49.00 1.00			X						
(23) DOMINIC "SHAWN" SALAMIDA VICE PRESIDENT	49.00 1.00			X						
(24) GUIDO LUDERGNANI PSYCHIATRIST	40.00 0					X				
(25) VENKATA SOMPALLI PSYCHIATRIST	40.00 0					X				

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 ▶ 37

			Yes	No
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*	4	X	
5	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*	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) Name and business address	(B) Description of services	(C) Compensation
HP ENTERPRISE SERVICES, LLC DALLAS, TX 75284	IT SOLUTIONS SRVCS	
FCE BENEFIT ADMINISTRATORS INC BURLINGAME, CA 94010	BENEFIT ADMIN. SRVCS	
BRIDGEWAY CENTER FORT WALTON BEACH, FL 62548	MENTAL HEALTH SRVCS	
SRA INTERNATIONAL, INC. FAIRFAX, VA 22033	IT SOLUTIONS SRVCS	
C.O.P.E. DEFUNIAK SPRINGS, FL 32435	MENTAL HEALTH SRVCS	

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 74

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(26) MYRON ALMOND PSYCHIATRIST	40.00 0					X				
(27) ANNIE CHERIAN CHIEF OF MEDICAL SERVICES	40.00 0					X				
(28) CYNTHIA JAVELLANA PSYCHIATRIST	40.00 0					X				

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 ▶ 37

			Yes	No
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*	4	X	
5	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*	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) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e		56,931,790.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f		135,914.				
	g	Noncash contributions included in lines 1a-1f: $			99,996.				
	h	**Total.** Add lines 1a-1f . . . . ▶				57,067,704.			
Program Service Revenue					Business Code				
	2a	VOCATIONAL REVENUE			624310	125,172,473.	125,172,473.		
	b	PATIENT REVENUE			624100	16,869,213.	16,869,213.		
	c	GOVT FEES/CONTRACTS			900099	15,824,890.	15,824,890.		
	d	MANAGEMENT FEES			561000	593,121.	593,121.		
	e	CONSULTING FEES			541610	50,123.	50,123.		
	f	All other program service revenue							
	g	**Total.** Add lines 2a-2f . . . . ▶				158,509,820.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶				1,179,004.			1,179,004.
	4	Income from investment of tax-exempt bond proceeds . . . ▶				0			
	5	Royalties . . . . ▶				0			
				(i) Real	(ii) Personal				
	6a	Gross rents		96,280.					
	b	Less: rental expenses . . .							
	c	Rental income or (loss) . .		96,280.					
	d	Net rental income or (loss) . . . . ▶				96,280.			96,280.
				(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		306,534.	5,500.				
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)		306,534.	5,500.				
	d	Net gain or (loss) . . . . ▶				312,034.			312,034.
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a						
	b	Less: direct expenses	b						
	c	Net income or (loss) from fundraising events . . . . ▶				0			
	9a	Gross income from gaming activities. See Part IV, line 19	a						
	b	Less: direct expenses	b						
	c	Net income or (loss) from gaming activities . . . . ▶				0			
	10a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b						
	c	Net income or (loss) from sales of inventory. . . . . ▶				0			
		Miscellaneous Revenue			Business Code				
	11a	STAFFING/SUPPORT SERVICES			561300	312,825.	312,825.		
	b	CLINICAL RECORD REVENUE			541900	44,226.			44,226.
	c	MEAL SALES			721210	35,351.			35,351.
	d	All other revenue			900099	144,032.	95,100.		48,932.
	e	**Total.** Add lines 11a-11d . . . . ▶				536,434.			
	12	**Total revenue.** See instructions . . . . ▶				217,701,276.	158,917,745.		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 or note to any line in this Part IX . . . . ☐

Do not include amounts reported on lines 6b, 7b, 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	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	0			
4 Benefits paid to or for members	0			
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.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,743,993.	1,656,793.	87,200.	
9 Other employee benefits	17,162,175.	16,304,066.	858,109.	
10 Payroll taxes	5,246,358.	4,984,040.	262,318.	
11 Fees for services (non-employees):				
a Management	400,000.		400,000.	
b Legal	183,345.	174,178.	9,167.	
c Accounting	120,752.		120,752.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 1	70,526,947.	70,055,435.	471,512.	
12 Advertising and promotion	244,327.	232,111.	12,216.	
13 Office expenses	2,246,347.	2,134,030.	112,317.	
14 Information technology	690,268.	655,755.	34,513.	
15 Royalties	0			
16 Occupancy	4,731,374.	4,494,805.	236,569.	
17 Travel	1,347,020.	1,279,669.	67,351.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	321,541.	305,464.	16,077.	
20 Interest	0			
21 Payments to affiliates	0			
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 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 FOOD SERVICES	1,883,970.	1,789,772.	94,199.	
b SMALL EQUIPMENT	371,760.	353,172.	18,588.	
c TAXES, LICENSES, & PERMITS	232,062.	220,459.	11,603.	
d MEDICAL SUPPLIES	198,014.	198,014.		
e All other expenses	1,194,610.	1,134,879.	59,730.	
25 **Total functional expenses.** Add lines 1 through 24e	201,049,841.	194,293,461.	6,756,380.	
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)	0			

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	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			0	3	0
	4	Accounts receivable, net			22,157,720.	4	29,769,143.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	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	6	0
	7	Notes and loans receivable, net			90,618.	7	104,092.
	8	Inventories for sale or use			201,175.	8	154,408.
	9	Prepaid expenses and deferred charges			1,108,907.	9	769,289.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	43,669,806.			
	b	Less: accumulated depreciation	10b	23,693,440.	20,884,585.	10c	19,976,366.
	11	Investments - publicly traded securities			42,230,099.	11	49,499,599.
	12	Investments - other securities. See Part IV, line 11			75,000.	12	75,000.
	13	Investments - program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			2,151,614.	15	2,842,770.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			134,116,354.	16	157,173,476.
Liabilities	17	Accounts payable and accrued expenses			22,983,965.	17	26,284,495.
	18	Grants payable			0	18	0
	19	Deferred revenue			1,904,464.	19	3,888,491.
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	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			0	22	0
	23	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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			67,022.	25	0
	26	**Total liabilities.** Add lines 17 through 25			24,955,451.	26	30,172,986.
Net Assets or Fund Balances		**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.
	28	Temporarily restricted net assets			1,561,160.	28	1,590,425.
	29	Permanently restricted net assets			61,894.	29	61,894.
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			109,160,903.	33	127,000,490.
	34	Total liabilities and net assets/fund balances			134,116,354.	34	157,173,476.

Form **990** (2013)

Part 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	217,701,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	201,049,841.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,651,435.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,160,903.
5	Net unrealized gains (losses) on investments	5	1,068,370.
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	119,782.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	127,000,490.

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 ☒ 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 separate basis, consolidated basis, or both: ☐ 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?	2c	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	X	

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*.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An 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).**
11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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.")	61,629,804.	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						0
4 **Total.** Add lines 1 through 3	61,629,804.	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)						0
6 **Public support.** Subtract line 5 from line 4.						305,342,852.

Section B. Total Support

Calendar 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.	61,307,525.	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						318,987,588.

12 Gross receipts from related activities, etc. (see instructions) **12** 544,323,373.

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 2013 (line 6, column (f) divided by line 11, column (f)) **14** 95.72 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 **15** 95.37 %

16a **33 1/3 % support test - 2013.** 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 - 2012.** 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 - 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **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 line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MEAL SALES	41,766.	49,581.		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.	2,043,026.	1,521,870.	536,434.	6,040,513.

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.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

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2013
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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.

Name of organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures . . . ▶ $
3 Volunteer hours . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ $
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? . . . ☐ Yes ☐ No
4a Was a correction made? . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C 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 . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . ▶ $
4 Did the filing 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, enter the amount paid from the 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-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2013**

Part II-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).
ATCH 1

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.)**	(a) Filing organization's totals	(b) 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)		111,827.
c	Total lobbying expenditures (add lines 1a and 1b)		111,827.
d	Other exempt purpose expenditures	201,049,841.	730,609,527.
e	Total exempt purpose expenditures (add lines 1c and 1d)	201,049,841.	730,721,354.
f	Lobbying nontaxable amount. Enter 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.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

		(a)	(b)
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	1,456,096.
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	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? ☒ Yes ☐ No

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
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b 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.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

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:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information *(continued)*

ATTACHMENT 1 (CONT'D)

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: 1,775,206.
TOTAL EXEMPT PURPOSE EXPENDITURES: 1,775,206.
LOBBYING NONTAXABLE AMOUNT: 238,760.
GRASSROOTS NONTAXABLE AMOUNT: 59,690.
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
EIN: 59-0657322
GRASSROOTS LOBBYING AMOUNT:
DIRECT LOBBYING AMOUNT: 55,879.
TOTAL LOBBYING EXPENDITURES: 55,879.
OTHER EXEMPT PURPOSE EXPENDITURES: 435,052,493.
TOTAL EXEMPT PURPOSE EXPENDITURES: 435,108,372.
LOBBYING NONTAXABLE AMOUNT: 1,000,000.
GRASSROOTS NONTAXABLE AMOUNT: 250,000.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES:

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:	43,778.
TOTAL EXEMPT PURPOSE EXPENDITURES:	43,778.
LOBBYING NONTAXABLE AMOUNT:	8,756.
GRASSROOTS NONTAXABLE AMOUNT:	2,189.
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:	7,283.
TOTAL LOBBYING EXPENDITURES:	7,283.
OTHER EXEMPT PURPOSE EXPENDITURES:	24,060,630.
TOTAL EXEMPT PURPOSE EXPENDITURES:	24,067,913.
LOBBYING NONTAXABLE AMOUNT:	1,000,000.
GRASSROOTS NONTAXABLE AMOUNT:	250,000.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	
SHARE OF EXCESS LOBBYING EXPENDITURES:	

Part IV Supplemental Information *(continued)*

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:	3,692.
OTHER EXEMPT PURPOSE EXPENDITURES:	15,035,927.
TOTAL EXEMPT PURPOSE EXPENDITURES:	15,039,619.
LOBBYING NONTAXABLE AMOUNT:	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:	80,277.
TOTAL EXEMPT PURPOSE EXPENDITURES:	80,277.
LOBBYING NONTAXABLE AMOUNT:	16,055.
GRASSROOTS NONTAXABLE AMOUNT:	4,014.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	
SHARE OF EXCESS LOBBYING EXPENDITURES:	

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:	723,665.
TOTAL EXEMPT PURPOSE EXPENDITURES:	723,665.
LOBBYING NONTAXABLE AMOUNT:	133,550.
GRASSROOTS NONTAXABLE AMOUNT:	33,388.
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:	2,367,404.
TOTAL EXEMPT PURPOSE EXPENDITURES:	2,367,404.
LOBBYING NONTAXABLE AMOUNT:	268,370.
GRASSROOTS NONTAXABLE AMOUNT:	67,093.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	
SHARE OF EXCESS LOBBYING EXPENDITURES:	

Part IV Supplemental Information *(continued)*

ATTACHMENT 1 (CONT'D)

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:	201,049,841.
TOTAL EXEMPT PURPOSE EXPENDITURES:	201,049,841.
LOBBYING NONTAXABLE AMOUNT:	1,000,000.
GRASSROOTS NONTAXABLE AMOUNT:	250,000.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	
SHARE OF EXCESS LOBBYING EXPENDITURES:	

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.*

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Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ________________

7 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 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 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 ▶ $ ____________

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________
b Assets included in Form 990, Part X ▶ $ ____________

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______________________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . ☐ Yes ☐ No

Part IV **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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part 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	1,705,269.	1,683,097.	2,299,715.	2,352,960.	2,134,950.
b Contributions	29,265.	15,512.		125,586.	211,036.
c Net investment earnings, gains, and losses	5,791.	6,660.	9,089.	-161.	6,974.
d Grants or scholarships					
e Other expenditures for facilities and programs			625,707.	178,670.	
f Administrative expenses					
g End of year balance	1,740,325.	1,705,269.	1,683,097.	2,299,715.	2,352,960.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ 3.5600 %

c Temporarily restricted endowment ▶ 96.4400 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)	X	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,408,444.		2,408,444.
b Buildings		23,649,556.	11,269,051.	12,380,505.
c Leasehold improvements		556,951.	317,608.	239,343.
d Equipment		16,763,402.	12,106,781.	4,656,621.
e Other		291,453.		291,453.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				19,976,366.

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. *(Column (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)		
(9)		
Total. *(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, line 11d. See Form 990, Part X, line 15.

(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) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

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:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line 1			3	
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	

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.

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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 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.

SEE PAGE 5

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

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 the selection criteria used to award the grants or assistance? . . . . ☒ Yes ☐ No

2 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) 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) BROOKWOOD FLORIDA 801 7TH AVE ST PETERSBURG, FL 33705	59-0624387	501 (C) (3)	8,790.				RESIDENTIAL GROUP
(2) COVENANT KIDS MANOR, INC. 830 BELHAVEN DR ORLANDO, FL 32828	59-3664515	501 (C) (3)	50,330.				RESIDENTIAL GROUP
(3) HOME OF DREAMS 201 LEE MILLER RD CRAWFORDVILLE, FL 32327	27-2377247	501 (C) (3)	193,417.				RESIDENTIAL GROUP
(4) HOUSE OF HOPE GIRLS HOME 1540 IRISHWOOD COURT MIDDLEBURG, FL 32068	68-0649503	501 (C) (3)	46,345.				RESIDENTIAL GROUP
(5) HOUSE OF SUNSHINE 9243 PROSPERITY LAKE DR	03-0595110	501 (C) (3)	5,180.				RESIDENTIAL GROUP
(6) INSPIRE GROUP 2221 S MONROE UNIT 2 TALLAHASSEE, FL 32301	13-4364718	501 (C) (3)	173,798.				RESIDENTIAL GROUP
(7) LUTHERAN SERVICES FLORIDA, INC. 3627A W WATERS AVE TAMPA, FL 33614	59-2198911	501 (C) (3)	184,910.				SUBPROVIDER CONTRACT
(8) PANAMA YOUTH SERVICES 402 E 63RD ST JACKSONVILLE, FL 32208	26-4744441	501 (C) (3)	13,866.				RESIDENTIAL GROUP
(9) TOUCHSTONE VILLAGE 6780 PATANIA WAY JACKSONVILLE, FL 32216	59-2176287	501 (C) (3)	7,125.				RESIDENTIAL GROUP
(10) UNITED METHODIST CHILDREN'S HOME 3140 ZELDA CT MONTGOMERY, AL 36106	63-0302145	501 (C) (3)	83,993.				SUBPROVIDER CONTRACT
(11) BLESSINGS HOUSE / CIC 1000 LUKE'S WAY FT WALTON BEACH, FL 32547	65-1196220	501 (C) (3)	71,741.				SUBPROVIDER CONTRACT
(12) BOYSTOWN FIFTY-THREE 3555 COMMONWEALTH 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 . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2013)**

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

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 the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 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) 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) BOYSTOWN FIFTY-TWO 3555 COMMONWEALTH BLVD	47-0376606	501(C)(3)	53,910.				RESIDENTIAL GROUP
(2) BOYSTOWN FORTY-THREE 3555 COMMONWEALTH BLVD	47-0376606	501(C)(3)	36,120.				RESIDENTIAL GROUP
(3) FLORIDA UNITED METHODST 51 CHILDRENS WAY ENTERPRISE, FL 32725	59-0638479	501(C)(3)	9,140.				RESIDENTIAL GROUP
(4) HOPE HOUSE / LUTHERAN 3627A W WATERS AVE TAMPA, FL 33614	59-2198911	501(C)(3)	77,410.				SUBPROVIDER CONTRACT
(5) SUE SUE'S COTTAGE / CI 1000 LUKE'S WAY FT WALTON BEACH, FL 32547	65-1196220	501(C)(3)	94,152.				SUBPROVIDER CONTRACT
(6) SUSANNA WESLEY BR/CI 968 LUKE'S WAY FT WALTON BEACH, FL 32547	65-1196220	501(C)(3)	181,498.				SUBPROVIDER CONTRACT
(7) SMILEY HOUSE / FLORIDA 300 CHEMSTRAND ROAD CANTONMENT, FL 32533	59-6572326	501(C)(3)	138,648.				SUBPROVIDER CONTRACT
(8) UMCH CRESTVIEW GROUP 3140 ZELDA CT MONTGOMERY, AL 36106	63-0302145	501(C)(3)	50,838.				SUBPROVIDER CONTRACT
(9) WORLD GOOD NEWS, INC. 4570 SAINT JOHNS AVE.	59-1283134	501(C)(3)	5,180.				RESIDENTIAL GROUP
(10) CHS TEEN PARENTING PO BOX 5616 JACKSONVILLE, FL 32247	59-0192430	501(C)(3)	8,050.				RESIDENTIAL GROUP
(11) NEW HEAVEN DOMINION 12620 BEACH BLVD. 3-102	33-1144072	501(C)(3)	6,310.				RESIDENTIAL GROUP
(12) BOYSTOWN SIXTY-TWO 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 ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2013)**

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: LAKEVIEW CENTER, INC.
Employer identification number: 59-0737872

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 the selection criteria used to award the grants or assistance? . . . . . . ☒ Yes ☐ No

2 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) 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) MCS GROUP HOME 1227 9TH AVE. BRADENTON, FL 34205	59-1771210	501(C)(3)	7,190.				RESIDENTIAL GROUP
(2) HOPE PAVILLION INC 110 PARK AVE HASTINGS, FL 32145	59-3741370	501(C)(3)	23,030.				RESIDENTIAL GROUP
(3) FLORIDA SHERIFFS BOYS 1913 CECIL WEBB PLACE BOYS RANCH, FL 32064	23-7303117	501(C)(3)	8,310.				RESIDENTIAL GROUP
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 27.

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶

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

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, appraisal, other)	**(f)** Description of non-cash assistance
1 IL SUBSIDIES	186.	1,034,125.			
2 FOSTER CARE SUBSIDIES	359.	3,183,150.			
3 ADOPTION SUBSIDIES	1,387.	8,614,233.			
4					
5					
6					
7					

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.

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)

Department of the Treasury
Internal Revenue Service

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
2013
Open to Public Inspection

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

Part I Questions Regarding Compensation

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
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account
☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

			Yes	No
b	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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the 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.

☒ Compensation committee
☒ Independent compensation consultant
☐ Form 990 of other organizations
☐ Written employment contract
☒ Compensation survey or study
☒ 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:

			Yes	No
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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:

			Yes	No
a	The organization?	**5a**		X
b	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:

			Yes	No
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X

If "Yes" to line 6a or 6b, describe in Part III.

			Yes	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
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 in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 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**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 (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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GARY L. BEMBRY PRESIDENT/CEO	(i)							
	(ii)							
2 RICHARD J. GILMARTIN VICE PRESIDENT	(i)							
	(ii)							
3 DENNIS GOODSPEED VICE PRESIDENT	(i)							
	(ii)							
4 MARY A. HILL VICE PRESIDENT/COO	(i)							
	(ii)							
5 SANDRA WHITAKER VICE PRESIDENT	(i)							
	(ii)							
6 GUIDO LUDERGNANI PSYCHIATRIST	(i)							
	(ii)							
7 VENKATA SOMPALLI PSYCHIATRIST	(i)							
	(ii)							
8 MYRON ALMOND PSYCHIATRIST	(i)							
	(ii)							
9 ANNIE CHERIAN CHIEF OF MEDICAL SERVICES	(i)							
	(ii)							
10 CYNTHIA JAVELLANA PSYCHIATRIST	(i)							
	(ii)							
11 ANN HARTER VICE PRESIDENT	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2013

JSA
3E1291 1.000

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)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2013
Open To Public Inspection

Name of the organization: LAKEVIEW CENTER, INC.
Employer identification number: 59-0737872

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Part IV Business Transactions Involving Interested Persons.

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) Sharing of organization's revenues? Yes	No
(1)	SEE PART V					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V 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

(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)

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
2013
Open To Public Inspection

Name of the organization: LAKEVIEW CENTER, INC.
Employer identification number: 59-0737872

Part 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 determining noncash contribution amounts
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				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1.	99,996.	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(______________)				
26	Other ▶(______________)				
27	Other ▶(______________)				
28	Other ▶(______________)				

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**

			Yes	No
30a	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?	30a		X
b	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	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule M (Form 990) (2013)**

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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.

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.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	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.

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

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

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	59-0737872

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.

Name of the organization	Employer identification number
LAKEVIEW CENTER, INC.	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.	

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, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: LAKEVIEW CENTER, INC.
Employer identification number: 59-0737872

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) BAPTIST HEALTH CARE CORPORATION 59-2425151 1717 N E STREET PENSACOLA, FL 32501	HEALTHCARE	FL	501(C)(3)	11C	N/A		X
(2) BAPTIST HEALTH CARE FOUNDATION 59-0192265 1717 N E STREET PENSACOLA, FL 32501	FUNDRAISING	FL	501(C)(3)	7	BHC	X	
(3) BAPTIST HOSPITAL, INC. 59-0657322 1000 WEST MORENO STREET PENSACOLA, FL 32501	HEALTHCARE	FL	501(C)(3)	3	BHC	X	
(4) CMHC HERNANDEZ HOUSE, INC. 59-2041794 1221 WEST LAKEVIEW AVE PENSACOLA, FL 32501	LOW COST HOUS	FL	501(C)(3)	9	LCI	X	
(5) ESCAMBIA COUNTY ALABAMA COMMUNITY HOSPIT 63-1143638 401 MEDICAL PARK DRIVE ATMORE, AL 36502	HEALTHCARE	AL	501(C)(3)	3	BHC	X	
(6) JAY HOSPITAL, INC. 59-2425149 14114 ALABAMA STREET JAY, FL 32565	HEALTHCARE	FL	501(C)(3)	3	BHC	X	
(7) LAKEVIEW PLACE, INC. 59-2804577 1221 WEST LAKEVIEW AVE PENSACOLA, FL 32501	LOW COST HOUS	FL	501(C)(3)	9	LCI	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2013**

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, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: LAKEVIEW CENTER, INC.
Employer identification number: 59-0737872

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) LAKEVIEW VILLA, INC. 59-2842486 1221 WEST LAKEVIEW AVE PENSACOLA, FL 32501	LOW COST HOUS	FL	501(C)(3)	9	LCI	X	
(2) THE BAPTIST MANOR, INC. 59-2455515 10095 HILLVIEW RD PENSACOLA, FL 32514	HEALTHCARE	FL	501(C)(3)	9	BHC	X	
(3) ANDREWS RESEARCH & EDUCATION INSTITUTE 26-3263612 1040 GULF BREEZE PARKWAY GULF BREEZE, FL 32561	RESEARCH	FL	501(C)(3)	9	BHC	X	
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2013**

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Part 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BAPTIST MEDICAL PARK SURGERY C 9400 UNIVERSITY PKWY	AMBULATORY SU	FL	N/A	NONE	0	0		X	0		X	
(2) ENDOSCOPY CENTER OF GULF BREEZ 1116 GULF BREEZE PKWY	AMBULATORY SU	FL	BHI	NONE	0	0		X	0		X	
(3) PHYSICIANS LABORATORIES 59-087 14 WEST JORDAN STREET, STE A	LABORATORY SE	FL	N/A	NONE	0	0		X	0		X	
(4) ANDREWS INSTITUTE ASC, LLC 35- 1040 GULF BREEZE PKWY	AMBULATORY SU	FL	BHI	NONE	0	0		X	0		X	
(5)												
(6)												
(7)												

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BAPTIST HEALTH VENTURES, INC. 59-2415910 1717 NORTH E ST PENSACOLA, FL 32501	ADMINISTRATIV	FL	BHV	C CORP	0	0		X	
(2) PENSACOLA POB, INC. 59-2462399 1717 NORTH E ST PENSACOLA, FL 32501	LEASING AGENT	FL	BHV	C CORP	0	0		X	
(3) MOBILE DIAGNOSTICS, INC. 59-2864191 1717 NORTH E ST PENSACOLA, FL 32501	MEDICAL SERVI	FL	BHV	C CORP	0	0		X	
(4) MEDICAL PROFESSIONAL AGENCY, INC. 59-2555935 1717 NORTH E ST PENSACOLA, FL 32501	MEDICAL SERVI	FL	BHV	C CORP	0	0		X	
(5) THE TOWERS PHARMACY, INC. 59-2667929 1717 NORTH E ST PENSACOLA, FL 32501	RETAIL SALES	FL	BHV	C CORP	0	0		X	
(6) LANGHORNE CARDIOLOGY CONSULTANTS, INC. 59-2874324 1717 NORTH E ST PENSACOLA, FL 32501	MEDICAL SERVI	FL	BHI	C CORP	0	0		X	
(7) LAKEVIEW ASSOCIATED ENTERPRISES-PHASE I 61-1711170 1221 W LAKEVIEW AVE PENSACOLA, FL 32501	FRANCHISE ACT	FL	BHV	C CORP	0	0		X	

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Schedule R (Form 990) 2013

Part 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LAKEVIEW ASSOCIATED ENTERPRISES-PHASE II 46-5458197 1221 W. LAKEVIEW AVE. PENSACOLA, FL 32501	FRANCHISING	FL	BHV	C CORP	0	0		X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
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 organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BAPTIST HOSPITAL, INC.	A	132,472.	FMV
(2)	BAPTIST HEALTH CARE FOUNDATION, INC.	C	224,699.	FMV
(3)	BAPTIST HOSPITAL, INC.	E	866,522.	FMV
(4)				
(5)				
(6)				

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning 10/01, 2013, and ending 09/30, 2014.
▶ See separate instructions.
▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2013

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
157,173,476.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
LAKEVIEW CENTER, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
1221 W. LAKEVIEW AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32501-1836

D Employer identification number (Employees' trust, see instructions.)
59-0737872

E Unrelated business activity codes (See instructions.)

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ M. ALLISON HILL Telephone number ▶ 850-469-3620

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	0		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules.)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)			33	
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0

JSA **For Paperwork Reduction Act Notice, see instructions.**
3E1610 1.000

Form **990-T** (2013)

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	

Part IV Tax and Payments

40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800 (see instructions)	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0
44 a	Payments: A 2012 overpayment credited to 2013	44a			
b	2013 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ______ ☐ Form 4136 ______ ☐ Other ______ Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	
49	Enter the amount of line 48 you want: **Credited to 2014 estimated tax** ▶ **Refunded** ▶			49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4 a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No: X
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL J ENGLE				P00482834

Firm's name ▶ BKD, LLP | Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT, SUITE 1700 | Phone no. 816 221-6300

KANSAS CITY, MO 64106-2246

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . . . ▶				

Total dividends-received deductions included in column 8 . . . . . ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals . . . . . ▶				

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals . . . . ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net 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)						
(2)						
(3)						
(4)						
Totals . . . . ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line 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.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
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 - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 2		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 . . . . ▶			

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

SCHD. 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	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	0	0
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	0	0
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

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	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	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	0
SANDRA WHITAKER 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT	0	0

ATTACHMENT 2 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BURTON E. WILLIAMS III 1221 W. LAKEVIEW AVENUE PENSACOLA, FL 32501-1836	VICE PRESIDENT/COO LAE, INC	0	0
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	913,453.00	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 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

OMB No. 1545-1878

2013

Name of exempt organization
NORTHWEST FLORIDA COMPREHENSIVE
SERVICES FOR CHILDREN, INC.

Employer identification number
59-2299573

Name and title of officer
CATE JORDAN
EXECUTIVE DIRECTOR

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)	**1b**	5,493,071.
2a Form 990-EZ check here ▶ ☐	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ ☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a 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

☒ I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 99573
ERO firm name — **Enter five numbers, but do not enter all zeros**

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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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. 59219327401
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 ▶ ______ Date ▶ ______

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

EXTENSION GRANTED TILL 02/15/2015

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)

▶ 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

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
NORTHWEST FLORIDA COMPREHENSIVE
SERVICES FOR CHILDREN, INC.
Doing Business As 90 WORKS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
422 NORTH BAYLEN STREET

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32501

D Employer identification number 59-2299573

E Telephone number 855-909-6757

G Gross receipts $ 5,514,573.

F Name and address of principal officer: CATE JORDAN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP://WWW.90WORKS.ORG/

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983 M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CHILD ABUSE PREVENTION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	65
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,617,782.	5,235,459.
	9	Program service revenue (Part VIII, line 2g)	232,398.	267,894.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,370.	-19,413.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,852.	9,131.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,863,402.	5,493,071.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	518,408.	691,602.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,124,737.	3,403,195.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	996,880.	1,264,374.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,640,025.	5,359,171.
	19	Revenue less expenses. Subtract line 18 from line 12	223,377.	133,900.
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,664,989.	1,713,513.
	21	Total liabilities (Part X, line 26)	348,443.	262,592.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,316,546.	1,450,921.

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.

Sign Here

▶ Signature of officer Date

▶ CATE JORDAN, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00447936

Firm's name ▶ CARR, RIGGS & INGRAM, LLC — Firm's EIN ▶ 72-1396621

Firm's address ▶ 500 GRAND BOULEVARD, SUITE 210
MIRAMAR BEACH, FL 32550 — Phone no. (850) 837-3141

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Part 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:

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

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 $ 648,487. including grants of $ 45.) (Revenue $ 114,279.)

TO DIAGNOSE CHILD ABUSE VIA FORENSIC, PHYSICAL, AND SEXUAL EXAMINATIONS IN ESCAMBIA, SANTA ROSA, OKALOOSA, AND WALTON COUNTIES.

4b (Code:) (Expenses $ 1,169,845. including grants of $ 74,552.) (Revenue $ 5,653.)

TO PROVIDE FAMILY SUPPORT SERVICES IN SANTA ROSA COUNTY WHERE CHILDREN ARE AT RISK OF ABUSE.

4c (Code:) (Expenses $ 2,468,668. including grants of $ 262,100.) (Revenue $ 137,680.)

TO PROVIDE CHILD ABUSE PREVENTION SERVICES TO PREGNANT WOMEN AND CHILDREN UP TO THE AGE OF FIVE IN ESCAMBIA AND OKALOOSA COUNTIES.

4d Other program services (Describe in Schedule O.)

(Expenses $ 1,056,308. including grants of $ 354,905.) (Revenue $)

4e Total program service expenses ▶ 5,343,308.

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	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, 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 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		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, VII, 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	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*	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
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
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?	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		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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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*	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		
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 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		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):			
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		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		X
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	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		X
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*	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 Schedule O	38	X	

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	1a	108			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	65			
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		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		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 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		X
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		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).**					
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		
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	7d				
e	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?			7f		X
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?			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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

NORTHWEST FLORIDA COMPREHENSIVE
SERVICES FOR CHILDREN, INC.

59-2299573

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	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	1b	9		
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	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		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		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	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 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

Section 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	
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☐ 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, 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, FL 32501

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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA MILLS PRESIDENT	2.00	X		X				0.	0.	0.
(2) DEBBIE ROBERTSON VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(3) TERRY NEUSTAEDTER SECRETARY	2.00	X		X				0.	0.	0.
(4) JUSTIN GATES TREASURER	2.00	X		X				0.	0.	0.
(5) MARK CHURCHWELL MEMBER	2.00	X						0.	0.	0.
(6) STEVE BAKER MEMBER	2.00	X						0.	0.	0.
(7) RP DOYLE MEMBER	2.00	X						0.	0.	0.
(8) CHRIS RAWSON MEMBER	2.00	X						0.	0.	0.
(9) PAUL SILIVOS MEMBER	2.00	X						0.	0.	0.
(10) CATE JORDAN EXECUTIVE DIRECTOR	40.00			X				94,846.	0.	0.
(11) JEANETTE POLOSKI CHIEF FINANCIAL OFFICER	40.00			X				74,090.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
1b Sub-total ▶								168,936.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								168,936.	0.	0.

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 ▶ 0

		Yes	No
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*	4		X
5 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*	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) Name and business address NONE	(B) Description of services	(C) Compensation

2 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 ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts							
1 a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contributions)	1e	5,104,161.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	131,298.				
g	Noncash contributions included in lines 1a-1f: $		111,446.				
h	**Total.** Add lines 1a-1f		▶	5,235,459.			
Program Service Revenue			Business Code				
2 a	THIRD-PARTY REIMBURSEM		624100	267,894.	267,894.		
b							
c							
d							
e							
f	All other program service revenue						
g	**Total.** Add lines 2a-2f		▶	267,894.			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts)		▶	1,865.	1,865.		
4	Income from investment of tax-exempt bond proceeds		▶				
5	Royalties		▶				
		(i) Real	(ii) Personal				
6 a	Gross rents	3,600.					
b	Less: rental expenses	0.					
c	Rental income or (loss)	3,600.					
d	Net rental income or (loss)		▶	3,600.	3,600.		
		(i) Securities	(ii) Other				
7 a	Gross amount from sales of assets other than inventory	224.					
b	Less: cost or other basis and sales expenses	0.	21,502.				
c	Gain or (loss)	224.	-21,502.				
d	Net gain or (loss)		▶	-21,278.	-21,278.		
8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events		▶				
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	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue		Business Code				
11 a	MISC. REVENUE		900099	5,531.	5,531.		
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a-11d		▶	5,531.			
12	**Total revenue.** See instructions.		▶	5,493,071.	257,612.	0.	0.

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, 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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	691,602.	691,602.		
3 Grants and other assistance to governments, 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	192,024.		192,024.	
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	2,730,188.	2,603,888.	126,300.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,683.	120,552.	15,131.	
9 Other employee benefits	80,115.	71,181.	8,934.	
10 Payroll taxes	265,185.	235,613.	29,572.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,000.	19,049.	1,951.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	458,625.	416,026.	42,599.	
12 Advertising and promotion	33,607.	28,780.	4,827.	
13 Office expenses	129,182.	113,750.	15,432.	
14 Information technology	69,976.	62,770.	7,206.	
15 Royalties				
16 Occupancy	134,187.	97,211.	36,976.	
17 Travel	225,437.	217,136.	8,301.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,281.	3,281.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,924.	32,036.	3,888.	
23 Insurance	39,017.	34,670.	4,347.	
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 MISCELLANEOUS	56,354.	40,725.	15,629.	
b REPAIRS & MAINTENANCE	31,013.	24,436.	6,577.	
c UTILITIES	22,239.	17,875.	4,364.	
d DUES & FEES	4,532.	3,737.	795.	
e All other expenses		508,990.	-508,990.	
25 **Total functional expenses.** Add lines 1 through 24e	5,359,171.	5,343,308.	15,863.	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)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			407,295.	1	162,670.
	2	Savings and temporary cash investments			261,271.	2	475,345.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			598,958.	4	716,962.
	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 instr). Complete Part II of Sch L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,892.	9	4,264.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	622,388.			
	b	Less: accumulated depreciation	10b	278,519.	383,170.	10c	343,869.
	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				14	
	15	Other assets. See Part IV, line 11			10,403.	15	10,403.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,664,989.	16	1,713,513.
Liabilities	17	Accounts payable and accrued expenses			189,647.	17	205,355.
	18	Grants payable				18	
	19	Deferred revenue			87,576.	19	57,237.
	20	Tax-exempt bond liabilities				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	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			71,220.	24	
	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	
	26	**Total liabilities.** Add lines 17 through 25			348,443.	26	262,592.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			1,300,621.	27	1,438,196.
	28	Temporarily restricted net assets			15,925.	28	12,725.
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,316,546.	33	1,450,921.
	34	Total liabilities and net assets/fund balances			1,664,989.	34	1,713,513.

Part 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	5,493,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,359,171.
3	Revenue less expenses. Subtract line 2 from line 1	3	133,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,316,546.
5	Net unrealized gains (losses) on investments	5	475.
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	1,450,921.

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 ☒ 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 separate basis, consolidated basis, or both: ☒ 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?	2c	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	X	

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.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

Employer identification number 59-2299573

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	3237274.	3453694.	4031838.	4617782.	5235459.	20576047.
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	3237274.	3453694.	4031838.	4617782.	5235459.	20576047.
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.						20576047.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3237274.	3453694.	4031838.	4617782.	5235459.	20576047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,361.	7,049.	2,794.	1,370.	5,689.	22,263.
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.)	5,873.	3,824.	15,294.	11,852.	5,531.	42,374.
11 **Total support.** Add lines 7 through 10						20640684.

12 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 99.69 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 99.68 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18		%

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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 Inspection

Name of the organization NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

Employer identification number 59-2299573

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ______

7 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 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 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 ▶ $ ______

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______
b Assets included in Form 990, Part X ▶ $ ______

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

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ____ %
b Permanent endowment ▶ ____ %
c Temporarily restricted endowment ▶ ____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		51,587.		51,587.
b Buildings		263,055.	57,776.	205,279.
c Leasehold improvements				
d Equipment				
e Other		307,746.	220,743.	87,003.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				343,869.

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)		
(9)		
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)	
(9)	
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 Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements			1	5,568,511.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	475.		
b	Donated services and use of facilities	2b	53,463.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
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.

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.

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:				
a	Donated services and use of facilities	2a	53,463.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	21,502.		
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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,359,171.

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 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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS -21,502.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 21,502.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

Employer identification number 59-2299573

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 the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 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) 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

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.

(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
HOUSEHOLD SUPPLIES	1020	12,858.	101,701.	CURRENT MARKET VALUE	FOOD, CLOTHING, AND HOUSEHOLD SUPPLIES
LIVING EXPENSE ASSISTANCE	645	577,043.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

ANNUAL BUDGETS ARE SUBMITTED TO FUNDERS. MONTHLY PROFIT/LOSS STATEMENTS ARE PROVIDED TO THE ED, PROGRAM DIRECTORS, PROGRAM MANAGERS AND THE BOARD OF DIRECTORS. MONTHLY BALANCE SHEETS ARE PROVIDED TO THE ED AND THE BOARD OF DIRECTORS.

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
2013
Open to Public Inspection

Name of the organization: NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.

Employer identification number: 59-2299573

Part 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 determining noncash contribution amounts
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				
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 ▶ (CONSUMER GOOD)	X	107	111,446.	COMPARABLE FAIR VALU
26	Other ▶ (DONATED SERVI)	X	8	0.	COMPARABLE FAIR VALU
27	Other ▶ (RENT & UTILIT)	X	1	0.	COMPARABLE FAIR VALU
28	Other ▶ ( )				

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

			Yes	No
30a	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?	30a		X
b	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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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.

SCHEDULE M, LINE 33:

DONATED VOLUNTEER SERVICES OF $50,463, AND DONATED USE OF FACILITIES OF $3,000 WERE NOT REPORTED ON FORM 990 AS REVENUE 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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHILDREN, INC.
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 INSPECTION ON ANOTHER'S WEBSITE - WWW.GUIDESTAR.ORG.

Name of the organization	Employer identification number
NORTHWEST FLORIDA COMPREHENSIVE 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.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

Department of the Treasury

Internal Revenue Service
District Director

P.O. Box 1055, Atlanta, GA 30370

Date: AUG 27 1984

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 Telephone Number:
(404) 221-4516

File Folder Number:
580059085

Northwest Florida Comprehensive
Services for Children, Inc.
1108 Airport Boulevard Suite C
Pensacola, FL 32504

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)(1) 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 section 509(a)(1) 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 loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

(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 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,

Michael J. Murphy

District Director

Enclosures:
Form 990 and Instructions
Schedule A

TABLE OF CONTENTS

PAGE 6 OF 9

1. General Fund

Available Funding: $1,425,082

	General Fund	Amount Requested	Tab
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
l.	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
o.	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

Total General Fund **$2,089,056**

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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**

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: Legal Services of North Florida, Inc.
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 2119 Delta Blvd.
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Tallahassee FL 32303

D Employer identification number: 51-0197090

E Telephone number: (850) 385-9007

G Gross receipts $ 4,091,952.

F Name and address of principal officer: Kris Knab 2119 Delta Blvd. Tallahassee FL 32303

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.LSNF.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1976 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To provide an Opportunity for Justice for eligible residents through representation conducted efficiently and 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.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	55
6	Total number of volunteers (estimate if necessary)	6	375
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,060,460.	4,019,379.
	9	Program service revenue (Part VIII, line 2g)	24,300.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,971.	20,093.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	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.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,117,151.	3,103,664.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 149,583.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	773,985.	735,749.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,891,136.	3,839,413.
	19	Revenue less expenses. Subtract line 18 from line 12	1,196,665.	252,539.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,528,444.	6,632,995.
	21	Total liabilities (Part X, line 26)	1,698,114.	1,575,213.
	22	Net assets or fund balances. Subtract line 21 from line 20	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.

Sign Here

Signature of officer — Date: 04/27/15
Kris Knab CEO
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rick Reeder, CPA	Rick Reeder, CPA	05/11/15		P00063034

Firm's name ► Reeder & Associates, PA
Firm's address ► 3339 W. Bearss Avenue
Tampa FL 33618
Firm's EIN ► 59-3478492
Phone no. (813) 908-5310

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part 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 provide an Opportunity for Justice
for eligible residents through representation conducted efficiently and
See Form 990, Page 2, Part III, Line 1 (continued)

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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.

4 a (Code:) (Expenses $ 3,212,983. including grants of $ 0.) (Revenue $ 0.)

Provided Family (35% of total cases), Housing (16% of total cases), Consumer (8% of total cases), and Other (41% of total cases). Civil legal representation at no charge to eligible clients who are unable to afford legal counsel. Served 6,528 clients, opened 4,811 cases and closed 4,962 cases during 2014.

4 b (Code:) (Expenses $ including grants of $) (Revenue $)

4 c (Code:) (Expenses $ including grants of $) (Revenue $)

4 d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4 e Total program service expenses ► 3,212,983.

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	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		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, 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 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	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, VII, 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	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*	11 c		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*	11 d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	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*	11 f	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	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
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		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 fundraising 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
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		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		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*	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		
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*	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'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 '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 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
b	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		X
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	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		X
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*	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 Schedule O	38	X	

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1 a**	29			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1 b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1 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**	55			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2 b**	X	
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 a**		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*			**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, securities account, or other financial account)?			**4 a**		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)					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5 a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5 b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5 c**		
6 a 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?			**6 a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6 b**		
7 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?			**7 a**	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7 b**	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7 c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**				
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**		X
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 Form 1098-C?			**7 h**		
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**		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			**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	**10 b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11 a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**				
12 a 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.					
a Is the organization licensed to issue qualified health plans in more than one state?			**13 a**		
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	**13 b**				
c Enter the amount of reserves on hand	**13 c**				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			**14 a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14 b**		

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

			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.	**1 a**	21		
b Enter the number of voting members included in line 1a, above, who are independent	**1 b**	21		
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 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
7 a 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? . . .		**7 a**		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? . . .		**7 b**		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body? . . .		**8 a**	X	
b Each committee with authority to act on behalf of the governing body? . . .		**8 b**	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

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? . . .	**10 a**		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? . . .	**10 b**		
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**	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13* . . .	**12 a**	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	**12 b**	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* . . .	**12 c**	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?			
a The organization's CEO, Executive Director, or top management official . . .	**15 a**	X	
b Other officers or key employees of the organization . . .	**15 b**	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a 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**		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

17 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 (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 ☒ 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 FL 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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sally Gertz, Esq. President	2.00	X		X				0.	0.	0.
(2) Derek Sims Vice President	2.00	X		X				0.	0.	0.
(3) Catherine Lannon, Esq. Secretary-Treasurer	2.00	X		X				0.	0.	0.
(4) Joan Anderson, Esq. Director	2.00	X						0.	0.	0.
(5) Joanne Battle Director	2.00	X						0.	0.	0.
(6) Mark Bednar, Esq. Director	2.00	X						0.	0.	0.
(7) Tonya Chavis, Esq. Director	2.00	X						0.	0.	0.
(8) Carolyn Cummings, Esq. Director	2.00	X						0.	0.	0.
(9) Martin Dix, Esq. Director	2.00	X						0.	0.	0.
(10) Renee Gordon, Esq. Director	2.00	X						0.	0.	0.
(11) Michael Guttmann, Esq. Director	2.00	X						0.	0.	0.
(12) Barry Gray Director	2.00	X						0.	0.	0.
(13) Oliver Hill Director	2.00	X						0.	0.	0.
(14) Fatimah Jackson Director	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(15) Wendy Loquasto, Esq. Director	2.00	X						0.	0.	0.
(16) Joel Margules, Esq. Director	2.00	X						0.	0.	0.
(17) Skip Mitchell Director	2.00	X						0.	0.	0.
(18) Stephanie Zottoli Director	2.00	X						0.	0.	0.
(19) Phil Smith, Esq. Director	2.00	X						0.	0.	0.
(20) Dan Thompson, Esq. Director	2.00	X						0.	0.	0.
(21) Yvonne Whitehead Director	2.00	X						0.	0.	0.
(22) Kris Knab Executive Director	40.00			X				146,976.	0.	32,760.
(23) Scott Manion Director of Litigation	40.00					X		109,506.	0.	27,601.
(24) Ashley Nevels Chief Financial Officer	40.00			X				93,000.	0.	0.
(25)										

	(D)	(E)	(F)
1 b Sub-total ▶	349,482.	0.	60,361.
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	349,482.	0.	60,361.

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

			Yes	No
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*	4	X	
5	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*	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) Name and business address	(B) Description of services	(C) Compensation

2 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 VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1 a	63,861.				
	b	Membership dues	1 b					
	c	Fundraising events	1 c					
	d	Related organizations	1 d					
	e	Government grants (contributions)	1 e	2,889,030.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1 f	1,066,488.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f			4,019,379.			
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			20,093.	0.	0.	20,093.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	33,600.					
	b	Less: rental expenses						
	c	Rental income or (loss)	33,600.					
	d	Net rental income or (loss)			33,600.	24,300.	0.	9,300.
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of 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 including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	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	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	Business Code					
	11 a	Other Income	900099		18,880.	18,880.	0.	0.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			18,880.			
	12	**Total revenue.** See instructions			4,091,952.	43,180.	0.	29,393.

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, 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 domestic organizations 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, trustees, and key employees	349,482.	233,966.	111,209.	4,307.
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	2,010,684.	1,764,630.	181,191.	64,863.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	162,224.	137,890.	19,467.	4,867.
9 Other employee benefits	403,944.	343,353.	48,473.	12,118.
10 Payroll taxes	177,330.	150,730.	21,280.	5,320.
11 Fees for services (non-employees):				
a Management				
b Legal	20,717.	20,717.	0.	0.
c Accounting	19,501.	0.	19,501.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	24,471.	0.	0.	24,471.
13 Office expenses	71,201.	60,520.	8,544.	2,137.
14 Information technology				
15 Royalties				
16 Occupancy	288,828.	245,504.	34,659.	8,665.
17 Travel	48,666.	41,366.	5,840.	1,460.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,664.	13,314.	1,880.	470.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,719.	66,061.	9,326.	2,332.
23 Insurance	76,350.	64,898.	9,162.	2,290.
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 Library Expense	25,300.	25,300.	0.	0.
b Contract Services	35,285.	29,992.	4,234.	1,059.
c Fundraising	14,704.	0.	0.	14,704.
d Miscellaneous	17,343.	14,742.	2,081.	520.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,839,413.	3,212,983.	476,847.	149,583.
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			91,729.	9	132,966.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,020,619.			
	b	Less: accumulated depreciation	10b	1,089,700.	1,980,234.	10c	1,930,919.
	11	Investments – publicly traded securities				11	
	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	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,059,072.	15	1,083,023.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			6,528,444.	16	6,632,995.
Liabilities	17	Accounts payable and accrued expenses			149,041.	17	58,816.
	18	Grants payable				18	
	19	Deferred revenue			28,395.	19	18,255.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			7,495.	21	6,825.
	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			461,606.	23	415,119.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			1,051,577.	25	1,076,198.
	26	**Total liabilities.** Add lines 17 through 25			1,698,114.	26	1,575,213.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			3,563,320.	27	4,961,272.
	28	Temporarily restricted net assets			1,267,010.	28	96,510.
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			4,830,330.	33	5,057,782.
	34	Total liabilities and net assets/fund balances			6,528,444.	34	6,632,995.

Part 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	4,091,952.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,839,413.
3	Revenue less expenses. Subtract line 2 from line 1	3	252,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,830,330.
5	Net unrealized gains (losses) on investments	5	-25,087.
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	5,057,782.

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 ☒ Accrual ☐ 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?	2 a		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?	2 b	X	
	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			
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?	2 c	X	
	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?	3 a	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	3 b	X	

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*.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Legal Services of North Florida, Inc.	51-0197090

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule **A** (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.')	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.

Section B. Total Support

Calendar year (or fiscal year beginning 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 activities, etc (see instructions) 12 24,300.

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)) 14 99.69 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 99.59 %

16a **33-1/3% support test – 2014.** If the organization did not check the box on line 13, and the 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 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 supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on 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.)

Section A. Public Support

Calendar year (or fiscal yr 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.')						
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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)	▨	▨	▨	▨	▨	

Section B. Total Support

Calendar year (or fiscal yr 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'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

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

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 ► ☐

b **33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

			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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4 a	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		
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*	4b		
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*	4c		
5 a	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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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 filing 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		
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).*	8		
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 **Part VI***	9a		
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***	9b		
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***	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*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
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***	**11c**		

Section B. Type I Supporting Organizations

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

Section 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 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**		

Section D. All Type III Supporting Organizations

			Yes	No
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?	**1**		
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**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
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**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through 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 instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
b Average monthly cash balances	1 b		
c Fair market value of other non-exempt-use assets	1 c		
d **Total** (add lines 1a, 1b, and 1c)	1 d		
e **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		
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, 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 Type III supporting organization (see instructions).

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

	Section D – Distributions	**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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 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**	**(iii)** **Distributable Amount for 2014**
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
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:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 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)

Department of the Treasury
Internal Revenue Service

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. 1545-0047

2014

Open to Public Inspection

Name of the organization: Legal Services of North Florida, Inc.

Employer identification number: 51-0197090

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
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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ► ____

7 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 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 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.

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) 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 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 Revenue included in Form 990, Part VIII, line 1 ► $ ____

b Assets included in Form 990, Part X ► $ ____

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	7,495.
d Additions during the year	1d	
e Distributions during the year	1e	670.
f Ending balance	1f	6,825.

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	709,956.	621,348.	527,724.	490,743.	376,322.
b Contributions	412,500.	16,702.	21,356.	61,154.	66,481.
c Net investment earnings, gains, and losses	1,134.	71,906.	72,268.	-24,173.	47,940.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,123,590.	709,956.	621,348.	527,724.	490,743.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 100.00 %
b Permanent endowment ► %
c Temporarily restricted endowment ► %
The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		486,311.	▨	486,311.
b Buildings				
c Leasehold improvements		2,312,350.	876,474.	1,435,876.
d Equipment		193,492.	184,760.	8,732.
e Other		28,466.	28,466.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				1,930,919.

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) Beneficial interest in fund held in trust by others	1,123,590.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►	1,123,590.	

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 type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) 457(b) plan assets	1,076,198.
(2) Clients trust deposits	6,825.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	1,083,023.

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 457(b) plan assets	1,076,198.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	1,076,198.

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 ☒

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.

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:				
a Net unrealized gains (losses) on investments	2a	-25,087.		
b Donated services and use of facilities	2b	1,051,600.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	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:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
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	4,091,952.

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.

1 Total expenses and losses per audited financial statements			1	4,891,013.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	1,051,600.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	1,051,600.
3 Subtract line 2e from line 1			3	3,839,413.
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			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	
5 Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,839,413.

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 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.
Pt V, Line 4	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.

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)

Department of the Treasury
Internal Revenue Service

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
Open to Public Inspection

Name of the organization: Legal Services of North Florida, Inc.
Employer identification number: 51-0197090

Part I Questions Regarding Compensation

			Yes	No
1 a	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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	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	1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the 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. ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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:			
a	Receive a severance payment or change-of-control payment?	4 a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) 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:			
a	The organization?	5 a		X
b	Any related organization?	5 b		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?	6 a		X
b	Any related organization?	6 b		X
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		X
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 in Part III	8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 (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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Kris Knab	(i)	146,976.	0.	0.	16,167.	16,593.	179,736.	0.
1 Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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)

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
2014
Open to Public Inspection

Name of the organization: Legal Services of North Florida, Inc.
Employer identification number: 51-0197090

Pt VI, Line 11b	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 12c	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 15a	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 15b	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 experience.
Pt VI, Line 19	The Organization provides these documents upon request.

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, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Legal Services of North Florida, Inc.	51-0197090

Part I **Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) The North Florida Center For Equal Justice, Inc. 2121 Delta Blvd Tallahassee, FL 32303 26-0181144	Legal Svcs	FL	501C3	7			X
(2)							
(3)							
(4)							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA5001 08/22/14 Schedule R (Form 990) 2014

Part 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									

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

			Yes	No
	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 organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) The North Florida Center For Equal Justice, Inc.		24,300.	Lease Agreement
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

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

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

Date: April 17, 2006

LEGAL SERVICES OF NORTH FLORIDA INC
2119 DELTA BLVD
TALLAHASSEE FL 32303-4209

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 tax-exempt 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.

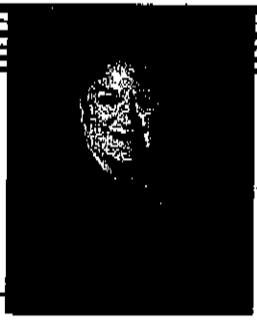
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

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 pro bono 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 LSNF's 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 oil 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 low-income 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	Limited	Yes
Title Issues	Limited	Limited
Ejectment	Limited	Limited
Eviction Defense	Yes	Limited
Eviction by Landlord	No	Elders only
Expungement	Limited	No
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 spill claims	Limited	No
Name Change	Limited	Limited
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

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 1 and ends on Dec.31.

Income

	Most Recently Completed Budget Year	Current Budget Year as of 8-22-15	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			
Federal Funding			
Memberships		1,368.60	1,500.00
Investment Income			
Other Income (Fundraising)	12,103.00	15,867.01	16,000.00
Total Income	47,704.00	50,278.99	73,500.00

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget 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~~ Other	11,296.00	7,883.88	12,110.00
~~Fuel~~ Fuel + Vehicle Maintenance	1,554.00	994.83	1,600.00

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	1,378.00	1,016.32	1,300.00
Program Funding ~~Capitalizable Assets~~ 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 EXPENSES FOR THE CALENDAR YEAR 12/31/2014 OR YEAR ENDING ___/___/___

Note: In lieu of completing the following financial statement, you may send the IRS 990 with Schedule A or 990-EZ.

Is this a consolidated financial statement? ☐ Yes ☒ No

REVENUE

1. Contributions, gifts, grants, and similar amounts received		
a. Direct public support (attach list of solicitors/co-venturers & amounts, if any)	1a.	
b. Indirect public support (attach list of sources and amounts)	1b.	
c. Grants (attach list of sources and amounts)	1c.	
d. Total (add lines 1a, 1b & 1c)		1d. 35601
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)		3c. 12103
4. Program service revenue		4.
5. Membership dues and assessments		5.
6. Sale of assets other than inventory		
a. Gross sales	6a.	
b. Less sales expenses	6b.	
c. Net gain (or loss) (line 6a less line 6b)		6c.
7. In-Kind Contributions and Services		7.
8. Other revenue (attach list of sources and amounts)		8.
9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c,7 & 8)		9. 47704

EXPENSES

10. Program services (including payments to affiliates)	10. 29699
11. Management & general	11. 27448
12. Fundraising	12.
13. **TOTAL EXPENSES (add lines 10, 11 & 12)**	13. 57147

NET ASSETS

14. **Excess (or deficit) for the year (line 9 less line 13)**	14. (9443)
15. Net assets or fund balance at beginning of year	15. 23782
16. Net assets or fund balance at end of year (add lines 14 & 15)	16. 14339

Balance 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	4478
Total assets	23782	14339
Total liabilities (describe on separate sheet)	0	0
Total assets or fund balance	(Line 15) 23782	(Line 16) 14339

Panhandle Equine Rescue
Breakdown of Expenses for Ag Report
FYE 12/31/2014

Program Services		
Horse Management Costs	29,699	
Management & General		
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 Equine Rescue, Inc.
Income Statement
For the Eight Months Ending August 31, 2015

	Current Month		Year to Date	
Revenues				
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	1.38
Grants	0.00	0.00	4,300.00	8.55
Program Service Revenue	0.00	0.00	50.00	0.10
Membership dues	50.00	2.21	1,368.60	2.72
Contributions-Restricted	0.00	0.00	2,078.47	4.13
Interest Income	0.00	0.00	0.05	0.00
Total Revenues	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	640.00	1.27
Advertising Expense	0.00	0.00	1,916.31	3.81
Bank Charges	0.00	0.00	10.96	0.02
Fundr - Ride Raffle	0.00	0.00	504.99	1.00
Fundr - Ride Registration	0.00	0.00	2,550.00	5.07
Dues & Fees Expense	40.00	1.77	215.00	0.43
Equipment & Supplies Expense	0.00	0.00	1,016.32	2.02
Horse Mgmt-Feed	726.65	32.17	4,660.62	9.27
Horse Mgmt-Hay	705.38	31.23	3,772.69	7.50
Horse Mgmt-Vet & Meds	997.81	44.17	5,881.17	11.70
Horse Mgmt-Farrier	180.00	7.97	1,200.00	2.39
Horse Mgmt-Bedding	26.18	1.16	584.22	1.16
Horse Mgmt-Supplies	0.00	0.00	246.58	0.49
Horse Mgmt-Supplements	55.98	2.48	336.09	0.67
Telephone Expense	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

Panhandle Equine Rescue, Inc.
Income Statement
For the Eight Months Ending August 31, 2015

	Current Month		Year to Date	
Other Expense	0.00	0.00	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

Panhandle Equine Rescue, Inc.
Gl Account Summary Report
As of: August 31, 2015

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	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	(1,173.12)	0.00	0.00	0.00	(1,173.12)
41019	Fundr - Ride Lunches	(892.00)	0.00	0.00	0.00	(892.00)
41020	Fundr - Online Auction	0.00	0.00	(1,006.79)	(1,006.79)	(1,006.79)
41050	County Funding	(7,226.21)	0.00	0.00	0.00	(7,226.21)
41100	Restitution	(694.05)	0.00	0.00	0.00	(694.05)
41200	Grants	(4,300.00)	0.00	0.00	0.00	(4,300.00)
41400	Program Service Revenue	(50.00)	0.00	0.00	0.00	(50.00)
41600	Membership dues	(1,318.60)	0.00	(50.00)	(50.00)	(1,368.60)
42400	Contributions-Restricted	(2,078.47)	0.00	0.00	0.00	(2,078.47)
42800	Interest Income	(0.05)	0.00	0.00	0.00	(0.05)
62500	Accounting Fees	640.00	0.00	0.00	0.00	640.00
62505	Advertising Expense	1,916.31	0.00	0.00	0.00	1,916.31
62510	Bank Charges	10.96	0.00	0.00	0.00	10.96
64000	Fundr - Ride Raffle	504.99	0.00	0.00	0.00	504.99
64001	Fundr - Ride Registration	2,550.00	0.00	0.00	0.00	2,550.00
65590	Dues & Fees Expense	175.00	40.00	0.00	40.00	215.00
66000	Equipment & Supplies Ex	1,016.32	0.00	0.00	0.00	1,016.32
66050	Horse Mgmt-Feed	3,933.97	726.65	0.00	726.65	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	13.46	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**

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No. 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: Panhandle Equine Rescue Inc

Number and street (or P.O. box, if mail is not delivered to street address): 3099 East Chipper Road
Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Cantonment, FL 32533

D Employer identification number 42-1658881

E Telephone number (850)529-8479

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.panhandleequinerescue.org

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 50,702

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	35,601
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 15,101		
	c	Less: direct expenses from gaming and fundraising events	6c 2,998		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	12,103
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	47,704
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	9,604
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	4,524
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	43,019
	17	**Total expenses.** Add lines 10 through 16 ▶		17	57,147
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(9,443)
	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)		19	23,782
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	14,339

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

Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	10,336	22	4,572
23	Land and buildings	5,920	23	5,289
24	Other assets (describe in Schedule O)	7,526	24	4,478
25	**Total assets**	23,782	25	14,339
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	23,782	27	14,339

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Horse Rescue and Rehabilitation

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

			Expenses
28	The primary purpose is to rescue and rehabilitate horses. The organization held 3 public events to educate the public and raise funds during the year for its primary purpose. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	29,699
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	29,699

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Diane Lowery President	40.00	9,604	0	0
Molly Edwards Vice President	2.00	0	0	0
Joyce Gill Treasurer	4.00	0	0	0
Vickie Bell Board Member	2.00	0	0	0
Linda Lambert Secretary	4.00	0	0	0
Pam Perry Board Member	2.00	0	0	0
Georgia Brazzell Board Member	2.00	0	0	0
Mimi Debroux Board Member	4.00	0	0	0

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

				Yes	No
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		33		X
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		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
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		35b		
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		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization file **Form 1120-POL** for this year?		37b		
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 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		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X

41 List the states with which a copy of this return is filed ▶

42 a The organization's books are in care of ▶ Joyce Gill Telephone no. ▶ 850-529-8479

Located at ▶ 3099 East Chipper Road, Cantonment, FL ZIP + 4 ▶ 32533

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

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 ▶ 43

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

f Total number of other employees paid over $100,000 ▶

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

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

d Total number of other independent contractors each receiving over $100,000 ▶

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Diane Lowery
Signature of officer
02-03-2015
Date

Diane Lowery, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nancy L Marshall CPA	Nancy L Marshall CPA	02-10-2015		P00234579

Firm's name ▶ Nancy L Marshall CPA PA
Firm's EIN ▶
Firm's address ▶ 4401 Dream Acres Rd
Molino FL 32577
Phone no. 850-587-3853

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

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.**

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
Panhandle Equine Rescue Inc

Employer identification number
42-1658881

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An 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).**

11 ☐ 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.

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
11 **Total support.** Add lines 7 through 10						

12 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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . 15 %

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 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 supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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.")	33,205	46,946	45,645	47,340	50,702	223,838
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 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	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						
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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						223,838

Section B. Total Support

Calendar 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	50,702	223,838
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.)	33,205	46,946	45,645	47,340	50,702	223,838

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, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	100.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18		%

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 ▶ ☒

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: Panhandle Equine Rescue Inc

Employer identification number: 42-1658881

Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . ▶						

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.

Part 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.

		(a) Event #1 Ride for Res (event type)	(b) Event #2 Belk Sale (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	8,471	4,080		12,551
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	8,471	4,080		12,551
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,195			2,195
	7 Food and beverages	388			388
	8 Entertainment				
	9 Other direct expenses	2,998			2,998

10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ 5,581

11 Net income summary. Subtract line 10 from line 3, column (d) ▶ 6,970

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	

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) ▶

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

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
2014
Open to Public Inspection

Name of the organization	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

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

2014

Attachment
Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Panhandle Equine Rescue Inc	FORM 990EZ - 1	42-1658881

Part I **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)	1	
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)	3	
4	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	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation** (**Do not** include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation** (**Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	2,662
18	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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	1,017
22	**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	22	3,679
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

EEA

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 - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
2000 Chevy C25	06272011	100.0%	8,825	8,825	5	200 DB-HY	1,017	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	1,017	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including 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		
39 Do you treat all use of vehicles by employees as personal use?		
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.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

* Item was disposed
of during current year.

Depreciation Detail Listing

990 EZ

For your records only

2014

PAGE 1

Name(s) as shown on return

Panhandle Equine Rescue Inc

Social security number/EIN

42-1658881

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	2000 Chevy C2500	06272011	8,825		100.00		8,825	5	200 DB HY	11.52	1,017	7,300			1,470
2	Carport Cover	09152011	1,185		100.00		1,185	20	150 DB HY	6.177	73	282			73
3	Barn Improvements	01012010	2,628		100.00		2,628	20	150 DB HY	5.713	150	860			150
4	Gates	08272009	290		100.00		290	7	200 DB HY	8.92	26	203			36
5	Fence	06182009	1,340		100.00		1,340	7	200 DB HY	8.92	120	936			164
6	Round Pen Panels	01012009	350		100.00		350	7	200 DB HY	8.92	31	244			43
7	100LB Spreader	04072010	139		100.00		139	7	200 DB HY	8.93	12	107			17
8	HP Photosmart Printer	01012010	164		100.00		164	5	200 DB HY	11.52	19	154			27
9	Computer	12232010	1,158		100.00		1,158	5	200 DB HY	11.52	133	1,091			193
10	2005 Longhorn Stock T	08302010	2,500		100.00		2,500	5	200 DB HY	11.52	288	2,356			417
11	Shed	02242012	900		100.00		900	5	200 DB HY	19.2	173	641			161
12	Fencing and Gates	05262012	3,182		100.00		3,182	5	200 DB HY	19.2	611	2,265			568
13	Shed Addition	05312012	261		100.00		261	5	200 DB HY	19.2	50	186			47
14	Fencing	05202013	2,471		100.00		2,471	5	200 DB HY	32	791	1,285			630
15	Electrical Wiring	05162013	2,565		100.00		2,565	20	150 DB HY	7.219	185	281			185
	Totals		27,958				27,958				3,679	18,191			4,181
	Land Amount														
	Net Depreciable Cost		27,958												

ST ADJ:

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

DEPARTMENT OF THE TREASURY

Date: **AUG 25 2005**

PANHANDLE EQUINE RESCUE INC
C/O DIANE L LOWERY
3099 E CHIPPER RD
CANTONMENT, FL 32533

Employer Identification Number:
42-1658881
DLN:
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:
No
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.

R22442 TE3 421658881

Department of the Treasury
Internal Revenue Service
EO RULINGS AND AGREEMENTS
PO BOX 2508
CINCINNATI OH 45201

Date of this notice: March 16, 2009
Notice Number: CP-158
Taxpayer Identification Number:
42-1658881

Advance Ruling Period Ending Date:
December 31, 2009

For assistance, call:
1-877-829-5500

030645.558450.0107.002 1 AB 0.351 535

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.gov/eo.

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: 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 10th 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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)
2. 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 4th grade to 11th 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.*

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	$90,500	$70,577	$90,500
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	0	0
Memberships	0	0	0
Investment Income	0	0	0
Other Income	0	0	0
Total Income	$230,500	$187,244	$230,500

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	0	
Contractual Services	$ 8,674	$ 51,581	
Travel Expenses	$ 1,477	$ 909	
Rentals and Leases	$ 2,603	$ 2,378	
Communication	$ 4,537	$ 3,023	
Postage and Freight	$ 49	$ 101	
Repair and Maintenance	$ 222	$ 24	
Printing and Binding	$ 279	$ 45	
Marketing and Promotion	$ 37	$ 75	
Fuel	0	0	

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies	$ 7,681	$ 10,540	
Capitalizable Assets	0	0	
OTHER EXPENSES	$ 6,002	$ 3,222	
Total Expenses	$175,958	$211,053	
Net Income	$ 54,542	$ (23,809)	

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.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 09/30, 20 14

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization PATHWAYS FOR CHANGE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 17882 Room/suite

City or town, state or province, country, and ZIP or foreign postal code PENSACOLA, FL 32522

D Employer identification number 90-0591724

E Telephone number (850) 202-8028

G Gross receipts $ 662,212

F Name and address of principal officer: CONNIE BOOKMAN
1211 W FAIRFIELD DR, PENSACOLA, FL 32501

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PATHWAYSFORCHANGE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2010 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION'S MISSION IS DEDICATED TO CHANGING LIVES, REDUCING CRIME, AND BUIDING FUTURES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	691,068	548,800
	9	Program service revenue (Part VIII, line 2g)	37,133	19,155
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146	(5,743)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	628,347	562,212
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	292,705	395,072
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	13,500	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	297,103	245,633
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	603,308	640,705
	19	Revenue less expenses. Subtract line 18 from line 12	25,039	(78,493)
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,098,636	1,031,398
	21	Total liabilities (Part X, line 26)	77,586	88,841
	22	Net assets or fund balances. Subtract line 21 from line 20	1,021,050	942,557

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.

Sign Here

Chief Executive Officer

Signature of officer Date 5/14/15

Connie R Bookman

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name GINNY STEVENS	Preparer's signature	Date 5/14/15	Check ☑ if self-employed	PTIN P01395269
Firm's name ▶ GINNY STEVENS			Firm's EIN ▶	
Firm's address ▶ 241 MUNRO ROAD, PENSACOLA, FL 32503			Phone no. 850-777-1462	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2013)

Part 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 ORGANIZATION'S MISSION IS DEDICATED TO CHANGING LIVES, REDUCING CRIME, AND BUILDING FUTURES. THE ORGANIZATION OFFERS ASSISTANCE WITH THE PREVENTION, INTERVENTION, TREATMENT, AND AFTERCARE OF SUBSTANCE ABUSE.

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

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 $ 175,958 including grants of $ 0) (Revenue $ 0)

THE MEN'S RESIDENTIAL TREATMENT PROGRAM IS AN INTENSIVE 9 TO 18 MONTH FAITH-BASED REHABILITATION PROGRAM TO ALLOW INCARCERATED INDIVIDUALS THE CHANCE TO REALIZE AND OVERCOME THEIR DESTRUCTIVE HABITS BEFORE BEING RELEASED BACK INTO SOCIETY. SUBSTANCE DEPENENT MEN ARE COURT ORDERED TO SUCCESSFULLY COMPLETE THE PFC PROGRAM, WHICH CONSISTS OF FOUR PHASES, DURING WHICH INMATES LEARN AND PRACTICE INTERPERSONAL COMMUNICATIONS AND LEADERSHIP SKILLS AND BECOME MEMBERS OF THE THERAPEUTIC COMMUNITY.

4b (Code:) (Expenses $ 217,020 including grants of $ 0) (Revenue $ 19,155)

THE FAMILY CENTER IS A RECOVERY HUB WHICH PROVIDES A "ONE-STOP SHOP FOR SOCIAL SERVICES" TO RESIDENTS.

4c (Code:) (Expenses $ 75,762 including grants of $ 0) (Revenue $ 0)

PATHWAYS FOR CHANGE, INC.'S TRANSITIONAL HOUSING PROGRAM ASSISTS RESIDENTS WITH HOUSING, CASE MANAGEMENT, CONTINUED RECOVERY AND OTHER SERVICES. PFC PARTNERS WITH ORGANIZATIONS THAT HAVE THE SAME HIGH EXPECTATIONS FOR CLIENT OUTCOMES AND PROVIDE LIKE TREATMENT. WATERFRONT RESCUE MISSION AND ESCAMBIA COUNTY SHERIFF'S OFFICE WRAP (WOMEN'S REENTRY ASSISTANCE PROGRAM) REFER THEIR GRADUATES TO PFC'S TRANSITIONAL PROGRAM.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 468,740

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		✓
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		✓
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		✓
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		✓
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		✓
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.			
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	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		✓
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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		✓
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		✓
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		✓
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		✓
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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*	28c		✓
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	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		✓
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, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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*	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		✓
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		✓
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	✓	

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	1a	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	✓	
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	0			
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) . .					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✓
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		✓
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		✓
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?			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		✓
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).**					
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		✓
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 file Form 8282?			7c		✓
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 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, 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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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 . .	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 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	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		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	11		
	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 .	1b	11		
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		✓
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		✓
6	Did the organization have members or stockholders?		6		✓
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
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		✓

Section 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		✓
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	✓	
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*	12a	✓	
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*	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
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 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	✓	
b	Other officers or key employees of the organization	15b	✓	
	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?	16a		✓
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		

Section C. Disclosure

17 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 (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 ☑ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MARY WINDHOLZ 3910 MCLELLAN ROAD PENSACOLA, FL 32503 850-433-5969

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) TED GORDER PRESIDENT	2.0 0	✓		✓						
(2) THOMAS ALLEN VICE PRESIDENT	2.0 0	✓		✓						
(3) BARRIE ARNOLD TREASURER	2.0 0	✓		✓						
(4) JULIE JONES SECRETARY	2.0 0	✓		✓						
(5) NIKKI NASH BOARD MEMBER	2.0 0	✓								
(6) CINDI BEAR BOARD MEMBER	2.0 0	✓								
(7) ERIC STEVENSON BOARD MEMBER	2.0 0	✓								
(8) HOCUTT PHILLIPS BOARD MEMBER	2 0	✓								
(9) CLAY ROMANO BOARD MEMBER	2 0	✓								
(10) MICHAEL CARRO BOARD MEMBER	2 0	✓								
(11) ROD HURSTON BOARD MEMBER	2 0	✓								
(12) CONNIE BOOKMAN EXECUTIVE DIRECTOR	40 0	✓		✓				65,691	0	0
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

		(D)	(E)	(F)
1b	**Sub-total** . . . . ▶	65,691	0	0
c	**Total from continuation sheets to Part VII, Section A** . . . . . . ▶	0	0	0
d	**Total (add lines 1b and 1c)** . . . . ▶	65,691	0	0

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 ▶

			Yes	No
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		✓
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*	4		✓
5	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*	5		✓

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) Name and business address	(B) Description of services	(C) Compensation

2 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 . . . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	27,000				
	d	Related organizations . . .	1d					
	e	Government grants (contributions)	1e	141,500				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	380,300				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a–1f . . . . ▶			548,800			
Program Service Revenue				Business Code				
	2a	RENTAL INCOME - PROGRAM		531390	19,155	19,155		
	b							
	c							
	d							
	e							
	f	All other program service revenue .						
	g	**Total.** Add lines 2a–2f . . . . ▶			19,155			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶						
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties . . . . ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents . .						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses .						
	c	Gain or (loss) . .						
	d	Net gain or (loss) . . . . ▶						
	8a	Gross income from fundraising events (not including $ 27,000 of contributions reported on line 1c). See Part IV, line 18	a	74,991				
	b	Less: direct expenses	b	81,940				
	c	Net income or (loss) from fundraising events . ▶			(6,949)			
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities . . ▶						
	10a	Gross sales of inventory, less returns and allowances . . .	a					
	b	Less: cost of goods sold . . .	b					
	c	Net income or (loss) from sales of inventory . . ▶						
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS REVENUE		900099	1,206			1,206
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . ▶			1,206			
	12	**Total revenue.** See instructions. . . . . . ▶			562,212	19,155		1,206

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, 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				
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 paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	66,651	46,656	13,330	6,665
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	262,438	204,702	39,366	18,370
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,864	24,854	4,780	2,230
10	Payroll taxes	34,119	26,613	5,118	2,388
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	13,007	0	13,007	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	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	Travel	5,418	4,226	813	379
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,051	2,380	458	213
20	Interest				
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 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	PROGRAM SUPPLIES	1,091	851	164	76
b	DUES & SUBSCRIPTIONS	3,539	2,760	531	248
c	FOOD COSTS	10,841	8,456	1,626	759
d	TAXES & LICENSES	200	0	200	0
e	All other expenses	1,148	896	172	80
25	**Total functional expenses.** Add lines 1 through 24e	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)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			254,361	1	112,026
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			500	4	43,531
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,639	9	49,482
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	904,137			
	b	Less: accumulated depreciation	10b	88,779	814,136	10c	815,358
	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				14	
	15	Other assets. See Part IV, line 11			11,000	15	11,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,098,636	16	1,031,398
Liabilities	17	Accounts payable and accrued expenses			7,983	17	6,325
	18	Grants payable				18	
	19	Deferred revenue			69,003	19	81,916
	20	Tax-exempt bond liabilities				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	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			600	25	600
	26	**Total liabilities.** Add lines 17 through 25			77,586	26	88,841
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			846,207	27	784,610
	28	Temporarily restricted net assets			174,843	28	157,947
	29	Permanently restricted net assets			0	29	0
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,021,050	33	942,557
	34	Total liabilities and net assets/fund balances			1,098,636	34	1,031,398

Part 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	562,212
2	Total expenses (must equal Part IX, column (A), line 25)	2	640,705
3	Revenue less expenses. Subtract line 2 from line 1	3	(78,493)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,021,050
5	Net unrealized gains (losses) on investments	5	0
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	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	942,557

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 ☑ 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		✓
	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		✓
	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			
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		
	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		✓
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)

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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: PATHWAYS FOR CHANGE, INC.

Employer identification number: 90-0591724

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 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.")	81,946	494,063	1,170,385	591,068	548,800	2,886,262
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	81,946	494,063	1,170,385	591,068	548,800	2,886,262
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)						968,115
6 **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
7 Amounts from line 4	81,946	494,063	1,170,385	591,068	548,800	2,886,262
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.)				146	(5,743)	(5,597)
11 **Total support.** Add lines 7 through 10						2,880,665

12 Gross receipts from related activities, etc. (see instructions)	**12**	82,164

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	**15**	%

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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

2013

Name of the organization
PATHWAYS FOR CHANGE, INC.

Employer identification number
90-0591724

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓ % 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, 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 . . . . ▶ $__________

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

Name of organization	Employer identification number
PATHWAYS FOR CHANGE, INC.	90-0591724

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	ESCAMBIA COUNTY BOARD OF COUNTY COMMISSION 221 PALAFOX PLACE PENSACOLA, FL 32501	$ 140,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DESTIN CHARITY WINE AUCTION FOUNDATION 215 GRAND BOULEVARD, SUITE 101 MIRAMAR BEACH, FL 32550	$ 166,156	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	DUGAS FAMILY FOUNDATION 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37201	$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NORTHEAST PENSACOLA SERTOMA 830 VALLEY RIDGE CIRCLE PENSACOLA, FL 32514	$ 10,447	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	ESCAMBIA COUNTY SHERIFF PO BOX 18770 PENSACOLA, FL 32523	$ 16,216	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CHADBOURNE FOUNDATION, INC. 192 HEWITT STREET PENSACOLA, FL 32503	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PATHWAYS FOR CHANGE, INC	90-0591724

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
7	KURT AND DEE KRUEGER 11 SUGAR BOWL LANE PENSACOLA BEACH, FL 32561	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BEAR FAMILY FOUNDATION, INC. 72 HIGHPOINT DRIVE GULF BREEZE, FL 32561	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JASON COMER PO BOX 615501 ALYS BEACH, FL 32461	$ 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
10	PCI GAMING AUTHORITY 303 POARCH ROAD ATMORE, AL 36502	$ 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
		$	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.)

Name of organization

PATHWAYS FOR CHANGE, INC.

Employer identification number

90-0591724

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
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
PATHWAYS FOR CHANGE, INC.	90-0591724

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

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

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

(e) Transfer of gift

Transferee's name, address, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

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 Inspection

Name of the organization
PATHWAYS FOR CHANGE, INC.

Employer identification number
90-0591724

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ____________

7 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 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 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 ▶ $ ____________

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________
b Assets included in Form 990, Part X ▶ $ ____________

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance . . .	1c	
d Additions during the year . . .	1d	
e Distributions during the year . . .	1e	
f Ending balance . . .	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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 . . .	174,843	107,368	102,996	34,252	
b Contributions . . .	46,196	71,702	813,516	68,744	34,252
c Net investment earnings, gains, and losses . . .					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	63,092	4,227	809,144		
f Administrative expenses . . .					
g End of year balance . . .	157,947	174,843	107,368	102,996	34,252

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ________ %
b Permanent endowment ▶ ________ %
c Temporarily restricted endowment ▶ ________ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations . . .	3a(i)		✓
(ii) related organizations . . .	3a(ii)		✓
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . .	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . .				
b Buildings . . .		798,473	58,711	739,762
c Leasehold improvements . . .				
d Equipment . . .		80,975	28,422	52,553
e Other . . .		24,689	1,646	23,043
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . ▶				815,358

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. *(Column (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)		
(9)		
Total. *(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, line 11d. See Form 990, Part X, line 15.

(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) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	600
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

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:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	

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.

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

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 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.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

RESTRICTED FUNDS WILL BE USED TO OPERATE VARIOUS PROGRAMS OF THE ORGANIZATION, PRIMARILY INVOLVING

THE FAMILY CENTER AND THE MEN'S RESIDENTIAL TREATMENT PROGRAM.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.
▶ 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

Name of the organization
PATHWAYS FOR CHANGE, INC.

Employer identification number
90-0591724

Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

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.

	(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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.

Part 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.

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	101,991			101,991
	2	Less: Contributions	(27,000)			(27,000)
	3	Gross income (line 1 minus line 2)	74,991			74,991
Direct Expenses	4	Cash prizes	500			500
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	5,440			5,440
	8	Entertainment	600			600
	9	Other direct expenses	75,400			75,400
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				81,940
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				(6,949)

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	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) ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____________

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________

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:

a The organization's facility	**13a**	%
b 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 ▶ $ ______

c If "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 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 ☐ 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 IV **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).

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

2013

Open to Public Inspection

Name of the organization	Employer identification number
PATHWAYS FOR CHANGE, INC.	90-0591724

ORGANIZATION'S 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 PREPARATION OF THE RETURN. A DRAFT OF THE RETURN WAS THEN PROVIDED TO MANAGEMENT PERSONNEL FOR REVIEW. ALL VOTING BOARD 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

Name of the organization	Employer identification number
PATHWAYS FOR CHANGE	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 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

DEPARTMENT OF THE TREASURY

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:
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.

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.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

TABLE OF CONTENTS

PAGE 7 OF 9

1.	**General Fund**	**Amount Requested**	**Tab**
	Available 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
l.	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
o.	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
Total General Fund		**$2,089,056**	

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: Pensacola Caring Hearts, Inc.

Agency Address: 1501 W Avery St., Pensacola, Fl 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

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

DEPARTMENT OF THE TREASURY

Date: MAY 13 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,

Tamera Ripperda

Director, Exempt Organizations

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: 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 surgies 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

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	169,777.00	230,056.00	230,056.00
Salaries and Wages	169,777.00	230,056.00	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

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

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

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*.**

OMB No. 1545-1878

2013

Name of exempt organization: Humane Society of Pensacola

Employer identification number: 59-6002691

Name and title of officer: Shirley Brougham President

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)	1b	768,332
2a	Form 990-EZ check here ▶ ☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	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

☒ I authorize Mona Jackson, CPA, LLC (**ERO firm name**) to enter my PIN 32505 (**Enter five numbers, but do not enter all zeros**) 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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.

59203054321
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 ▶ Ramona Jackson Date ▶ 12/16/2014

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.
HTA

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 10/1 , 2013, and ending 9/30 , 20 14

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OMB No. 1545-1878

2013

Name of exempt organization: Humane Society of Pensacola

Employer identification number: 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) . . .	**1b**	
2a	Form 990-EZ check here ▶ ☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	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**	0

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

☒ I authorize ______________ (ERO firm name) to enter my PIN ______ (Enter five numbers, but do not enter all zeros.) 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 12/16/2014

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. ______ (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 ▶ ______ Date ▶ ______

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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

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.

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OMB No. 1545-1878

2013

Name of exempt organization: Humane Society of Pensacola

Employer identification number: 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) . . .	**1b**	
2a	Form 990-EZ check here ▶ ☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ ☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a	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**	0

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

☒ I authorize ______________________ (ERO firm name) to enter my PIN ☐ (Enter five numbers, but do not enter all zeros) 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 12/16/2014

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. ☐ (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 ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form—See Instructions
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For Paperwork Reduction Act Notice, see back of form.
HTA

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)

▶ **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

A For the 2013 calendar year, or tax year beginning 10/1/2013 **, and ending** 9/30/2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: Humane Society of Pensacola
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address): 5 N. Q Street
Room/suite
City or town: Pensacola State: FL ZIP code: 32505
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number: 59-6002691

E Telephone number: (850) 432-4250

G Gross receipts $ 984,203

F Name and address of principal officer: Sarah Humlie 5 N Q Street, Pensacola, FL 32505

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.humanesocietyofpensacola.org

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1977 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Operate and maintain a NO KILL shelter 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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	269,575	547,165
	9	Program service revenue (Part VIII, line 2g)	45,648	71,585
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,963	69,030
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,657	80,552
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	382,843	768,332
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	122,399	169,777
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	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	63,249	278,141

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,067,009	1,274,541
	21	Total liabilities (Part X, line 26)	31,920	33,809
	22	Net assets or fund balances. Subtract line 21 from line 20	1,035,089	1,240,732

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.

Sign Here

▶ Signature of officer Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Ramona Jackson	Ramona Jackson	12/16/2014		P00642261

Firm's name ▶ Mona Jackson, CPA, LLC Firm's EIN ▶ 20-8140540
Firm's address ▶ 376 West Chase St., Pensacola, FL 32502 Phone no. (850) 437-9870

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Part 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:

Operate and maintain a NO KILL shelter 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 or neglected animals until they go to good homes.

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☒ No

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 $ 171,689 including grants of $ ______) (Revenue $ 71,585)

Found homes for unwanted pets. Bathed dogs at bathe-in.

4b (Code: ______) (Expenses $ 257,533 including grants of $ ______) (Revenue $ ______)

maintained a no kill shelter to house unwanted cats and dogs.

4c (Code: ______) (Expenses $ ______ including grants of $ ______) (Revenue $ ______)

4d Other program services. (Describe in Schedule O.)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses ▶ 429,222

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	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		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, 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 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		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, VII, 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	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.*	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
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
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?	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		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 fundraising 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*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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*	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		
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 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		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):			
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		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		X
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	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		
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*	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 Schedule O.	38	X	

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	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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				
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)					
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" 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?			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).**					
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		
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	7d				
e	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?			7f		X
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? .			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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

				Line	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.	1a	13			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
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	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	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	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	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 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

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Line	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	
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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		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		

Section C. Disclosure

17 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 (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 ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► Ramona Jackson, CPA 850-437-9870

376 West Chase Street, Pensacola, FL 32502

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Shirley Brougham President	1.00 0.00	X								
(2) Joshua Carter Treasurer	1.00 0.00	X								
(3) Ceil Reese Secretary	1.00 0.00	X								
(4) Eloise de Varona Member	1.00 0.00	X								
(5) Barbara Sawyer Past President	1.00 0.00	X								
(6) Skip Vogelsang Member	1.00 0.00	X								
(7) Natalie Morse Member	1.00 0.00	X								
(8) Sandra Porras Member	1.00 0.00	X								
(9) Jessica Scholl Member	1.00 0.00	X								
(10) Paul Silivos Member	1.00 0.00	X								
(11) Mike Viola Member	1.00 0.00	X								
(12) Sarah Humlie Managing Director	40.00 0.00	X				X		32,577		
(13) Jennifer Knisbell Member	1.00 0.00	X								
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

		(D)	(E)	(F)
1b	**Sub-total** ▶	32,577	0	0
c	**Total from continuation sheets to Part VII, Section A** ▶	0	0	0
d	**Total (add lines 1b and 1c).** ▶	32,577	0	0

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 ▶ 0

			Yes	No
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*	4		X
5	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*	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) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 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. . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	5,010				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	542,155				
	g	Noncash contributions included in lines 1a-1f:	$	82,718				
	h	**Total.** Add lines 1a–1f ▶			547,165			
Program Service Revenue			**Business Code**					
	2a	Pet Adoptions	900099		71,585	71,585		
	b				0			
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	**Total.** Add lines 2a–2f ▶			71,585			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			21,857	21,857		
	4	Income from investment of tax-exempt bond proceeds ▶			0			
	5	Royalties ▶			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) ▶			0			
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	251,620	0				
	b	Less: cost or other basis and sales expenses	204,447	0				
	c	Gain or (loss)	47,173	0				
	d	Net gain or (loss) ▶			47,173			
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	91,976				
	b	Less: direct expenses	b	11,424				
	c	Net income or (loss) from fundraising events ▶			80,552			
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from gaming activities ▶			0			
	10a	Gross sales of inventory, less returns and allowances	a	0				
	b	Less: cost of goods sold	b	0				
	c	Net income or (loss) from sales of inventory ▶			0			
		Miscellaneous Revenue	**Business Code**					
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	**Total.** Add lines 11a–11d ▶			0			
	12	**Total revenue.** See instructions. ▶			768,332	93,442	0	0

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, 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	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
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			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	Accounting	6,830	6,830		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17 . . .	0			
f	Investment management fees	11,469	11,469		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	37,749	30,199	7,550	
12	Advertising and promotion	6,459	6,459		
13	Office expenses	5,220	4,437	783	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	37,102	31,537	5,565	
17	Travel	6,684	5,681	1,003	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,294	12,294	0	0
23	Insurance	12,187	10,359	1,828	
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	Newsletter	17,607	14,966	2,641	
b	Shelter supplies	18,109	18,109		
c	Shelter repairs and maintenance	6,497	5,522	975	
d	Veterinary Supplies and Service	105,816	105,816		
e	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 from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	86,477	1	50,964
	2	Savings and temporary cash investments		2	186,576
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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		6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,032	9	8,320
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a — 329,971			
	b	Less: accumulated depreciation — 10b — 186,138	156,128	10c	143,833
	11	Investments—publicly traded securities	817,372	11	884,848
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	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	16	1,274,541
Liabilities	17	Accounts payable and accrued expenses	2,385	17	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	
	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	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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	31,920	26	33,809
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	379,592	27	614,403
	28	Temporarily restricted net assets	655,497	28	626,329
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	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

Part 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	768,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	490,191
3	Revenue less expenses. Subtract line 2 from line 1	3	278,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,035,089
5	Net unrealized gains (losses) on investments	5	10,637
6	Donated services and use of facilities	6	-82,718
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-417
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,240,732

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 ☒ 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 separate basis, consolidated basis, or both: ☐ 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?	2c	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)

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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
Humane Society of Pensacola

Employer identification number
59-6002691

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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? . . .	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	0					0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
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						0

12 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . 14 0.00%

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 0.00%

16a **33 1/3% support test—2013.** 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—2012.** 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—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 organization. . . . ▶ ☐

b **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 supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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.")	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	164,015	480,978
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
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 exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	3,958	0	0	0	3,958
8	**Public support** (Subtract line 7c from line 6.)						2,028,299

Section B. Total Support

	Calendar 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, payments received on securities loans, rents, royalties and income from similar sources	13,924	12,607	26,772	20,390	21,757	95,450
b	Unrelated business taxable income (less section 511 taxes) from businesses 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 or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13	**Total support.** (Add lines 9, 10c, 11, and 12.)	249,302	496,439	341,097	390,650	650,219	2,127,707

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, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	95.33%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	94.95%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	4.49%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	4.84%

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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

2013

Name of the organization
Humane Society of Pensacola

Employer identification number
59-6002691

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 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, 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 . . . . ▶ $ ____________

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

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

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Tommy Mcree 2810 E Cervantes St Pensacola FL 32503 Foreign State or Province: Foreign Country:	$ 295,239	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	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.)
3	Pen Air Federal Credit Union 1495 E Nine Mile Rd Pensacola FL 32514 Foreign State or Province: Foreign Country:	$ 7,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	Kathleen Gordon 2598 Yates Ave Pensacola FL 32503 Foreign State or Province: Foreign Country:	$ 7,300	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	Artel Inc PO Box 704 Pensacola FL 32591 Foreign State or Province: Foreign Country:	$ 6,931	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	Marie Coe 101 Mcabee Ct, Unit 109 Gulf Breeze FL 32561 Foreign State or Province: Foreign Country:	$ 6,852	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization Humane Society of Pensacola	**Employer identification number** 59-6002691

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
7	Jane Kugelman 1424 E Lakeview Ave Pensacola FL 32503 Foreign State or Province: Foreign Country:	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	The Chadbourne Foundation 192 Hewitt Street Pensacola FL 32503 Foreign State or Province: Foreign Country:	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Dailey Communications Inc 323 2nd Street N St Petersburg FL 33701 Foreign State or Province: Foreign Country:	$ 4,390	Person ☒ 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.)

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Lamar Advertising 141 N Tarragona Pensacola FL 32502 Foreign State or Province: Foreign Country:	$ 14,960	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Humane Society of Pensacola	59-6002691

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
2	Architect Services	$ 8,350	3/15/2014
10	Pet Supplies	$ 10,000	9/30/2014
11	Advertising	$ 7,900	10/5/2013
12	Advertising	$ 5,000	12/31/2013
13	Advertising	$ 14,960	12/31/2013
		$	

Name of organization	**Employer identification number**
Humane Society of Pensacola	59-6002691

Part III ***Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry.
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ 0
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**
For. Prov. Country	

(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, and ZIP + 4	**Relationship of transferor to transferee**
For. Prov. Country	

(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, and ZIP + 4	**Relationship of transferor to transferee**
For. Prov. Country	

(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, and ZIP + 4	**Relationship of transferor to transferee**
For. Prov. Country	

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 Inspection

Name of the organization	Employer identification number
Humane Society of Pensacola	59-6002691

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶ ________

7 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 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 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 ▶ $ ________

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________
b Assets included in Form 990, Part X ▶ $ ________

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

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):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	0
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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	0	0	0		
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ ________ %

c Temporarily restricted endowment ▶ ________ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
(i)	unrelated organizations	3a(i)		
(ii)	related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	266,971	153,963	113,008
c	Leasehold improvements	0	0	0	0
d	Equipment	0	52,201	5,896	24,706
e	Other	0	10,799	4,680	6,119
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶				143,833

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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ►	0	

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)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ►	0	

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)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ►	0

Part X **Other Liabilities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ►	0

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. ☐

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.

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:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	0

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.

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	0

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 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.

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ 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

Name of the organization	Employer identification number
Humane Society of Pensacola	59-6002691

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☒ Mail solicitations	e ☐ Solicitation of non-government grants
b ☒ Internet and email solicitations	f ☐ Solicitation of government grants
c ☒ Phone solicitations	g ☒ Special fundraising events
d ☒ 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(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
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total . . . . ▶				0	0	0

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.

FL

Part 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.

		(a) Event #1 Barktoberfest (event type)	(b) Event #2 Doggie Bath-in (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	40,549	6,747	44,680	91,976
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	40,549	6,747	44,680	91,976
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	9,991	640	793	11,424
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(11,424)
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				80,552

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

9 Enter the state(s) in which the organization operates gaming activities: ____________

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________

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:

a	The organization's facility	13a	%
b	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 ▶ $ 0 and the amount of gaming revenue retained by the third party ▶ $ 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 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 ▶ $ 0

Part IV **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).

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

2013

Open to Public Inspection

Name of the organization	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

Name of the organization	Employer identification number
Humane Society of Pensacola	59-6002691

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

2013

Open To Public Inspection

Name of the organization: Humane Society of Pensacola

Employer identification number: 59-6002691

Part 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 determining noncash contribution amounts
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				
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 ▶ (Advertising)	X	1	64,318	Donor advice
26	Other ▶ (Architecture servic)	X	1	8,350	Donor advice
27	Other ▶ (Tools and supplies)	X	1	50	Donor advice
28	Other ▶ (Pet supplies)	X	1	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	No
30a	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?	30a		X
b	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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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 VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2	5,010	
3	Fundraising events	3		
4	Related organizations	4		
5	Government grants (contributions)	5		
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Contributions		459,437	82,718
	Other contributions total	6	459,437	82,718
7	Total	7	464,447	82,718

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	Cost, other basis and expenses
Total Public Securities:	251,620	204,447
Total Non-Public Securities:	0	0
Total Other Sales:	0	0

	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improve-ments	Depreciation	Description of Basis Method
											Cost	Donated value			
1	RBC Capital Markets LLC		X				8/1/2013	purchase	8/4/2014	97,000	98,634				cost
2	RBC Capital Markets LLC		X				5/1/2013	purchase	5/27/2014	27,000	16,725				cost
3	RBC Capital Markets LLC		X				12/1/2010	purchase	12/12/2013	127,620	89,088				cost

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1	12,294	12,294		
2 Depletion	2	0			
3 Amortization	3	0			
4 Total	4	12,294	12,294	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

	Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
								Total:	351,570	173,844	186,138	-21,599	156,128	143,833
1	Building & Improvements		X						266,971	145,488	153,963		121,483	113,008
2	Vehicles					X			10,799	2,520	4,680		8,279	6,119
3	Other Equipment				X				73,800	25,836	27,495	-21,599	26,366	24,706

Part X, Lines 11 and 12 (990) - Investments - Securities

	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
					Total:	0	817,372	884,848
1	Publicly traded Securities	X					817,372	884,848

Internal Revenue Service
District Director

Department of the Treasury

Date: SEP 1 6 1980

Employer Identification Number: 59-6002691
Accounting Period Ending: September 30
Form 990 Required: ☒ Yes ☐ No
Person to Contact: P. Dewey
Contact Telephone Number: 904-791-2636

The Humane Society of Pensacola, Florida, Inc.
P. O. Box 407
Pensacola, Florida 32592

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 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. 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 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,

Exempt Organization Specialist

c.c. Robert A. Benz.

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: 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 Florida 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, job-related 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 service-learning 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 in-state 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:

- Character: 76.38
- Competence: 73.55
- Caring: 77.57
- Connection: 67.76
- Confidence: 65.66

- Spring 2015 results were:
    - Character: 83.41
    - Competence: 73.89
    - Caring: 79.87
    - Connection: 71.78
    - 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	14,221.44	14,079.99	13,100.00
Salaries and Wages	86,064.21	101,125.02	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

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ESCAMBIA COUNTY
AGENCY REQUEST FORM

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**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
PENSACOLA'S PROMISE, INC
Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
1301 E. GADSDEN STREET
City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32501

D Employer identification number
20-5966578

E Telephone number
850-202-0691

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.MYCHAINREACTION.ORG

J Tax-exempt status (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 160,404.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	94,211.
	2	Program service revenue including government fees and contracts			2	17,964.
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	48,229.		
	c	Less: direct expenses from gaming and fundraising events	6c	12,615.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	35,614.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	147,789.
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	86,065.
	13	Professional fees and other payments to independent contractors			13	2,670.
	14	Occupancy, rent, utilities, and maintenance			14	5,144.
	15	Printing, publications, postage, and shipping			15	999.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O			16	45,950.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	140,828.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	6,961.
	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)			19	22,307.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	29,268.

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

Part II **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	19,767.	22	25,815.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	2,544.	24	4,886.
25	**Total assets**	22,311.	25	30,701.
26	**Total liabilities** (describe in Schedule O) SEE SCHEDULE O	4.	26	1,433.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	22,307.	27	29,268.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 0.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KRISTIN FAIRCHILD EXECUTIVE DIRECTOR	55.00	53,313.	0.	0.
TED GORDER CHAIR	3.00	0.	0.	0.
JASON BROXSON VICE CHAIR	1.00	0.	0.	0.
CHRIS RITCHIE SECRETARY	1.00	0.	0.	0.
PAM MCKINNEY TREASURER	1.00	0.	0.	0.
SHANE ROWE PAST CHAIR	1.00	0.	0.	0.
MATT DURHAM BOARD MEMBER	1.00	0.	0.	0.
CRAIG HINDSMAN BOARD MEMBER	1.00	0.	0.	0.
DOUG JOLLY BOARD MEMBER	1.00	0.	0.	0.
LISA LONG BOARD MEMBER	1.00	0.	0.	0.
JAMIE BRADLEY BOARD MEMBER	1.00	0.	0.	0.
JONATHAN GRIFFIN BOARD MEMBER	1.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. 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 detailed description of each activity in Schedule O		33		X
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		X
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		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		35b	N/A	
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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	0.			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	N/A			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9 39a	N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b	N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
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		X
c	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 ▶	0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	0.			
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		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ PAM MCKINNEY Telephone no. ▶ 850-202-0691

Located at ▶ 1301 E. GADSDEN STREET, PENSACOLA, FL ZIP + 4 ▶ 32501

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

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 ▶ 43 N/A

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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

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

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

			Yes	No
47	Did 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 II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

f Total number of other employees paid over $100,000 ▶

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 5/15/15

▶ KRISTIN FAIRCHILD, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN

Firm's name ▶ — Firm's EIN ▶
Firm's address ▶ — Phone no.

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

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.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: PENSACOLA'S PROMISE, INC
Employer identification number: 20-5966578

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA 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

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 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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.")	103,294.	106,386.	108,959.	135,787.	111,175.	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 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	103,294.	106,386.	108,959.	135,787.	111,175.	565,601.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						565,601.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	103,294.	106,386.	108,959.	135,787.	111,175.	565,601.
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.)	3,306.	3,723.	4,655.	11,039.	48,229.	70,952.
13 Total support. (Add lines 9, 10c, 11, and 12.)	106,600.	110,109.	113,614.	146,826.	159,404.	636,553.

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, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 88.85 %

16 Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 .00 %

18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 %

19a 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 line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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

2013

Name of the organization	Employer identification number
PENSACOLA'S PROMISE, INC	20-5966578

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 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, 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 ▶ $ ______

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

Name of organization

PENSACOLA'S PROMISE, INC

Employer identification number

20-5966578

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	ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS 221 PALAFOX PLACE, PO BOX 1591 PENSACOLA, FL 32591-1591	$ 19,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	PSC KIDS COLLEGE 1000 COLLEGE BLVD. PENSACOLA, FL 32504	$ 5,750.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	YOUTH LEAP P. O. BOX 12585 PENSACOLA, FL 32591-2585	$ 5,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	UNITED WAY OF ESCAMBIA COUNTY 1301 W. GOVERNMENT STREET PENSACOLA, FL 32502	$ 26,072.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	VOLUNTEER FLORIDA THE ELLIOTT BUILDING, 401 S. MONROE ST. TALLAHASSEE, FL 32301	$ 5,162.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	BEAR FAMILY FOUNDATION 6120 ENTERPRISE DR PENSACOLA, FL 32505	$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
PENSACOLA'S PROMISE, INC	20-5966578

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
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization

PENSACOLA'S PROMISE, INC

Employer identification number

20-5966578

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

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

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

(e) Transfer of gift

Transferee's name, address, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ 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

Name of the organization: PENSACOLA'S PROMISE, INC

Employer identification number 20-5966578

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

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 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.

(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			
Total ▶						

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.

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

Part 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.

		(a) Event #1 PENSACOLA EGGFEST - GR (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	48,229.			48,229.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	48,229.			48,229.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,597.			1,597.
	6 Rent/facility costs	2,179.			2,179.
	7 Food and beverages	303.			303.
	8 Entertainment	1,300.			1,300.
	9 Other direct expenses	7,236.			7,236.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12,615.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				35,614.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	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) ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____________

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________

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:

a The organization's facility 13a %

b 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 ▶ $.

c If "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 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 ☐ 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 IV **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).

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

2013

Open to Public Inspection

Name of the organization: PENSACOLA'S PROMISE, INC

Employer identification number 20-5966578

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TRAVEL	2,771.
DUES AND SUBSCRIPTIONS	150.
VISTA HOUSING	4,280.
WEBSITE - TECHNOLOGY	1,985.
CREDIT CARD ACCEPTANCE FEES	915.
SUPPLIES AND MATERIALS	2,928.
INSURANCE	3,016.
DEPRECIATION	1,850.
PAYROLL TAXES	8,370.
PROFESSIONAL LICENSES/FEES	251.
CR PROGRAM EXPENSES	15,434.
VISTA PAYMENT	4,000.
TOTAL TO FORM 990-EZ, LINE 16	45,950.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPOSITS	500.	0.
DUE FROM YOUTH LEAP	39.	0.
OTHER DEPRECIABLE ASSETS	2,005.	4,886.
TOTAL TO FORM 990-EZ, LINE 24	2,544.	4,886.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
WHITNEY CREDIT CARD	2.	1,433.

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)

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

2013

Open to Public Inspection

Name of the organization: PENSACOLA'S PROMISE, INC

Employer identification number: 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 www.irs.gov/form990

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
PENSACOLA'S PROMISE, INC	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 VISION IS TO GIVE EVERY TEEN THE OPPORTUNITY TO MAKE A DIFFERENCE THROUGH VOLUNTEERISM 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 TEEN VOLUNTEER CENTER: "QUALITY VOLUNTEER OPPORTUNITIES" THAT ALLOW TEENS TO BE CONTRIBUTING MEMBERS OF OUR SOCIETY, "LEADERSHIP TRAININGS AND OPPORTUNITIES" THAT ALLOW TEENS TO DISCOVER THEIR POTENTIAL AS LEADERS AND APPLY THEIR NEW FOUND TALENTS BY SERVING IN LEADERSHIP POSITIONS, "CIVIC ACTION PROJECTS" WHERE TEENS IDENTIFY ISSUES FACING OUR COMMUNITY AND DEVELOP PROJECTS TO CREATE SOLUTIONS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
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, SUCCESSFULLY GRADUATE HIGH SCHOOL AND BE CONFIDENT ABOUT THEIR NEXT STEPS. CHAIN REACTION IS 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 THEMSELVES. CR DOES NOT BRIBE TEENS WITH THE PROMISE OF REWARDS YET INSTEAD INSPIRES THEM TO INVEST IN THEMSELVES. THE RESULT IS AN EASIER PATH TO A SUCCESSFUL

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, complete only Part I** and check this box ▶ ☒
- 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.*

Part I 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 Part I only ▶ ☐

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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PENSACOLA'S PROMISE, INC	Employer identification number (EIN) or 20-5966578
	Number, street, and room or suite no. If a P.O. box, see instructions. 1301 E. GADSDEN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PENSACOLA, FL 32501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

- The books are in the care of ▶ PAM MCKINNEY 1301 E. GADSDEN STREET - PENSACOLA, FL 32501
  Telephone No. ▶ 850-202-0691 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year ____ or
▶ ☒ tax year beginning OCT 1, 2013, and ending SEP 30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	**3a**	$ 0.
b	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.	**3b**	$ 0.
c	**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.	**3c**	$ 0.

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.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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

DEPARTMENT OF THE TREASURY

Date: MAR 12 2007

PENSACOLAS PROMISE INC
C/O KRISTIN FAIRCHILD
840 W MORENO ST
PENSACOLA, FL 32501

Employer Identification Number:
20-5966578 ←Tax ID #
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)(vi)
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 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.

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.

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PAGE 8 OF 9

1.	**General Fund**	**Amount Requested**	**Tab**
	Available 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
l.	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
o.	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
Total General Fund		**$2,089,056**	

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: United Way of Escambia County

Agency Address: 1301 West Government Street
Pensacola, FL 32503

Program Name: Human Service Appropriations Committee Inv

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 community at large. With the $90,700 in funding received last year, an additional $168,912 in matching dollars was secured and used to address, impact, and/or reduce long term, chronic poverty.

By investing these funds through a highly monitored application and reporting process, we are able to ensure the funding results in positive outcomes that met needs across our entire 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 homeless or dependent on the foster care system.

Among those citizens who needed financial assistance, your funding helped provide wraparound services 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.

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 healthcare and therapy services helped low-functioning clients whose limited mobility would otherwise increase costs associated with ER visits and nursing home care. Therapy and rehabilitation services and equipment also helped low-income patients who cannot afford the specialized care.

To reduce the pressure and calls to local law enforcement, your funding provided shelter and social services for victims of domestic violence and provided legal representation for those on the journey to financial independence. Additionally, housing and addiction recovery was provided through intensive case management that enables addicts to become productive citizens. In times of disaster, emergency assistance including shelter and food services also reduced the burden on public servants.

Finally, funding reduced the dog and cat 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	90,750.00	90,750.00	95,750.00
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

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

DEPARTMENT OF THE TREASURY

Date: AUG 08 2005

UNITED WAY OF ESCAMBIA COUNTY INC
1301 W GOVERNMENT ST
PENSACOLA, FL 32501

Employer Identification Number:
59-0651076
DLN:
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:
Yes
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.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

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)

▶ 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

A For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 20 14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: United Way of Escambia County, Inc.
Doing Business As:
Number and street (or P.O. box if mail is not delivered to street address): 1301 W. Government Street
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Pensacola, FL. 32502

D Employer identification number: 59-0851076
E Telephone number: 850-434-3157
G Gross receipts $ 3,325,194

F Name and address of principal officer: Andrea Krieger, 1301 W Government St., Pensacola, FL. 32502

H(a) Is this a group return for subordinates? ☐ Yes ☐ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶
H(c) Group exemption number ▶
K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1944
M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To unite the efforts and resources of Escambia County with programs and initiatives that can create measurable and sustainable positive changes in the areas of health, education, and financial stability.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	2,257
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(13)
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,504,327	3,011,507
	9	Program service revenue (Part VIII, line 2g)	53,082	86,800
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,654	32,570
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,626	31,955
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,625,689	3,162,832
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,308,392	1,681,303
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	835,493	916,236
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,927	13,345
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	353,455	377,183
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,527,267	2,988,067
	19	Revenue less expenses. Subtract line 18 from line 12	98,422	174,765
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,830,545	3,409,087
	21	Total liabilities (Part X, line 26)	1,952,822	1,285,170
	22	Net assets or fund balances. Subtract line 21 from line 20	1,877,723	2,123,917

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.

Sign Here

Signature of officer
Date: 2/9/15
TOM HILTON, CFO
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2013)

Part 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:

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? . . . . ☐ Yes ☑ No

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 ☑ No

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: 624100) (Expenses $ 1,756,646 including grants of $ 1,681,303) (Revenue $ 281,019)

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 $1,681,303 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.

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 counties 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 Northwest 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.

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 Helpline, 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 $ 203,977 including grants of $ 0) (Revenue $ 148,865)

4e Total program service expenses ▶ 2,418,749

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		✓
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		✓
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		✓
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		✓
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	✓	
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.			
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	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		✓
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
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	✓	
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	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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	✓	
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		✓
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		✓
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		✓
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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*	28c		✓
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	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		✓
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, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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*	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		✓
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		✓
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	✓	

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	**1a**	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	✓	
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**	0			
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) . .					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		✓
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**		✓
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**		✓
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?			**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**		✓
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).**					
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**	✓	
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 file Form 8282?			**7c**		✓
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 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, 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**		
b	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	**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**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
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 . .	**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 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	**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**		
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

				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.	1a	25		
b	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 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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		✓
6	Did the organization have members or stockholders?		6	✓	
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		✓
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
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		✓

Section 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		✓
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	✓	
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*	12a	✓	
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*	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
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 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	✓	
b	Other officers or key employees of the organization . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	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?	16a		✓
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Florida

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.

☑ Own website ☑ Another's website ☑ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Tom Hilton, 1301 W. Government Street, Pensacola, FL 32502

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Sammons Chairperson		✓		✓						
(2) David Peadon Chair Elect		✓		✓						
(3) Bob Sanders Treasurer		✓		✓						
(4) Meri Asmar Secretary		✓		✓						
(5) Andrea Krieger Chief Executive Officer	59 1			✓				116,228		9,767
(6) Tom Hilton Chief Financial Officer	44 1			✓				64,422		8,124
(7) Mark Faulkner Director		✓								
(8) David Jones Past Chair							✓			
(9) Oliver Jones Director		✓								
(10) Bob McLaughlin Director		✓								
(11) Ted Kircharr Director							✓			
(12) Yvette McLellan Director		✓								
(13) Trip Maygarden Director		✓								
(14) Vaughn Nichols Director		✓								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Malcom Thomas Director		✓								
(16) Kathie Jeffcoat Director		✓								
(17) Patrice Whitten Director		✓								
(18) Cathy England Director		✓								
(19) Hal George Director		✓								
(20) KC Etheridge Director		✓								
(21) Tim Putman Director		✓								
(22) David Moore Director		✓								
(23) Cedric Durre Director		✓								
(24) John Floyd Director		✓								
(25) Michael Adamson Director		✓								
1b Sub-total . . . . . ▶								180,650		17,891
c Total from continuation sheets to Part VII, Section A . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								180,650		17,891

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 ▶ 1

		Yes	No
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		✓
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* . . .	4		✓
5 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* . . .	5		✓

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) Name and business address	(B) Description of services	(C) Compensation
None		

2 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 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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tammy Davies Director		✓								
(2) Jack Lowrey Director		✓								
(3) Michelle Scaglione Director		✓								
(4) Oliver Sumlin Director		✓								
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII **Statement of Revenue**

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
Contributions, Gifts, Grants and Other Similar Amounts							
1a	Federated campaigns . . .	1a	8,361				
b	Membership dues	1b					
c	Fundraising events	1c	68,605				
d	Related organizations . . .	1d					
e	Government grants (contributions)	1e	156,711				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,777,830				
g	Noncash contributions included in lines 1a-1f: $		50,963				
h	**Total.** Add lines 1a–1f . . . . ▶			3,011,507			
Program Service Revenue		Business Code					
2a	Non Profit Training Seminars	624200		13,825	13,825		
b	Escambia 211 Serving NW Florida	624200		37,969	37,969		
c	Emergency Food Shelter Program	624200		2,293	2,293		
d	Designation Fee Income	900099		24,793	24,793		
e	Subsidized Agency Rent	624110		7,920	7,920		
f	All other program service revenue .						
g	**Total.** Add lines 2a–2f . . . . ▶			86,800			
Other Revenue							
3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			32,570	32,570		
4	Income from investment of tax-exempt bond proceeds ▶						
5	Royalties . . . . ▶						
		(i) Real	(ii) Personal				
6a	Gross rents . .						
b	Less: rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss) . . . . ▶						
7a	Gross amount from sales of assets other than inventory	(i) Securities 156,137	(ii) Other				
b	Less: cost or other basis and sales expenses .	135,706					
c	Gain or (loss) . .	20,431					
d	Net gain or (loss) . . . . ▶			20,431	20,431		
8a	Gross income from fundraising events (not including $ ________ of contributions reported on line 1c). See Part IV, line 18	a	27,375				
b	Less: direct expenses	b	26,338				
c	Net income or (loss) from fundraising events . ▶			1,037			1,037
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances	a	305				
b	Less: cost of goods sold . . .	b	318				
c	Net income or (loss) from sales of inventory . . ▶			(13)		(13)	
	Miscellaneous Revenue	Business Code					
11a	Event Sponsorships			10,500	10,500		
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a–11d . . . . ▶			10,500			
12	**Total revenue.** See instructions. . . . . . . ▶			3,162,832	150,301	(13)	1,037

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, 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	1,665,050	1,665,050		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	214,920	82,650	113,551	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) . .				
7 Other salaries and wages	582,310	352,279	142,317	87,714
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,866	1,567	1,247	52
9 Other employee benefits	39,830	22,741	6,408	10,681
10 Payroll taxes	76,310	47,716	17,576	11,018
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,300		18,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	13,345			13,345
f Investment management fees	6,928		6,928	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	8,538	4,030	3,780	728
12 Advertising and promotion	39,128	18,784	8,476	11,868
13 Office expenses	59,014	43,124	11,141	4,749
14 Information technology	18,958	10,402	4,627	3,929
15 Royalties				
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 Payments to affiliates	30,655	20,224	6,442	3,989
22 Depreciation, depletion, and amortization .	63,600	46,754	10,404	6,442
23 Insurance	24,807	16,111	5,646	3,050
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 Dues and Subscriptions	3,131	1,129	1,936	66
b Volunteer Support and Recognition	9,762	8,721	0	1,041
c Government Fees and Licenses	2,126	990	452	684
d Meals and Event Dinners	23,166	10,269	7,833	5,064
e All other expenses	2,871	314	2,327	230
25 **Total functional expenses.** Add lines 1 through 24e	2,988,067	2,418,749	379,420	189,898
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			684,307	1	584,118
	2	Savings and temporary cash investments			198,266	2	15,804
	3	Pledges and grants receivable, net			1,250,716	3	1,013,823
	4	Accounts receivable, net			118,839	4	92,625
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			3,268	8	4,691
	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			
	b	Less: accumulated depreciation	10b	845,403	685,047	10c	673,066
	11	Investments—publicly traded securities			844,952	11	978,140
	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				15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			3,830,545	16	3,409,087
Liabilities	17	Accounts payable and accrued expenses			58,821	17	66,076
	18	Grants payable			1,629,728	18	965,555
	19	Deferred revenue			8,312	19	8,312
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			111,091	21	116,666
	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			135,323	23	128,561
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			9,547	25	
	26	**Total liabilities.** Add lines 17 through 25			1,952,822	26	1,285,170
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			1,131,888	27	1,213,776
	28	Temporarily restricted net assets			478,909	28	643,215
	29	Permanently restricted net assets			266,926	29	266,926
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	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			3,830,545	34	3,409,087

Part 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	3,162,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,988,067
3	Revenue less expenses. Subtract line 2 from line 1	3	174,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	1,877,723
5	Net unrealized gains (losses) on investments	5	71,429
6	Donated services and use of facilities	6	68,013
7	Investment expenses	7	6,928
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(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))	10	2,123,917

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 ☑ 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		✓
	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	✓	
	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			
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	✓	
	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		✓
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)

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.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
United Way of Escambia County	59-0651076

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 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	3,557,669	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 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	16,725,200
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.						16,725,200

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,345,977	3,557,669	3,299,832	3,504,327	3,017,395	16,725,200
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 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.)	48,088	38,575	38,937	53,082	86,800	265,482
11	**Total support.** Add lines 7 through 10						17,114,081

12	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

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	97.7 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	98.0 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 organization . . . . ▶ ☐

b **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 supported organization . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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	**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	Add lines 7a and 7b						
8	**Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

	Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

Part II, Section B, Line 10 - Other Income includes various fees from providing Non Profit Training seminars to local non profits, information and referral services on behalf of neighboring United Ways, designation fee income, and administration of the local Emergency, Food and Shelter program in Escambia County, as well as subsidized rent from a local agency co-located in the United Way building.

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

2013

Name of the organization	Employer identification number
United Way of Escambia County	59-0651076

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☑ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓ % 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, 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 . . . . ▶ $ ____________

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

Name of organization	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	$ 290,178	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
2	United Way Worldwide 701 N. Fairfax Street Alexandria, VA. 22314	$ 225,468	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Gulf Power Company One Energy Place Pensacola, FL. 32520	$ 221,134	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
4	Publix Corporation PO Box 407 Lakeland, FL.33802	$ 186,933	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)
5	Escambia County Government 221 N. Palafox Place Pensacola, FL. 32502	$ 163,386	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	Navy Federal Credit Union 9071 Security Place Pensacola, FL. 32506	$ 94,905	Person ☐ Payroll ☑ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
United Way of Escambia County	59-0651076

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
7	Armstrong World Industries PO Box 1991 Pensacola, FL. 32589	$ 87,831	Person ☐ Payroll ☑ 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	$ 62,905	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 ☐ 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.)

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number

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

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

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

(e) Transfer of gift

Transferee's name, address, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee

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 Inspection

Name of the organization: United Way of Escambia County
Employer identification number: 59-0661076

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶

7 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 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 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 ▶ $

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $
b Assets included in Form 990, Part X ▶ $

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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	279,995	238,961	218,828
b	Contributions					
c	Net investment earnings, gains, and losses	19,632	29,864	(14,815)	43,048	22,113
d	Grants or scholarships					
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	238,961

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 0%
b Permanent endowment ▶ 100%
c Temporarily restricted endowment ▶ 0%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
	(i) unrelated organizations	3a(i)		✓
	(ii) related organizations	3a(ii)		✓
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		92,350		92,350
b	Buildings		1,089,186	(558,325)	530,861
c	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 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. *(Column (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)		
(9)		
Total. *(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, line 11d. See Form 990, Part X, line 15.

(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) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☑

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.

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 VIII, line 12:				
a	Net unrealized gains on investments	2a	71,429		
b	Donated services and use of facilities	2b	68,013		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	26,338		
e	Add lines **2a** through **2d**			2e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,936		
b	Other (Describe in Part XIII.)	4b	394,396		
c	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.)*			5	3,162,832

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.

1	Total expenses and losses per audited financial statements			1	2,681,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	68,013		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	26,338		
e	Add lines **2a** through **2d**			2e	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	6,936		
b	Other (Describe in Part XIII.)	4b	394,396		
c	Add lines **4a** and **4b**			4c	401,332
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,988,067

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 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.

Part IV - The organization maintains custody of fees remitted by members of UWADA (United Way Agency Directors Association) as annual dues to cover the costs of maintaining the Association, including costs related to professional development of the membership, as well as costs of meetings. In addition, the organization maintains custody of funds for several local programs that are held in partnership with other local civic groups to meet common goals.

Part XI, 2D Expenses of annual Passport to Unite, $26,338 are netted against Fundraising Event revenues on the tax return.

Part XI, 4B, Designations to outside agencies are netted against campaign revenue on the financial statements ($381,051), as are investment expense fees ($13,345), totaling ($394,396).

Part XII, 2D Expenses of annual Passport to Unite, $26,338 are netted against Fundraising Event revenues on the tax return.

Part XII, 4B, Designations to outside agencies are netted against campaign revenue on the financial statements ($381,051), as are investment expense fees ($13,345), totaling ($394,396).

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.
▶ 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

Name of the organization: United Way of Escambia County
Employer identification number: 59-0651076

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

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.

	(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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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.

Florida

Part 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.

			(a) Event #1 Passport to Unite (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	27,375			27,375
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	27,375			27,375
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,351			1,351
	6	Rent/facility costs	1,383			1,383
	7	Food and beverages	11,647			11,647
	8	Entertainment				
	9	Other direct expenses	11,957			11,957
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				26,338
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				1,037

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	☐ Yes ______ % ☐ No	
	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) ▶				

9 Enter the state(s) in which the organization operates gaming activities: ______

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ______

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ______

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:

a	The organization's facility	13a	%
b	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 ▶ $ ______

c If "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 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 ☐ 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 IV 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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 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) 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 Ste210,Pensacola, FL32505	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	$66,186.59				Designation/Allocation
(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, FL 32502	59-3213644	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 . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 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) 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) Amer. Red Cross NWFL, 222 N Baylen St., Pensacola, FL 32502	59-0637808	501(c)3	$34,378.28				Designation/Allocation
(2) Gulf Coast Kids House, 3401 N 12th Ave, Pensacola, FL 32503	59-3520130	501(c)3	$32,155.57				Designation/Allocation
(3) Boys&Girls Club, 923 Denton Blvd NW, Ft Walton Bch, FL 32547	59-1390241	501(c)3	$31,164.10				Designation/Allocation
(4) B.R.A.C.E., 1301 W Government St, Pensacola, FL 32501	20-4815891	501(c)3	$27,148.73				Designation/Allocation
(5) Chain Reaction, 1301 E Gadsden St, Pensacola, FL 32501	20-5966578	501(c)3	$26,179.27				Designation/Allocation
(6) Pace Ctr for Girls, 1201 College Blvd, Pensacola, FL 32504	59-2414492	501(c)3	$24,663.83				Designation/Allocation
(7) Childrens Home Soc of FL, PO Box 19136, Pensacola, FL 32523	59-0192430	501(c)3	$21,998.05				Designation/Allocation
(8) AMIKids Pensacola, 3685 Muldoon Rd, Pensacola, FL 32526	59-3051944	501(c)3	$19,540.37				Designation/Allocation
(9) Health & Hope Clinic, 9999 Chemstrand Rd, Pensacola, FL 32514	26-4336638	501(c)3	$18,681.15				Designation/Allocation
(10) New Beginnings Group Inc, 820 Gerhardt Dr, Pensacola, FL 32503	59-3597194	501(c)3	$17,038.74				Designation/Allocation
(11) Bay Area Food Bank, 5709 Industrial Blvd, Milton, FL 32583	63-0821997	501(c)3	$16,568.56				Designation/Allocation
(12) United Ministries of Pensacola, 2578 E Lee St, Pensacola, FL 32513	59-2865996	501(c)3	$15,605.71				Designation/Allocation

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
United Way of Escambia County	59-0651076

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 the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 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) 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) Autism Pensacola, PO Box 30213, Pensacola, FL 32503	11-3643957	501(c)3	$14,598.35				Designation/Allocation
(2) Baptist Health Care Fdtn, 1000 W Moreno Ste409, Pensacola FL 32501	59-0192265	501(c)3	$12,697.25				Designation/Allocation
(3) Milk & Honey Outreach, 31 E. Wright St, Pensacola, FL 32501	59-3454711	501(c)3	$10,304.31				Designation/Allocation
(4) Seastars Aquatics, 5425 Hibiscus Rd, Pensacola, FL 32504	20-1199276	501(c)3	$9,783.44				Designation/Allocation
(5) Lakeview Center Inc., 1221 W Lakeview Ave, Pensacola, FL 32501	59-0737872	501(c)3	$8,750.44				Designation/Allocation
(6) Esc. Cty Public Schools Fdtn, 30 Texar Dr, Pensacola, FL 32503	59-2715995	501(c)3	$8,585.46				Designation/Allocation
(7) NW FL Legal Svcs, 701 S J St. Pensacola, FL 32501	59-1817996	501(c)3	$8,476.75				Designation/Allocation
(8) United Way of Okaloosa/Walton 112 Tupelo Ave, Ft. Walton Bch 32548	59-0972293	501(c)3	$7,965.45				Designation/Allocation
(9) Soc of St Vincent De Paul, 2200 W. De Soto St, Pensacola, FL 32505	26-4125098	501(c)3	$7,475.85				Designation/Allocation
(10) Covenant Hospice, 5041 N. 12th Ave, Pensacola, FL 32504	59-2208300	501(c)3	$7,119.41				Designations
(11) Independence for the Blind, 3107 N Davis Hwy, Pensacola, FL 32503	59-3297510	501(c)3	$6,858.77				Designation/Allocation
(12) Legal Svcs of North FL, 118 S Baylen St. Pensacola, FL 32502	51-0197090	501(c)3	$6,119.98				Designation/Allocation

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

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 the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 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) 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) Boy Scouts GulfCoast Council 9440 Univ.Pkwy, Pensacola, FL 32514	59-0624405	501(c)3	$5,956.71				Designations
(2) Learn to Read of NW FL, 1721 W. FairfieldDrSte315 PensacolaFL 32501	59-2974077	501(c)3	$5,794.35				Designation/Allocation
(3) Panhandle Youth Asst Pgm 4150 Cedar Springs Rd, Molino, FL 32577	59-3490012	501(c)3	$5,382.53				Designation/Allocation
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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.

(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 relief assistance, Escambia County residents	39	16,253			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

2013

Open To Public Inspection

Name of the organization: United Way of Escambia County

Employer identification number: 59-0651076

Part 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 determining noncash contribution amounts
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	✓	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				
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)	✓	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 ▶ (Furniture, Other)	✓	14	$10,568	Provided by donor

			Yes	No
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	
30a	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?	30a		✓
b	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	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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, Types of Property - column B, the count is based on the number of donors, not on items received.

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
2013
Open to Public Inspection

Name of the organization	Employer identification number
United Way of Escambia County	59-0851076

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 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 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.

Name of the organization	Employer identification number
United Way of Escambia County	59-0651076

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)

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, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
United Way of Escambia County

Employer identification number
59-0651076

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) United Way of Escambia County Foundation, LLC 1301 W. Government Street, Pensacola, FL 32502	Fundraising	Florida	$27,698	$625,573	UW Escambia Cty
(2)					
(3)					
(4)					
(5)					
(6)					

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
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 organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R (see instructions).

2014/15 Leveraged Funds

Totals
5 Agencies, 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.

United Way
of Escambia County

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 7th, 8th, &14th) 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.
- Ultimate 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 narrative 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

United Way
of Escambia County

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
Provide pediatric speech, physical, and/or occupational therapy sessions for children with developmental delays or disabilities as prescribed by their doctor.	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. 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. 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.	At least 80% of the children will meet 60% of the short term goals on their individual treatment plan during each review period
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.

Funding Recommendation:

	County
(2 Years Ago) **2012/13 Funding:**	$12,645
(Last Year) **2013/14 Funding:**	$12,645
2014/15 Funding Recommendation:	$12,645

Human Services Appropriations Committee Comments:

- 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

25 word description: 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 Learn	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. Tier 3: Advanced Level involves conducting workshops, implementing program sessions, and complementing the program through enhancement strategies.	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 secondary education and financial aid applications Youth demonstrate increased interest in attending institution of higher education

Funding Recommendation:

	County
(2 Years Ago) **2012/13 Funding:**	$4,750
(Last Year) **2013/14 Funding:**	$3,500
2014/15 Funding Recommendation:	$2,366

Human Services Appropriations Committee Comments:

- 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 juvenile justice system).

Program: Heritage Oaks Wrap Around Service.
Responsible Agency: Be Ready Alliance Coordinating for Emergencies

25 word description: 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:

	County
(2 Years Ago) **2012/13 Funding:**	$0
(Last Year) **2013/14 Funding:**	$1,125
2014/15 Funding Recommendation:	$3,000

Human Services Appropriations Committee Comments:

- 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

25 word description: 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

Human Services Appropriations Committee Comments:

- 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

25 word description: 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:**	$24,500
(Last Year) **2013/14 Funding:**	$24,500
2014/15 Funding Recommendation:	$24,500

Human Services Appropriations Committee Comments:

- 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

25 word description: 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 Patient 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.

Direct Services Provided	Outputs	Results
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.	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:**	$0
(Last Year) **2013/14 Funding:**	$2,330
2014/15 Funding Recommendation:	$2,330

Human Services Appropriations Committee Comments:

- 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

25 word description: 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 homeless.
Provide safe emergency shelter for vicitms of domestic violence in Escambia County.	The shelter manager and staff will provide information and referrals to local affordable housing projects.	Increase in adult resident's knowledge of affordable housing available to them and their children in their income bracket.
	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 will be provided weekly for groups and individuals.	The shelter manager and staff will work with local transitional living providers for shelter residents to receive applications and appointments for housing.	Increase in financial stability of domestic violence victims.
	The shelter staff will provide transportation by agency van or bus passes to keep appointments.	Increase in number of domestic violence victim's children staying in school and registering in university or college.
	The shelter manager will continue to serve as be a member of The EscaRosa Coalition on the Homeless.	Increase in number of adult domestic violence victims returning to school, completing college or vocational training to increase employability.

Funding Recommendation:

	County
(2 Years Ago) **2012/13 Funding:**	$4,900
(Last Year) **2013/14 Funding:**	$5,000
2014/15 Funding Recommendation:	$6,025

Human Services Appropriations Committee Comments:

- 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.

<u>What the funds will be used for</u>: 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
Legal Assistance	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 housing, eviction, and abandonment by adults. 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 lead to risky behaviors that limit youth with special needs from living independently within the community. Identify youth in need of these services through court appointments, our community partnerships and other outreach efforts.	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. 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 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 expectations are based on their entire project client base.

<u>Funding Recommendation:</u>

	County
(2 Years Ago) **2012/13 Funding:**	$0
(Last Year) **2013/14 Funding:**	$2,500
2014/15 Funding Recommendation:	$3,000

<u>Human Services Appropriations Committee Comments:</u>

- 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

25 word description: 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:**	$500
(Last Year) **2013/14 Funding:**	$1,500
2014/15 Funding Recommendation:	$1,875

Human Services Appropriations Committee Comments:

- 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

25 word description: 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
(2 Years Ago) **2012/13 Funding:**	$0
(Last Year) **2013/14 Funding:**	$0
2014/15 Funding Recommendation:	$1,500

Human Services Appropriations Committee Comments:

- 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 living—absent 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.	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.

Funding Recommendation:

	County
(2 Years Ago) **2012/13 Funding:**	$4,900
(Last Year) **2013/14 Funding:**	$5,625
2014/15 Funding Recommendation:	**$5,625**

Human Services Appropriations Committee Comments:

- 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.

Direct Services Provided	Outputs	Results
Educate clients regarding their legal rights under Florida law to remain free from domestic violence.	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.	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 stability of finances for the client by not being under the control of an abusive partner.
Provide legal representation to a client at a domestic violence protective injunction hearing.	Try to provide clients with a violence free home where they can be able to maintain employment without interference of an abuser. Provide clients with 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 line.	An increase in stability for the family home environment not preoccupied with domestic violence.

Funding Recommendation:

	County
(2 Years Ago) **2012/13 Funding:**	$2,500
(Last Year) **2013/14 Funding:**	$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

25 word description: 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, bi-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.	85% or more of the students will demonstrate 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:**	$4,900
(Last Year) **2013/14 Funding:**	$5,000
2014/15 Funding Recommendation:	$5,000

Human Services Appropriations Committee Comments:

- 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:**	$6,860
(Last Year) **2013/14 Funding:**	$8,000
2014/15 Funding Recommendation:	$9,500

Human Services Appropriations Committee Comments:

- 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	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 Escambia 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

25 word description: 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:**	$2,500
(Last Year) **2013/14 Funding:**	$1,500
2014/15 Funding Recommendation:	$2,875

Human Services Appropriations Committee Comments:

- 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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1. General Fund

Available Funding: $1,425,082

	General Fund	Amount Requested	Tab
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
l.	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
o.	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

Total General Fund **$2,089,056**

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: 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 agencie

Amount Requested: 20,342.00

Amount Received Last Year, if applicable:

20,275.00

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages	1,517,070.00	1,648,653.00	1,770,886.00
Employee Benefits			
Professional Services	755,890.00	948,984.00	972,929.00
Contractual Services			
Travel Expenses	100,721.00	120,227.00	120,000.00
Rentals and Leases	192,440.00	200,066.00	198,660.00
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

EST '64
West Florida
Regional
Planning
Council

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 50th 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 1st 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 2nd Annual Symposium was held in May 2014 and was expanded in length and scope. A 3rd 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 serious 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 21st 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 5th 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 counties. 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	TPO	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	-	-	-
WASHINGTON COUNTY	**1,806**	**-**	**1,806**
ALABAMA - Baldwin County	**-**	**14,700**	**14,700**
TOTAL	**$48,114**	**$51,416**	**$99,530**

WEST FLORIDA REGIONAL PLANNING COUNCIL

October 1, 2015 - September 30, 2016

III. REVENUE SOURCES

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	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 PLANNING COUNCIL

October 1, 2015 - September 30, 2016

IV. ALLOCATIONS OF LOCAL FUNDS

WEST FLORIDA REGIONAL PLANNING COUNCIL	
Program Development & Match	$53,450
TOTAL	**$53,450**
TPO-FTA 5305 Match	
Florida-Alabama TPO	17,507
AL-Baldwin County	2,632
Bay County TPO	9,914
Okaloosa-Walton TPO	9,298
TOTAL	**$39,351**
GRAND 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

	WFRPC	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
Panama 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**	-	**1,651**
Ponce 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	Difference
Bay County	$ 6,521.00	$ 1,000.00	+	170,781	*	$ 5,550.38	=	$ 6,550.38	$ 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	896.00	500.00	+	12,191	*	396.21	=	896.21	0.00
Escambia County	10,786.00	1,000.00	+	303,907	*	9,876.98	=	10,876.98	90.98
Pensacola	2,196.00	500.00	+	52,756	*	1,714.64	=	2,214.64	18.64
Holmes County	1,651.00	1,000.00	+	20,025	*	650.81	=	1,650.81	(0.19)
Ponce de Leon	518.00	500.00	+	554	*	18.01	=	518.01	0.00
Bonifay	586.00	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	+	5,805	*	188.66	=	688.66	688.66
Jay	518.00	500.00	+	529	*	17.19	=	517.19	(0.81)
Milton	799.00	500.00	+	9,316	*	302.77	=	802.77	3.77
Walton County	2,878.00	1,000.00	+	59,793	*	1,943.27	=	2,943.27	65.27
DeFuniak Springs	674.00	500.00	+	5,387	*	175.08	=	675.08	1.08
Paxton	520.00	500.00	+	613	*	19.92	=	519.92	0.00
Freeport	581.00	500.00	+	2,488	*	80.86	=	580.86	0.00
Washington County	1,806.00	1,000.00	+	24,959	*	811.17	=	1,811.17	5.17
Chipley	614.00	500.00	+	3,504	*	113.88	=	613.88	0.00
Vernon	522.00	500.00	+	680	*	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**

* $1,000.00 County; $500.00 City
**BEBR

0000009 10/13/12

FLORIDA
DEPARTMENT OF REVENUE

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.

FLORIDA
DEPARTMENT OF REVENUE

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.
3. 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.

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

25024 06/25/2015 9:46 AM

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)

▶ **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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning ____, and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
105 N. S ST.

City or town, state or province, country, and ZIP c
PENSACOLA

F Name and address of principal officer:

D Employer identification number 59-2222303

E Telephone number

G Gross receipts $ 606,879

s a group return for subordinates? ☐ Yes ☒ No

ll subordinates included? ☐ Yes ☐ No

"No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (

J Website: ▶ WWW.PENSACOLAWILDLIFE.C

exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐

M State of legal domicile:

RECEIVED
SEP - 1 201
ADMINISTRATIVE SERVICES
OFFICE OF MANAGEMENT BUDGET

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most signi
SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its d ssets.

3	Number of voting members of the governing body (Part VI,	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	71
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	350,873	450,579
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,198	-4,591
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,648	152,583
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	359,719	598,571
Expenses	13	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)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,661	29,819
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,220		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	285,960	286,446
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	314,621	316,265
	19	Revenue less expenses. Subtract line 18 from line 12	45,098	282,306
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	541,350	823,707
	21	Total liabilities (Part X, line 26)	1,629	1,680
	22	Net assets or fund balances. Subtract line 21 from line 20	539,721	822,027

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.

Sign Here

▶ Signature of officer Date

▶ Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name MARGIE MEYER, CPA	Preparer's signature MARGIE MEYER, CPA	Date 06/25/15	Check ☐ if self-employed	PTIN P00055698
	Firm's name ▶ MARGIE MEYER, C.P.A., P.A.			Firm's EIN ▶ 59-3471576	
	Firm's address ▶ 301 ST. CHRISTOPHER ST PENSACOLA, FL 32534-3119			Phone no. 850-484-7070	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

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

Form **990** (2014)

Part 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:

SEE SCHEDULE O

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 $ including grants of $) (Revenue $)

TO PROVIDE CARE FOR LARGE NUMBERS OF HURT AND ABANDONED WILDLIFE.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

ESCAMBIA COUNTY GRANT - TO PROVIDE CARE FOR LARGE NUMBERS OF HURT AND ABANDONED WILDLIFE

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ 0 including grants of $) (Revenue $)

4e Total program service expenses ▶ 251,102

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	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		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, 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 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		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, VII, 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	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	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
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
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?	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		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 fundraising 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	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		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		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	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		
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	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'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 "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 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
b	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		X
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	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, Parts 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
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	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 Schedule O	38		X

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	**1a**	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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**	1			
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**		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**		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?			**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).**					
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**		
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 file Form 8282?			**7c**		
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 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, boats, airplanes, or other vehicles, did 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**		
9	**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**		
10	**Section 501(c)(7) organizations.** Enter:					
a	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**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
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	**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 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	**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**		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	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	1b	13			
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	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		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		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	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 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

Section 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
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	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	12c		
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☐ 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: ▶

CHERYL GREENE
PENSACOLA, FL 32505 850-433-9453

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN ROBINSON DIRECTOR	0.50 0.00	X						0	0	0
(2) STEAMER LAWHEAD DIRECTOR	0.50 0.00	X						0	0	0
(3) DALE DEAN TREASURER	0.50 0.00	X		X				0	0	0
(4) LARRY STEIMEL PRESIDENT	1.50 0.00	X		X				0	0	0
(5) MARY JONES DIRECTOR	0.50 0.00	X						0	0	0
(6) BOB JORDAN VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(7) CHRISTINE BURKE DIRECTOR	0.25 0.00	X						0	0	0
(8) JOHN KAUFMANN DIRECTOR	0.50 0.00	X						0	0	0
(9) DEBBIE BARNARD SECRETARY	1.00 0.00	X		X				0	0	0
(10) CHRIS VERLINDE DIRECTOR	0.25 0.00	X						0	0	0
(11) MOLLY O'CONNER DIRECTOR	0.50 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(12) ELLEN ODOM DIRECTOR	0.25 0.00	X						0	0	0
(13) DANA DEYOUNG DIRECTOR	0.25 0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

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 ▶ 0

		Yes	No
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	4		X
5 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	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) Name and business address	(B) Description of services	(C) Compensation

2 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 ☐

Section	Line	Item	Ref. / Busn. Code	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	39,790				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	410,789				
	g	Noncash contributions included in lines 1a-1f:	$	122,014				
	h	**Total.** Add lines 1a–1f ▶			450,579			
Program Service Revenue			Busn. Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶						
	3	Investment income (including dividends, interest, and other similar amounts) ▶			1,394	1,394		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.						
	c	Rental inc. or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less: cost or other basis & sales exps.		5,985				
	c	Gain or (loss)		-5,985				
	d	Net gain or (loss) ▶			-5,985	-5,985		
Other Revenue	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a	2,845				
	b	Less: cost of goods sold	b	2,323				
	c	Net income or (loss) from sales of inventory ▶			522	522		
		Miscellaneous Revenue	Busn. Code					
	11a	INSURANCE REIMBURSEMENT			150,108	150,108		
	b	UNREALIZED GAIN ON SECURITIES			1,923	1,923		
	c	OTHER INCOME			30	30		
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶			152,061			
	12	**Total revenue.** See instructions. ▶			598,571	147,992	0	0

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, 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 domestic organizations 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, trustees, and key employees				
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	27,700	23,545	4,155	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,119	1,801	318	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	8,957	7,614	1,343	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	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				
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	9,035	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	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 fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing			37,791	1	55,670
	2	Savings and temporary cash investments			355,963	2	507,546
	3	Pledges and grants receivable, net				3	
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,679	8	5,685
	9	Prepaid expenses and deferred charges			3,405	9	4,091
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	346,322			
	b	Less: accumulated depreciation	10b	118,528	116,514	10c	227,794
	11	Investments—publicly traded securities			20,998	11	22,921
	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				15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			541,350	16	823,707
Liabilities	17	Accounts payable and accrued expenses			1,629	17	1,680
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				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	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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	
	26	**Total liabilities.** Add lines 17 through 25			1,629	26	1,680
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			539,721	27	822,027
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			539,721	33	822,027
	34	Total liabilities and net assets/fund balances			541,350	34	823,707

Part 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	598,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,265
3	Revenue less expenses. Subtract line 2 from line 1	3	282,306
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	539,721
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	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	822,027

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 ☒ 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? 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	2a		X
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	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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)

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.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.
Employer identification number: 59-2222303

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An 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).**
11 ☐ 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.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations ☐
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	327,662	379,369	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	1,599	3,195	2,198	1,394	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, 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)) **14** 99.48 **%**

15 Public support percentage from 2013 Schedule A, Part II, line 14 **15** 99.42 **%**

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 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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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.")						
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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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'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

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

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 ▶ ☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

			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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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 filing 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		
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).	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.	10a		
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.)	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
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.**	**11c**		

Section B. Type I Supporting Organizations

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

Section 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 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**		

Section D. All Type III Supporting Organizations

			Yes	No
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?	**1**		
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**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	**2a**		
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**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through 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 instructions for short tax year or assets held for part of year):			
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 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		
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, 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 Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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 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**	**(iii) Distributable Amount for 2014**
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
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:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 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.)

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

2014

Name of the organization
WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.

Employer identification number
59-2222303

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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 .... ▶ $ ....

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

Name of organization
WILDLIFE SANCTUARY OF NORTHWEST

Employer identification number
59-2222303

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	$ 34,576	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	MARIE PARKER COE ESTATE MARIE PARKER COE ESTATE 101 MCABEE CT #109 GULF BREEZE FL 32561	$ 6,852	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	LAURA RINGER ESTATE LAURA RINGER ESTATE C/O JOHN GLASSMAN 1127 N PALAFOX PENSACOLA FL 32501	$ 162,136	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	PETER CROCHER 202 DWIGHT AVE. PENSACOLA FL 32507	$ 6,526	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	WENDY WHITEHOUSE 504 W MALLORY ST. PENSACOLAFL FL 32503	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	PATRICIA SCRIMGEOUR 5155 REGALO DR PENSACOLA FL 32526	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WILDLIFE SANCTUARY OF NORTHWEST	59-2222303

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
7	CLOUGH FAMILY FOUNDATION PO BOX 646 RIFLE CO 81650	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	IN-KIND RENT	$ 34,576	
		$	
		$	
		$	
		$	
		$	

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
2014
Open to Public Inspection

Name of the organization: WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.

Employer identification number: 59-2222303

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
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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶

7 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 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 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 ▶ $

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 items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .... %
b Permanent endowment ▶ .... %
c Temporarily restricted endowment ▶ .... %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	**3a(i)**		
(ii) related organizations	**3a(ii)**		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,361		40,361
b Buildings				
c Leasehold improvements		269,719	104,579	165,140
d Equipment		5,255	4,464	791
e Other		30,987	9,485	21,502
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				227,794

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. (Column (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)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(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) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

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	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	598,571
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	598,571

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.

1	Total expenses and losses per audited financial statements			1	316,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	316,265

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 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.

Part XIII Supplemental Information (continued)

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: WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.

Employer identification number: 59-2222303

Part 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 determining noncash contribution amounts
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				
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 ▶ ( )	X	1	34,576	LEASE
26	Other ▶ ( )	X		52,862	RECEIPTS
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?	30a		X
b	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		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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.

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

2014

Open to Public Inspection

Name of the organization	Employer identification number
WILDLIFE 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**

Department of the Treasury
Internal Revenue Service (99)

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

2014

Attachment Sequence No. **179**

Name(s) shown on return: WILDLIFE SANCTUARY OF NORTHWEST FLORIDA, INC.

Identifying number: 59-2222303

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I 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)	1	500,000
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)	3	2,000,000
4	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	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,595

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	37
18	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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**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	22	13,632
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including 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		
39 Do you treat all use of vehicles by employees as personal use?		
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.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Ronnie Clemons
Telephone Number:
877-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
59-2222303

Date: JAN 21 1999

Wildlife Sanctuary Of Northwest
Florida, Inc.
105 North S Street
Pensacola, FL 32505-7928

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

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. **(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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016

ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

	Most Recently Completed Budget Year	**Current Budget Year (Budget, Oct 14-Sept 15)**	**Proposed Budget Year** (FY 15-16)
Contributions from Private Sources			
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

	Most Recently Completed Budget Year	**Current Budget Year**	**Proposed Budget Year**
Total Staffing			
Salaries & Wages			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Employee Benefits			
Professional Services	45,446	3,098,578	15,500.00
Contractual Services (Legal, Audit)	35,450	92,475.00	92,475.00
Travel Expenses			
Rentals & Leases			
Communications			
Postage & Freight			
Repair & Maintenance			
Printing & Binding			
Marketing & Promotion	217,000	570,000.00	570,000.00
Fuel			
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 67-1365

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 act.

(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

Pensacola Escambia County Promotion Development Comm

FY 2015 Budget

	Annual Budget
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 Income	
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	
5004 · 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
5400-06 · 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	0.00
Total 5400 · Technology Park Expenses	181,500.00
5420 · FOIL Expenses	
5420-11 · FOIL Master Planning	1,699,029.00
5420-13 · FOIL IDS Programming	399,029.00
5420-14 · FOIL Environmental Studies	276,699.00
5420-15 · FOIL Marketing & Final DS Reprt	325,243.00
5420-19 · FOIL Administrative Expenses	280,078.00
Total 5420 · FOIL Expenses	2,980,078.00
5600 · Miscellaneous Expense	2,225.00
5900 · Withdrawals- Deferred Comp Fund	9,600.00
Total Expense	3,763,278.00
Net Ordinary Income	-103,000.00
Net Income	-103,000.00

8:26 AM
08/03/15
Cash Basis

FloridaWest EDA
Budget
October 2014 through September 2015

FloridaWest EDA	FY 14-15 Budget
Income	
4000 · Membership Dues	240,000.00
4410 · Foundation	100,000.00
4430 · PEDC	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
4511 · 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 · Business Travel	60,000.00
5190 · Depreciation Expense	16,000.00
5200 · Dues & Subscriptions	7,500.00
5310 · Insur-D&O/Liab/Umbrella/EPLI	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 Entrepreneurs Academy Exp	10,000.00
5556 · MWBE- Business Support	10,000.00
5557 · Workforce Analytics	10,000.00
5558 · Education Support/NGLC	5,000.00
5559 · Workforce Marketing	15,000.00
5580 · ITen Wired	
5590 · Inc 5000	
5600 · Miscellaneous Expense	500.00
5610 · Postage	500.00
5680 · High Growth Companies	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
5954 · Copier Expense	2,000.00
5980 · Rent Expense	26,500.00
Total Expense	1,139,000.00
Net Income	5,000.00

Announced Vision 2015 Jobs

Company Name	Project Name	Type of Jobs	No. New Jobs	Est. Annual Salary (Avg.)	Est. Avg. Annual Payroll	Cap. Invest.
Cronimet	CONE	Manufacturing	15	$45,000	$675,000	$2,000,000
Hixardt	PRESS	Information Technology	60	$45,000	$2,700,000	$4,000,000
Ascend Performance	EVEREST	Manufacturing	102	$55,000	$5,610,000	$56,100,000
UPS	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
[redacted]	CONTROL	Manufacturing	15	$39,616	$475,392	$520,000
[redacted]	ALLEN	Administrative HQ	12	$70,860	$850,320	$500,000
[redacted]	NEAT	Financial Services	700	$40,745	$28,521,500	$6,150,000
[redacted]	SECURITY	Information Technology	200	$85,000	$17,000,000	$20,000,000
[redacted]	IMPACT	Financial Services	1,500	$44,000	$66,000,000	$200,000,000
[redacted]	GLOBAL	Information Technology	120	$54,350	$6,522,000	$5,900,000
[redacted]	EVERGREEN	Wood Manufacturing	105	$42,435	$4,455,675	$9,998,210
[redacted]	PATINA	3rd Party Administrator	381	$27,876	$10,620,756	$89,000
Offshore Inland	STORK	Marine Services MRO	100	$43,680	$4,368,000	$900,000
Deep Flex	DIMENSION	Offshore Pipe Manufacturer	100	$55,000	$5,500,000	$20,000,000
Intelligent Retinal Imaging Systems	VISION	IT/Entrepreneurial	15	$71,667	$1,075,005	$100,000
VT MAE	STALLION	Aviation MRO	304	$56,160	$17,072,640	$10,000,000
Navy Federal 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
Offshore Inland	STORK II	Corporate Headquarters	30	$75,000	$2,250,000	N/A
[redacted]	ARROW	Aviation Mfg.	5	$43,680	$218,400	N/A
[redacted]	CENTAUR	Corporate Headquarters	15	$74,720	$1,120,800	$20,000,000
[redacted]		Information Technology	35	$85,000	$2,975,000	$20,000,000
[redacted]			46			
2011	*267*					
[redacted]	[redacted]					
[redacted]	[redacted]		8,962	$54,962	$426,109,528	$819,498,210
2014	*5,561*		Total New	Avg. Est. Salary	Est. Avg. Annual Payroll	Cap. Invest.
[redacted]	[redacted]					
[redacted]	[redacted]					
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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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.

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*

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.

Saltmarsh Cleaveland & Gund

Pensacola, Florida
November 13, 2014

Pensacola-Escambia County Promotion and Development Commission
Management's Discussion and Analysis
For the Year Ended September 30, 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	$ 662	$ 637
Grant receivable	0	20
Technology Park property	5,850	5,850
Total Assets	$ 6,512	$ 6,507
Accounts payable	$ 15	$ 4
Technology Park payable – County	2,149	2,152
Total liabilities	2,164	2,156
Net Position:		
Restricted	61	61
Unrestricted	4,287	4,290
Total net position	4,348	4,351
Total Liabilities and Net Position	$ 6,512	$ 6,507

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

	Final Budget	Actual	Variance
Revenues:			
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.

Pensacola-Escambia County Promotion and Development Commission
Management's Discussion and Analysis
For the Year Ended September 30, 2014

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.

Fawnn Harnage
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	2,152,416
Total liabilities	2,156,559
Commitments and Contingencies	--
Net Position:	
Restricted	61,198
Unrestricted:	
Committed	52,309
Unassigned	4,237,209
Total net position	4,350,716
Total Liabilities and Net Position	$ 6,507,275

The accompanying notes are an integral part of these financial statements.

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

The accompanying notes are an integral part of these financial statements.

PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE - BUDGET AND ACTUAL - GENERAL FUNE
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	-
Contractual services - Foreign Trade Zone	1,500	1,500	1,250	250
Miscellaneous	13,100	13,100	12,244	856
Total expenditures	270,600	570,600	288,681	281,919
Excess (Deficiency) of Revenues Over (Under) Expenditures	$ -	$ (300,000)	$ 2,512	$ 302,512

The accompanying notes are an integral part of these financial statements.

PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION
STATEMENT OF FIDUCIARY NET POSITION
SEPTEMBER 30, 2014

ASSETS

	Deferred Compensation Fund
Investments	$ 54,445
Total Assets	$ 54,445

LIABILITIES AND NET POSITION

Liabilities	$ -
Net Position:	
Held for retirement benefits	54,445
Total net position	54,445
Total Liabilities and Net Position	$ 54,445

The accompanying notes are an integral part of these financial statements.

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

The accompanying notes are an integral
part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

PENSACOLA-ESCAMBIA COUNTY PROMOTION AND DEVELOPMENT COMMISSION
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2014

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. Budgetary Basis of Accounting

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	$ 6,900,000	$ 1,425,000	$ 8,325,000
Infrastructure funded by County	1,926,938		1,926,938
Infrastructure funded by grant	1,316,168		1,316,168
Technology Park property at cost	$ 10,143,106	$ 1,425,000	11,568,106
Fair value adjustment			(5,718,106)
Technology Park property at fair value			5,850,000
Accrued interest and other			371,928
Forgiveness of debt			(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

Saltmarsh
Saltmarsh, Cleaveland & Gund
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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.

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.

Saltmarsh Cleaveland & Gund

Pensacola, Florida
November 13, 2014

Saltmarsh
Saltmarsh, Cleaveland & Gund
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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.

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.

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.

Saltmarsh Cleaveland & Gund

Pensacola, Florida
November 13, 2014

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: 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.,

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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:
1) 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 workforce training programs

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 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	2,250.00		
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

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.*

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization CENTURY AREA CHAMBER OF COMMERCE Doing business as Number and street (or P.O. box if mail is not delivered to street address) PO BOX 857 — Room/suite City or town, state or province, country, and ZIP or foreign postal code CENTURY, FL 32535	D Employer identification number 59-2931610 E Telephone number 850-256-3155 G Gross receipts $ 49,748.
	F Name and address of principal officer: SAME AS C ABOVE	H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ►

H(c) Group exemption number ►

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ►

L Year of formation: 2006

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: To promote Century's local businesses and provide economic development opportunities within our community.

2 Check this box ►☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	40,000.	40,000.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,074.	6,668.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,074.	46,668.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,000.	40,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ►	0.	986.
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,428.	6,101.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	44,428.	47,087.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,354.	-419.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	14,314.	49,748.
	21	Total liabilities (Part X, line 26)	8,086.	43,902.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,228.	5,846.

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.

Sign Here

F. W. McCall — Signature of officer

9-1-15 — Date

Freddie W. McCall Vice President — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Angie Kelley	Preparer's signature Angie Kelley	Date 9/1/15	Check ☐ if self-employed	PTIN
Firm's name ►			Firm's EIN ►	
Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2014)

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

Tactics	Status Not started	 In progress/On going	 Complete	Notes
Pillar: Talent Supply and Education				
1) Identify, promote and advertise programs and financial aid opportunities that are already present at Century's Pensacola State College Campus, Northview High School, Automation and Production Technology Academy, and Ernest Ward Middle School		▨		PSC established a GED scholarship fund for Century area students. Fund covers the cost of the course and exam. Mayor McCall, Gulf Power, the Studer's, and other local businesses donated to the fund. While students can enroll in many of PSC's programs w/o a GED, it is required for Pell Grant funding. PSC continues to advertise this program.
2) Work with Century's Pensacola State College Campus to promote and recruit participation in locally administered financial literacy programs		▨		•PSC is in discussions with PenAir to offer financial literacy for students. •Navy Federal has expressed an interest in offering financial literacy at Northview H.S. Information about the program has been shared with NHS Principal who said she would share with faculty but leave it up to the individual teacher. •WFPL offers free computer courses at Century Branch 2x's a month on subjects ranging from Basic Computer Skills I & II, Word 2010 I & II, File Management, Email Basics, Introduction to the Internet, Facebook. •PSC students have access to job preparedness seminars through Career Services. •A steering committee made up of representatives from healthcare, education, econ. dev., Town leadership & banking has been formed to implement a soft skills program using the "Getting Ahead" curriculum. A facilitator has been identified and trained, the committee is close to securing a location and childcare for participants. Program is expected to start in August. The program focuses on self-sufficiency and empowers participants to develop their own plan to "Get Ahead" and the resources needed to get there.
3) Offer and promote literacy, computer literacy, job preparedness classes/seminars, and "soft skill" training through Pensacola State College, local agencies, and area churches		▨		
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.		▨		
5) Continue to develop partnerships with regional organizations, which provide financial assistance and educational programs to low-income households		▨		
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	▨			

	Status			
Tactics	Not started	In progress/On going	Complete	Notes
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		▨		Some PSC programs (welding) have career coaches that work with students for placement with local and regional businesses upon graduation
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)		▨		PSC's Century Center has introduced a new HVAC program for Fall 2015. The welding program graduated its first class in Spring 2015

Tactics	Status Not started	 In progress/On going	 Complete	Notes
Pillar: Innovation and Economic Development				
1) Identify and target regional industries/supporting industries that may complement already established clusters within the region	▨			
2) Solicit input from local/regional businesses for developing regional marketing efforts.	▨			
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.			▨	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.	▨			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.

Tactics	Status Not started	 In progress/On going	 Complete	Notes
8) Identify and pursue strategies to develop local daycare programs, which would allow single parent households to enter the workforce		▨		•Campfire USA has had a facility in Century since 2008 that provides free VPK and vouchers for eligible working families. •Abundant Life opened a new childcare facility in June 2015. • After-hours childcare facilities present their own financial and regulatory challenges making it difficult for providers to take the necessary risk
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	▨			

Tactics	Status Not started	 In progress/On going	 Complete	Notes
Pillar: Infrastructure and Growth Leadership				
1) Continue to pursue rehabilitation and beautification grants, which increase Century's curb appeal for residents, visitors, and potential investors.		▨		•The Town recently received grant funds to install new playground equipment at Showalter Park. •Numerous roads in town will be repaved in coming months. •On-going infrastructure improvements continue for Town's utilities •Town Council recently passed stricter code enforcement policies that will help improve the curb appeal of the community. •The Town's new marketing development plan calls for stricter sign ordinances and beautification of Hwy. 29 • The Town has submitted a technical assistance grant application to DEO to conduct a Finding of Necessity report which is the first step in designating the Town a Community Redevelopment Area
2) Reach out to area broadband providers to encourage expanding their broadband footprint into Century. The Town and potential broadband partners need to investigate whether improving broadband service by expanding their fiber optic network in Century would meet the requirements for the Rural Utilities Service Telecommunications Program (RUSTP)	▨			
3) Pursue grant funding through the Broadband "Community Connect" Grant Program for developing a community technology center, which reuses, or enhances, existing community facilities; whereby providing residents with access to online technologies.		▨		IT 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.
4) Work with the Escambia County School District and local internet service providers to pursue "Connect2Compete" high speed internet subsidies for qualified low income households.		▨	▨	The Connect2Compete program is already in place and available for Century area residents through T-Mobile, however, lack of promotion of available services continues to be a hindrance to the community. Internet is provided for $10 or $20/mo in the form of a hotspot with varying data with an equipment fee of $62.51. Computers, laptops and tablets are available at rates of $143 - $202

	Status			
Tactics	Not started	In progress/On going	Complete	Notes
5) Conduct a community workshop to better understand Century's mass transit needs, focusing on the needs of low income residents. It is recommended to include Santa Rosa County, FL and Escambia County, AL in the discussion, with the intention of generating cross border ideas on satisfying transportation needs for residents who can obtain work in the surrounding region.	▨			
6) Conduct an annexation study, which identifies the cost/benefit factors of expanding the Town's limits	▨			
7) Continue to pursue housing rehabilitation grants from both state and federal sources with a focus on low income residents.		▨		•CDBG funds are used for housing rehabilitation. •Community Action Partnership provides assistance for weatherization

Tactics	Status Not started	 In progress/On going	 Complete	Notes
Pillar: Business Climate and Competitiveness				
1) Engage the Florida Small Business Development Network and regional business leaders to develop a mentorship program for aspiring entrepreneurs and small business owners.		▨	▨	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.
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.		▨	▨	
3) Pursue regular visits by the Florida Small Business Development Networks' Mobile Business Assistance Centers.		▨	▨	
4) Pursue grant funds that will assist the Town in staffing the small business incubator.		▨		•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.
5) Engage Escambia and Santa Rosa counties to develop a regional small business incubator partnership.	▨			
6) Investigate industry preparedness programs, which can help determine the Town's readiness for industry recruitment.	▨			
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.			▨	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.
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	▨			
9) Create streamlined, transparent, and user-friendly government processes required to start-up, relocate or expand a business, including home-based businesses	▨	▨		The Town's marketing development plan will focus on resources for the local community as well as visitors

Tactics	Status Not started	 In progress/On going	 Complete	Notes
Pillar: Civic and Governance Systems				
1) Pursue funding opportunities to implement an emergency alarm system	▨			
2) Work with community leaders to increase participation in local government	▨			
3) Effectively promote and distribute Town newsletter email, website, and social media	▨	▨		The Town's marketing development plan focuses on resources for the local community as well as visitors.
4) Regularly update the Town's online calendar, keeping the Town up-to-date on public meetings, events, etc.	▨	▨		
5) Publish minutes of the Town Council's meetings online to increase transparency of local government		▨		
6) Broadcast Town council meetings online and/or via ECTV	▨			
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	▨			
8) Institute a Youth Leadership Training Program for Century's adolescent population in order to develop future community leaders.	▨			
9) Regular presence at Escambia County meetings (County Commission, RESTORE Advisory Committee, etc.)	▨			

	Status			
Tactics	**Not started**	**In progress/On going**	**Complete**	**Notes**
Pillar: Quality of Life and Quality Places				
1) Increase Century's presence on social media, including news from the Town, Century Chamber of Commerce, and Alger Sullivan Historical Society				The Town's marketing development plan focuses on resources for the local community as well as visitors.
2) Promote area's cultural and recreational resources via Visit Pensacola, the Greater Pensacola Chamber, and Florida's Great Northwest				
3) Engage the UWF Historic Trust to preserve, enhance, and promote the Town's historic assets				
4) Modernize the Alger Sullivan Historical Society's webpage by connecting the Society to marketing and computer design majors in need of capstone projects at Pensacola State College or the University of West Florida				
5) Organize more community days where the Town celebrates a community event, much like Saw Mill Day. This tactic is two-fold: 1) to attract out-of-town dollars to the local economy and 2) to develop relationships (increase trust) between different segments of the community				•The Town recently celebrated its annual Saw Mill Day. •Reimagine Century was held on May 16th. •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. •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. •Residents have recently started discussing a "Music in the Park" type event. •Other events are held for MLK Day, National Day of Prayer, etc. •The Town's marketing development plan will include ways to better promote these events to a larger audience outside of the immediately surrounding areas.
6) Work with area schools and churches to bring youth-based activities back within the Town limits				
7) Collaborate with regional partners on ways of increasing the presence of public healthcare services				•Health and Hope Clinic continues to serve the Century community. •A local doctor has recently re-opened his practice in the former Century hospital •Healthy Start opened its facility in June. WIC services as well as pediatric and women's health care will also be provided

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 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	**$43,753.85**

Funds On Deposit

Membership/Savings	$26.56
Primary Checking- #4	$5,404.43
Secondary Checking- #5	$245.49
TOTAL FUNDS ON DEPOSIT	**$5,676.48**

Prepared 1/8/15 by Angie Kelley

IRS

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 automatically lose its tax-exempt status. 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 presentation.

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 ma be able to access the filing site directly by typing or pasting the following address into your Internet browser: http://epostcard.form990.org. 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 eight items of basic information 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 *Exempt Organizations Select Check*. You can also download the entire database of *e-Postcard* filings on th site.

Exempt Organizations Select Check Tool ›

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!
- EO Update: 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

DEPARTMENT OF THE TREASURY

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:
DONNA ELLIOT-MOORE ID# 50304
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Form 990 Required:
YES
Effective Date of Exemption:
JANUARY 20, 2006
Contribution Deductibility:
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.

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

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Information for Organizations Exempt Under Sections Other
Than 501(c)(3)

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: Gulf Coast African American Chamber of Com

Agency Address: 945 W Michigan Ave Suite 12-B
Pensacola, FL 32505

Program Name: Gulf Coast African American Chamber of Com

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

We used last years 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			
Programmatic Income			
County Funding			
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	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			
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Gulf Coast
African American
Chamber of Commerce

About Gulf Coast African American Chamber of Commerce (GCAACC)

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, business 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

Membership Growth

120 strong

Our Community believes in our Organization

[redacted]

[redacted]

Our Initiatives have raised over

$31,639.99

Maintained 3 Jobs & Created 1 job

Executive Director,
Administrative Assistant
Membership Director
Community Coordinator
Communication Specialist

[redacted]

GCAACC Ambassadors Program

Connecting our members to service our
community

[redacted]

Filled Social Media Communication GAP

[redacted]

- GCAACC Website

We provide links to most community events

facebook.com/pensacolagcaacc

twitter.com/gcaacc

- GCAACC Members Only Portal combined with the Website to give members more exposure

Partnered with Cox Communication connect 2 compete

Tackling the DIGITAL DIVIDE

[redacted]

Corporate Partnership

[redacted]

- 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 Commerce
- Gulf Breeze Chamber of Commerce
- VISIT PENSACOLA
- Santa Rosa County Chamber of Commerce

[redacted]

Building Media Partners

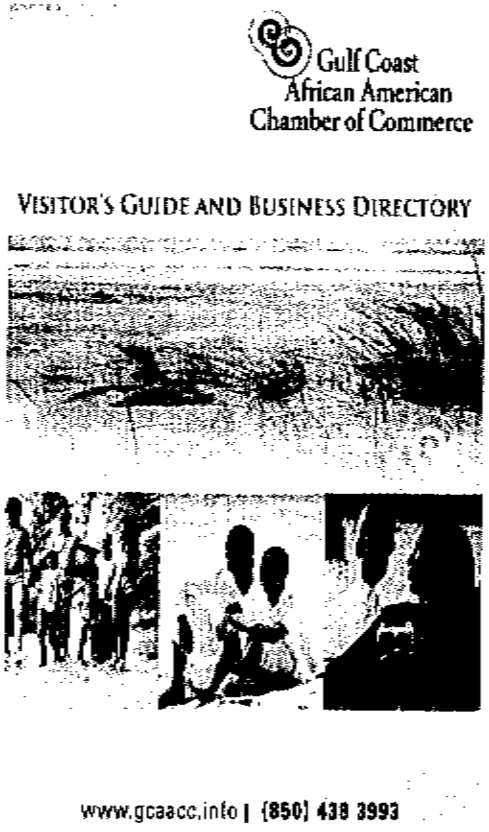
- Pensacola Voice
- Pensacola Today
- Out Front Magazine
- In-Weekly
- PNJ
- Cox
- Blab TV

Coordinating with Visit Pensacola

Reaching out to *Minority* Photographer,
Videographers, and Marketers

Promoting and linking business to the Minority
Guide Published by Visit Penacola

[redacted]



Gulf Coast
African American
Chamber of Commerce

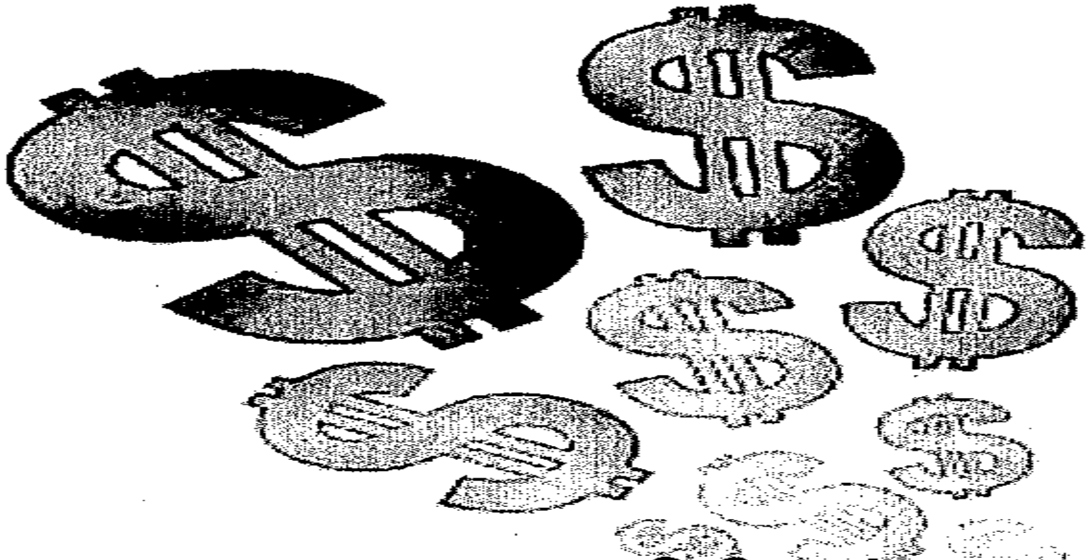
VISITOR'S GUIDE AND BUSINESS DIRECTORY

www.gcaacc.info | (850) 438 3993

Published 2014-2015 Visitors guide

To Promote our local business to visiting tourist in the area

[redacted]



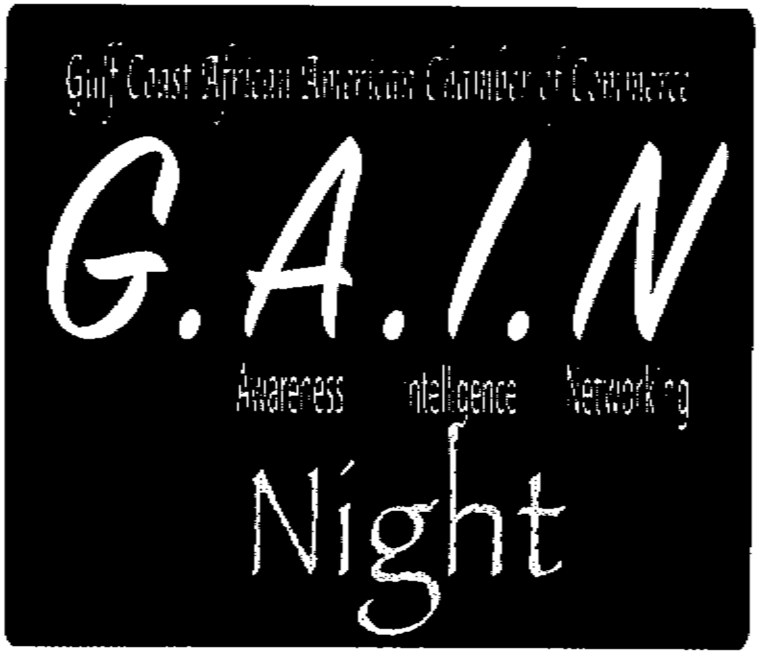
30 day $30 dollar challenge

Promoting local spending via Social Media

[redacted]

Monthly Networking Event

[redacted]



- Every 3rd Tuesday of the Month at the Pensacola Improv come GAIN with us

123 Grow Series

- 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

[redacted]

- Oct 17 the 2ND Annual GCAACC Community Award Ceremony. This years theme "Learning from our Past, Celebrating our Present and Envisioning our Future"
- 2015-2016 GCAACC Foundation

[redacted]

Women Business Luncheon

The Gulf Coast
African American
Chamber of Commerce
Women of Power
Business Conference & Luncheon

- March 5, 2016
- Powerful Speaker
- 2015 SOLD OUT
- We have sponsors lined up for 2016 ALREADY

GCAACC Small Business Incubator Center

The GCAACC Small Business Virtual Incubator mission is to foster an environment that offers assistance for minority-owned, early-stage firms. The GCAACC will help nurture entrepreneurial and economic development in the Escambia County community by providing services to help small business grow

What is a Virtual incubator?

- What is virtual business incubation (VBI)? Tools and services that are not (necessarily) provided to clients residing inside the facilities of a business incubator—virtualll in the sense of location-independent.

- We distinguish virtual service concepts from virtual tools: Virtual service concept refers to a 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 the same physical location.

What type of Virtual Incubator we are?

[redacted]

- Hand-holdersll offer an incubation service concept that emphasizes training and mentoring, as opposed to access to finance or networking. They address the challenges entrepreneurs face in developing their entrepreneurial capacities to be able to get their business off the ground.

- Hand-holders define and implement a structured incubation process, usually with several stages of business incubation. The core skills of these incubators include business training and mentoring, defining and managing the incubation process and fund raising and reporting to donors/government.

Economic Recycling

GCAACC
Incubator

GCAACC
Incubatee

Community

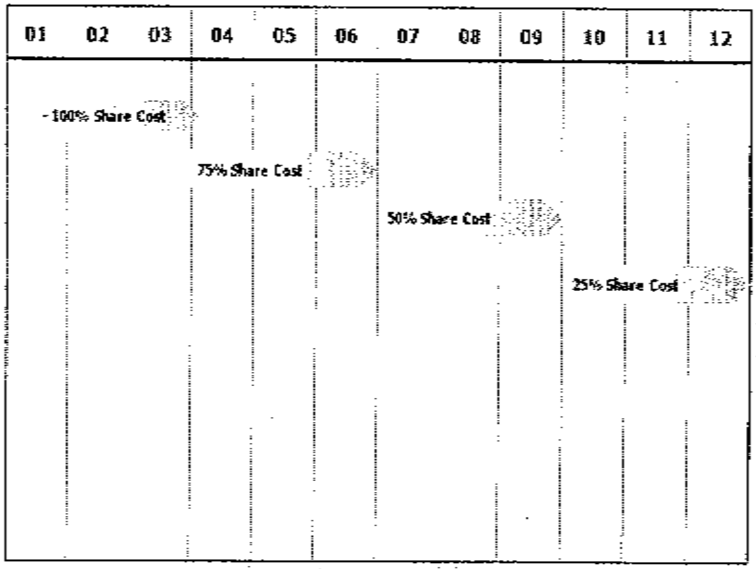
Service Provider Small
Business in our
Community

Growth for
both
Companies

Job Growth

Incubator Business Time Line

Business Share Cost TimeLine



- 1st Quarter we concentrate on the Finical 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
- 2nd 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

[redacted]

Join Us Today

Q & A

Thank you for your time

FY 15 (OCT 14 - SEP 15)		
APPROPRIATIONS		
ESCAMBIA COUNTY	$ 50,000.00	
CITY OF PENSACOLA	$ 25,000.00	
TOTAL APPROPRIATIONS	**$ 75,000.00**	
CHAMBER INCOME		
MEMBERSHIP/DUES	$ 19,500.00	$125 Membership @ 60 a year
VISITOR GUIDE	$ 15,000.00	$1000 Corporate Partnership @ 24 a year
GCAACC AWARD CEREMONY	$ 10,000.00	
Classes	$ 2,400.00	$20 per student at 10 per class
Online Classes	$ 2,000.00	$20 per class at 100 paid for classes
GCAACC Women's Luncheon	$ 5,000.00	
GCAACC Business Syposium	$ 5,000.00	
Total Chamber Income	$ 58,900.00	
TOTAL CHAMBER INCOME	**$ 58,900.00**	
TOTAL INCOME	**$ 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	
Utitiles	$ 2,400.00	
	$ 13,980.00	
65020 - POSTAGE, MAILING SERVICE	$ 500.00	Inclued POBox
65030 - PRINTING AND COPYING	$ 500.00	

65040 - SUPPLIES	$	1,000.00	
65050 - TELEPHONE, TELELCOMMUNICATI	$	1,200.00	
Sponsorhip	$	5,000.00	
	$	-	
	$	-	
	$	**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
Commuity Awards	$	5,000.00	
TOTAL 65100 OTHER TYPE ESPENSES	**$**	**31,600.00**	
TOTAL EXPENSE	**$**	**133,961.12**	
NET INCOME	**$**	**(61.12)**	

TABLE OF CONTENTS

PAGE 1 OF 1

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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
1) 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

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 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

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)

▶ 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

A For the 2013 calendar year, or tax year beginning 10/01/13 , and ending 09/30/14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: Pensacola Sports Association, Inc.
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 12463
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: Pensacola FL 32591

D Employer identification number: 59-0767953
E Telephone number: 850-434-2800
G Gross receipts $ 1,310,479

F Name and address of principal officer:
Ray Palmer
101 West Main Street
Pensacola FL 32502

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.pensacolasports.com

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1959

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	39
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	195,962	241,033
	9	Program service revenue (Part VIII, line 2g)	895,912	1,041,915
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,777	22,731
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,800	4,800
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,120,451	1,310,479
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,500	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)	288,891	345,641
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,755		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	766,423	878,473
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,068,814	1,224,114
	19	Revenue less expenses. Subtract line 18 from line 12	51,637	86,365
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	789,381	889,507
	21	Total liabilities (Part X, line 26)	142,175	146,336
	22	Net assets or fund balances. Subtract line 21 from line 20	647,206	743,171

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.

Sign Here
▶ Signature of officer
Date
▶ Ray Palmer Executive Director
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Kevin J. Carlson
Preparer's signature
Date: 03/31/15
Check ☐ if self-employed
PTIN
Firm's name ▶ Carlson & Company, Chartered
Firm's EIN ▶
Firm's address ▶ 7100 Plantation Road, Building 21
Pensacola, FL 32504
Phone no. 850-476-6900

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Part 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:

See Schedule O

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 $ 470,406 including grants of $) (Revenue $ 469,764)

Sports Marketing Activities - accomplished the goal of attracting other regional and national events to the Pensacola area which will benefit the entire community.

4b (Code:) (Expenses $ 117,478 including grants of $) (Revenue $ 172,356)

The Double Bridge Run brought many visitors to the area. Runners participated in a 15K or 5K run which started in downtown Pensacola and finished on Pensacola Beach.

4c (Code:) (Expenses $ 359,015 including grants of $) (Revenue $ 399,795)

Various events were held to promote local sporting events that brought players and spectators to the local area and created opportunities for local athletes to be recognized.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 946,899

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		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		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		
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 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	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, VII, 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	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	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
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
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?	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		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 fundraising 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	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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	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		
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 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		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):			
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		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		X
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	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, Parts 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
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		
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 Schedule O	38	X	

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	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	7			
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		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		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 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		X
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		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).**					
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		
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 file Form 8282?			7c		
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 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, 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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40			
	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	1b	39			
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	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		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		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	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 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

Section 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
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	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Ray Palmer 101 West Main Street

Pensacola FL 32501 850-434-2800

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 nor any related organizations 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bill Hamilton President	1.00 0.00	X		X				0	0	0
(2) Jackie Brown President Elect	1.00 0.00	X		X				0	0	0
(3) Jehan Clark VP-Membership	1.00 0.00	X		X				0	0	0
(4) Norm Ross VP-Sports Events	1.00 0.00	X		X				0	0	0
(5) Greg Thomas VP - Events	1.00 0.00	X		X				0	0	0
(6) Ted Gund VP - Finance	1.00 0.00	X		X				0	0	0
(7) Rory Cassedy VP of TDC Affairs	1.00 0.00	X		X				0	0	0
(8) John Panyko VP-Sports Marketing	1.00 0.00	X		X				0	0	0
(9) Jodie Webb Past President	1.00 0.00	X		X				0	0	0
(10) Doug Bates Director	1.00 0.00	X						0	0	0
(11) Bobby Behr Director	1.00 0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(12) Chip Boes Director	1.00 0.00	X						0	0	0
(13) Michael Burroughs Director	1.00 0.00	X						0	0	0
(14) Michael Capps Director	1.00 0.00	X						0	0	0
(15) Bruce Childers Director	1.00 0.00	X						0	0	0
(16) Will Condon Director	1.00 0.00	X						0	0	0
(17) Brian Cooper Director	1.00 0.00	X						0	0	0
(18) Bill Creedon Director	1.00 0.00	X						0	0	0
(19) Leah Drury Director	1.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								78,004		
d Total (add lines 1b and 1c) ▶								78,004		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
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	4		X
5	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	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) Name and business address	(B) Description of services	(C) Compensation

2 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 VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(12) Mike Eddins Director	1.00 0.00	X						0	0	0
(13) Buddy Hinote Director	1.00 0.00	X						0	0	0
(14) Cam Johnson Director	1.00 0.00	X						0	0	0
(15) Rick Johnson Director	1.00 0.00	X						0	0	0
(16) Katie Kehoe Director	1.00 0.00	X						0	0	0
(17) Rhea Kessler Director	1.00 0.00	X						0	0	0
(18) Phil Kraus Director	1.00 0.00	X						0	0	0
(19) Mike Layton Director	1.00 0.00	X						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 in reportable compensation from the organization ▶

			Yes	No
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		
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	4		
5	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	5		

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) Name and business address	(B) Description of services	(C) Compensation

2 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, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(12) Richard McLeod Director	1.00 0.00	X						0	0	0
(13) Wesley Pate Director	1.00 0.00	X						0	0	0
(14) Jay Patel Director	1.00 0.00	X						0	0	0
(15) Ron Pulley Director	1.00 0.00	X						0	0	0
(16) Michael Rhodes Director	1.00 0.00	X						0	0	0
(17) Ted Roy Director	1.00 0.00	X						0	0	0
(18) Robbie Rushing Director	1.00 0.00	X						0	0	0
(19) Adam Russell Director	1.00 0.00	X						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 in reportable compensation from the organization ▶

		Yes	No
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		
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	4		
5 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	5		

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) Name and business address	(B) Description of services	(C) Compensation

2 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, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Dave Scott Director	1.00 0.00	X						0	0	0
(13) David Taylor Director	1.00 0.00	X						0	0	0
(14) Jeff Vannoy Director	1.00 0.00	X						0	0	0
(15) Monroe Watley Director	1.00 0.00	X						0	0	0
(16) Finley Woodward Director	1.00 0.00	X						0	0	0
(17) Ray Palmer Executive Director	40.00 0.00			X				78,004	0	0
(18)										
(19)										

		(D)	(E)	(F)
1b	Sub-total ▶	78,004		
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 in reportable compensation from the organization ▶

			Yes	No
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		
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	4		
5	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	5		

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) Name and business address	(B) Description of services	(C) Compensation

2 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 VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	26,450				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	214,583				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a–1f ▶			241,033			
Program Service Revenue			Busn. Code					
	2a	Program revenues			572,151	572,151		
	b	Esambia Co tourist developmen			469,764	469,764		
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			1,041,915			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			22,731	22,731		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents	4,800					
	b	Less: rental exps.						
	c	Rental inc. or (loss)	4,800					
	d	Net rental income or (loss) ▶			4,800			4,800
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis & sales exps.						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Busn. Code					
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶						
	12	**Total revenue.** See instructions. ▶			1,310,479	1,064,646	0	4,800

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, 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 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	78,004	62,403	15,601	
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	213,310	94,739	118,571	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,108		33,108	
10	Payroll taxes	21,219	11,458	9,761	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	9,000	9,000		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (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	Occupancy	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				
22	Depreciation, depletion, and amortization	27,082	676	26,406	
23	Insurance	20,009		20,009	
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	Tourist development hosti	217,812	217,812		
b	Bridge Run	117,478	117,478		
c	College Baseball event	98,840	98,840		
d	Marathon expenses	97,922	97,922		
e	All other expenses	162,253	162,253		
25	Total functional expenses. Add lines 1 through 24e	1,224,114	946,899	259,460	17,755
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)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing			100	1	100
	2	Savings and temporary cash investments			82,956	2	64,652
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			26,271	4	52,040
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			15,649	9	15,163
	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	83,087	10c	59,909
	11	Investments—publicly traded securities			581,318	11	697,643
	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				15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			789,381	16	889,507
Liabilities	17	Accounts payable and accrued expenses			1,346	17	2,240
	18	Grants payable				18	
	19	Deferred revenue			127,779	19	119,848
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			13,050	21	24,248
	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	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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	
	26	**Total liabilities.** Add lines 17 through 25			142,175	26	146,336
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			647,206	27	743,171
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			647,206	33	743,171
	34	Total liabilities and net assets/fund balances			789,381	34	889,507

Part 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	1,310,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,224,114
3	Revenue less expenses. Subtract line 2 from line 1	3	86,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	647,206
5	Net unrealized gains (losses) on investments	5	9,599
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
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	743,171

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 ☒ 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? 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	2a		X
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	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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 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

2013

Name of the organization	Employer identification number
Pensacola Sports Association, Inc.	59-0767953

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 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, 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 .... ▶ $ ....

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

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lewis Bear Co. 6120 Enterprise Drive Pensacola FL 32505	$ 7,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Escambia County Sheriff's Office P. O. Box 18770 Pensacola FL 32523-8770	$ 7,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Sacred Heart Health Systems 5151 North Ninth Avenue Pensacola FL 32504	$ 16,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
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.)
5	Cox Communications 2205 LaVista Avenue Pensacola FL 32504	$ 7,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	PSA Foundation P.O. Box 12463 Pensacola FL 32582	$ 18,100	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
Pensacola Sports Association, Inc.

Employer identification number
59-0767953

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
7	Publix 9786 West Beaver Street Jacksonville FL 32220	$ 16,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	CITGO Petroleum 1293 Eldridge Parkway Houston TX 77077	$ 13,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	Subway Franchisee Advertising Fund 325 Bic Drive Milford CT 06461	$ 25,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	Andrews Institute 1040 Gulf Breeze Pkwy Gulf Breeze FL 32561	$ 12,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	Anderson Subaru 7050 Pensacola Blvd. Pensacola FL 32505	$ 11,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	Whataburger 300 Concord Plaza Drive San Antonio TX 78216	$ 5,600	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
Pensacola Sports Association, Inc.

Employer identification number
59-0767953

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
13	Florida Sports Foundation 2930 Kerry Forest Parkway Ste 101 Tallahassee FL 32309	$ 28,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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.**

▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization
Pensacola Sports Association, Inc.

Employer identification number
59-0767953

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C 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 ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing 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, enter the amount paid from the 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-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-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.)**	(a) Filing organization's totals	(b) 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		
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:	**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.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a) Filing organization's totals	(b) Affiliated group totals
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 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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
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))					
f Grassroots lobbying expenditures					

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)).

	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2	X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide 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); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part IV **Supplemental Information** (continued)

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 Inspection

Name of the organization: Pensacola Sports Association, Inc.
Employer identification number: 59-0767953

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ▶

7 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 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 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 ▶ $

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 items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .... %

b Permanent endowment ▶ .... %

c Temporarily restricted endowment ▶ .... %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		423,757	384,908	38,849
c Leasehold improvements				
d Equipment		73,556	52,496	21,060
e Other		0	0	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 59,909

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. (Column (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)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(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) line 15.) ▶	

Part X **Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements			1	1,370,048
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	9,599		
b	Donated services and use of facilities	2b	49,970		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
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 Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	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:				
a	Donated services and use of facilities	2a	49,970		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1		
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.)			5	1,224,114

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 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.

Part IV, Line 2b - Escrow Liability Arrangement Explanation

Part X Line 21 consists of escrow funds held for student scholarships awarded annually and as fiscal agent for Visit Pensacola, Inc.'s receipt of tourist development expense reimbursements from Escambia County.

Part XII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference $ 1

Part XIII Supplemental Information (continued)

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, 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. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open To Public Inspection

Name of the organization: Pensacola Sports Association, Inc.
Employer identification number: 59-0767953

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ $						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Part IV Business Transactions Involving Interested Persons.

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) Sharing of org. revenues? Yes	No
(1) Logo Motion, LLC	Current officer	11,390	Promotional items		X
(2) James Currie	Former officer	14,000	Event planning		X
(3) Hiles-McLeod Insurance	Board Member	17,618	Insurance		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	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

Name of the organization	Employer identification number
Pensacola Sports Association, Inc.	59-0767953

and employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The Form 990, governing documents, and most recently issued audited financial statements are made available upon request during normal office hours.

Form 990, Part IX, Line 24e - Other Expenses

Description	Amount		
High School All Stars			
	$ 40,231	$ 0	$ 0
FCCAA Softball			
	$ 38,542	$ 0	$ 0
Futures Tennis			
	$ 28,650	$ 0	$ 0
Awards Banquet			
	$ 20,169	$ 0	$ 0
Senior Scholar			
	$ 19,385	$ 0	$ 0
Other program expenses			
	$ 11,038	$ 0	$ 0
Racquet Roundup			
	$ 4,238	$ 0	$ 0

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference	$ 1

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2013

Attachment Sequence No. **179**

Name(s) shown on return: Pensacola Sports Association, Inc.

Identifying number: 59-0767953

Business or activity to which this form relates: Indirect Depreciation

Part I 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)	1	500,000
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)	3	2,000,000
4	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	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	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 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	27,081

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	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 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**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	22	27,081
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. Form **4562** (2013)

DAA

There are no amounts for Page 2

59-0767953

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
7	Cougar Mountain Software	12/02/97	3,011				3,011	5	HY	200DB	3,011	0
			3,011				3,011				3,011	0
Other Depreciation:												
1	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	8/01/96	423,757				423,757	20	MO	S/L	363,720	21,188
3	Typewriter	7/02/87	795				795	5	MO	S/L	795	0
4	Refinished 16 Chairs	8/07/96	1,200				1,200	5	MO	S/L	1,200	0
5	Refinished BD Table	9/25/96	600				600	5	MO	S/L	600	0
10	Correct Prior Year Note Computer Purchase	1/31/05	75				75	5	MO	S/L	75	0
11	17 inch Monitor	7/11/05	203				203	5	MO	S/L	203	0
12	File Cabinet	12/02/04	231				231	5	MO	S/L	231	0
14	Drafting and Task Chairs	2/15/06	489				489	5	MO	S/L	489	0
15	Telephone system	1/10/06	5,886				5,886	5	MO	S/L	5,886	0
16	5 - 3 Drawer Lateral Files	2/15/06	1,760				1,760	5	MO	S/L	1,760	0
17	Desk and Credenza	2/15/06	1,857				1,857	5	MO	S/L	1,857	0
18	Double Pedestal Executive Desk L-Shaped	12/10/05	593				593	5	MO	S/L	593	0
19	4 Double Pedestal Exec Desks	12/10/05	2,184				2,184	5	MO	S/L	2,184	0
20	3 Credenzas with Doors	12/10/05	1,638				1,638	5	MO	S/L	1,638	0
21	Credenza with 3 ft Lateral files	12/10/05	497				497	5	MO	S/L	497	0
22	Double Pedestal Exec Desk 72 in	12/10/05	1,096				1,096	5	MO	S/L	1,096	0
23	10 Mahogany Conference Chairs Wood & Vi	12/10/05	625				625	5	MO	S/L	625	0
24	5 Blue Conference Chairs Wood & Vinyl	12/10/05	313				313	5	MO	S/L	313	0
25	Blue Conference Chair- Wood & Fabric	12/10/05	81				81	5	MO	S/L	81	0
26	4 Pink Conference Chirs Wood & Fabric	12/10/05	322				322	5	MO	S/L	322	0
27	Task Chair with Arms	12/10/05	81				81	5	MO	S/L	81	0
28	Tradition Button-tufted Reception Loveseat	12/10/05	213				213	5	MO	S/L	213	0
29	Tradition Button-tufted Reception Chairs	12/10/05	300				300	5	MO	S/L	300	0
30	Dell Computer - MT	7/31/08	690				690	5	MO	S/L	690	0
31	2006 Big Tex 45LA-14Trailer 16VNX1426624	01/08	1,250				1,250	5	MO	S/L	1,250	0
32	24 Chairs for Board Room	3/19/09	667				667	5	MO	S/L	600	67
33	4 Storage Racks	3/19/09	388				388	5	MO	S/L	349	39
34	4 Storage Racks	4/20/09	281				281	5	MO	S/L	249	32
35	2 Dell Vostro 220 Computers-GH/JC	4/30/09	1,503				1,503	5	MO	S/L	1,328	175
36	Wireless Credit Card Machine	9/03/09	860				860	5	MO	S/L	702	158
39	Digital Camcorder	10/04/03	575				575	5	MO	S/L	575	0
41	Color Laser Printer	3/15/05	5,900				5,900	5	MO	S/L	5,900	0
42	2 Raceclocks, Stand, & Case	8/09/06	2,280				2,280	5	MO	S/L	2,280	0
43	Folding Machine	5/03/06	538				538	5	MO	S/L	538	0
45	Olympic E510 Camera w/ 8GB Sandisk	12/08/08	678				678	5	MO	S/L	656	22
46	Dell computer Vostro 220 - SG	4/27/09	637				637	5	MO	S/L	563	74
47	Sound Equipment	9/23/10	2,895				2,895	5	MO	S/L	1,737	579
48	Optiplex 380 Computer - MY	10/04/10	795				795	5	MO	S/L	477	159
49	Gas Grill	2/28/11	1,000				1,000	5	MO	S/L	517	200
50	Optiplex 380 Computer - Jason	10/04/10	795				795	5	MO	S/L	477	159
51	2008 Toyota Tundra	9/11/13	15,816				15,816	5	MO	S/L	264	3,163
52	iPad (Ray)	4/29/14	633				633	5	MO	S/L	0	53
53	iPad - Jason	8/06/14	508				508	5	MO	S/L	0	17
54	iPad-Mykel	8/07/14	400				400	5	MO	S/L	0	13
55	Dell 17 Inspiron	10/03/13	747				747	5	MO	S/L	0	149
56	Optiplex 3020 computer - Jason	10/30/13	611				611	5	MO	S/L	0	112
57	Inspiron 660 computer - Ray	10/30/13	472				472	5	MO	S/L	0	87
58	Spray Rhino Liner for truck	10/31/13	532				532	5	MO	S/L	0	98
	Total Other Depreciation		494,302				494,302				407,312	27,081
	Total ACRS and Other Depreciation		494,302				494,302				407,312	27,081
	Grand Totals		497,313				497,313				410,323	27,081
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		497,313				497,313				410,323	27,081

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME-BANK ACCTS	$ 5					
Total	$ 5					

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
DIVIDEND/INTEREST- INVESTMENT	$ 24,428					
Total	$ 24,428					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	$ 14,000	$	$ 14,000	$
Total	$ 14,000	$ 0	$ 14,000	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
High School All Stars	$ 40,231	$ 40,231	$	$
FCCAA Softball	38,542	38,542		
Futures Tennis	28,650	28,650		
Awards Banquet	20,169	20,169		
Senior Scholar	19,385	19,385		
Other program expenses	11,038	11,038		
Racquet Roundup	4,238	4,238		
Total	$ 162,253	$ 162,253	$ 0	$ 0

Internal Revenue Service

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

Date: July 7, 2004

Pensacola Sports Association, Inc.
PO Box 12463
Pensacola, FL 32591

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. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 members

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	12.50	14.00	16.00
Salaries and Wages **(Personnel Costs)**	482,430.39	1,154,500.00	1,035,839.53
Employee Benefits			
Professional Services **(Operating Costs)**	300,252.12	418,732.00	403,819.00
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion **(Direct Programming)**	3,152,186.76	4,575,000.00	4,113,204.47
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

DEPARTMENT OF THE TREASURY

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:
Yes
Effective Date of Exemption:
August 26, 2013
Contribution Deductibility:
No
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.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Jason Loeffler CPA
Jason R Loeffler CPA PA

Accepted By:

____
Officer

____
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,

Jason Loeffler CPA
Jason R Loeffler CPA PA

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)

▶ 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

A For the 2013 calendar year, or tax year beginning 09-19 , 2013, and ending 09-30 , 2014

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization Visit Pensacola Inc
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) 1401 East Gregory St
Room/suite
City or town, state or province, country, and ZIP or foreign postal code Pensacola, FL 32502

D Employer identification no. 46-3684826

E Telephone number (850)434-7626

G Gross receipts $ 4,003,175

F Name and address of principal officer: Ajit Patel
Same as C above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.Visitpensacola.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2013 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: 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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		4,003,175
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,003,175
Expenses	13	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)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		482,431
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,384,602
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,867,033
	19	Revenue less expenses. Subtract line 18 from line 12		136,142
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		717,946
	21	Total liabilities (Part X, line 26)		581,804
	22	Net assets or fund balances. Subtract line 21 from line 20		136,142

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.

Sign Here

Ajit Patel
Signature of officer
Date 05-10-2015

Ajit Patel, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Jason Loeffler CPA	Preparer's signature	Date 05-15-2015	Check ☐ if self-employed	PTIN P01290836
Firm's name ▶ Jason R Loeffler CPA PA			Firm's EIN ▶	
Firm's address ▶ 1906 West Garden Street Pensacola FL 32502			Phone no. 850-525-5663	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

EEA

Part 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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 3,625,128

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		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		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		
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 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		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, VII, 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	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	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
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
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?	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		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 fundraising 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	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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 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	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		
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):			
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		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		X
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	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		X
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		
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 Schedule O	38	X	

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	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
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	16			
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		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		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 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		X
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		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).**					
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		
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	7d				
e	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		X
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?			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		
b	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	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 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 the Part VI . . . ☒

Section 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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	11			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11			
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	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		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		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	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 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

Section 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
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	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
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		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		

Section C. Disclosure

17 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 (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 ☒ 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, 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

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Collier Merrill Director	1.00	X						0	0	0
(2) Lt. Gen. Duane Thiessen Director	1.00	X						0	0	0
(3) Robin Reshard Chairman	1.00	X		X				0	0	0
(4) Tosh Belsinger Vice-chairman	1.00	X		X				0	0	0
(5) Ajit Patel Treasurer	1.00	X		X				0	0	0
(6) Richard Lamar Secretary	1.00	X		X				0	0	0
(7) Dr. Brendan Kelly Director	1.00	X						0	0	0
(8) J.T. Young Director	1.00	X						0	0	0
(9) Monica Sherman Director	1.00	X						0	0	0
(10) John Panyko Director	1.00	X						0	0	0
(11) Jason Nicholson Director	1.00	X						0	0	0
(12) Steve Hayes President	40.00			X				121,200	0	0
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								121,200	0	0

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

			Yes	No
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	4		X
5	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	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) Name and business address	(B) Description of services	(C) Compensation

2 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 VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	40,195				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	38,638				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,924,342				
	g	Noncash contributions included in lines 1a-1f: $		14,565				
	h	**Total.** Add lines 1a-1f ▶			4,003,175			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶						
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ▶						
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions ▶			4,003,175	0	0	0

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, 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				
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 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 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	318,207	186,799	131,408	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	43,024	30,117	12,907	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,812		5,812	
12	Advertising and promotion	2,596,890	2,576,828	20,062	
13	Office expenses	90,483	69,850	20,633	
14	Information technology				
15	Royalties				
16	Occupancy	10	10		
17	Travel	48,801	47,774	1,027	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,877	52,877		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	286	286		
23	Insurance	16,716	8,478	8,238	
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	Marketing Research	305,294	305,294		
b	Agency Fees	127,406	127,406		
c	Repairs and Maintenance	75,917	56,938	18,979	
d	Utilities	30,723	23,042	7,681	
e	All other expenses	33,387	18,229	15,158	
25	**Total functional expenses.** Add lines 1 through 24e	3,867,033	3,625,128	241,905	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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	675,338
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	4,029
	9	Prepaid expenses and deferred charges				9	24,300
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	14,565			
	b	Less: accumulated depreciation	10b	286		10c	14,279
	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				14	
	15	Other assets. See Part IV, line 11				15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			0	16	717,946
Liabilities	17	Accounts payable and accrued expenses				17	359,524
	18	Grants payable				18	
	19	Deferred revenue				19	25,207
	20	Tax-exempt bond liabilities				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	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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	197,073
	26	**Total liabilities.** Add lines 17 through 25			0	26	581,804
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets				27	136,142
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			0	33	136,142
	34	Total liabilities and net assets/fund balances			0	34	717,946

Part 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	4,003,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,867,033
3	Revenue less expenses. Subtract line 2 from line 1	3	136,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
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	136,142

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 ☒ 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? 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	2a	X	
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	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: Visit Pensacola Inc

Employer identification number: 46-3684826

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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-funtionally integrated

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 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.")					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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					3,988,610	3,988,610
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						3,988,610

12 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 100.00 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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						
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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 Inspection

Name of the organization: Visit Pensacola Inc

Employer identification number: 46-3684826

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ►

7 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 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 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 ► $

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 items:

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

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

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part 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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment	14,565		286	14,279
e	Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 14,279

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. (Column (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)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(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) line 15.) ▶	

Part X **Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Cash Deficit	197,073
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	197,073

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 ☐

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.

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	2a			
b	Donated services and use of facilities	2b	67,836		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	67,836
3	Subtract line **2e** from line **1**			3	4,003,175
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	4,003,175

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.

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:				
a	Donated services and use of facilities	2a	67,836		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	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**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	3,867,033

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 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.

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

2013

Open to Public Inspection

Name of the organization	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 governing body member or officer.

02. Conflict of interest policy compliance (Part VI, line 12c)

The Conflict of Interest policy is covered in the employee handbook 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.

03. CEO, executive director, top management comp (Part VI, line 15a)

The oversight/compensation committee is responsible for the review and recommendation on the President's annual compensation. The committee has a variety of industry data including comparable positions, geographic location, cost of living 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 policy, 990, and financial statements are made available to members and non-members upon request.

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

EEA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2013

Attachment Sequence No. 179

Name(s) shown on return: Visit Pensacola Inc

Business or activity to which this form relates: FORM 990 - 1

Identifying number: 46-3684826

Part I 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)	1	
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)	3	
4	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	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	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 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	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 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		14,565	7	HY	SL	286
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**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	22	286
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 09-19-2013, and ending 09-30-2014

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

OMB No. 1545-1878

2013

Name of exempt organization: Visit Pensacola Inc

Employer identification number: 46-3684826

Name and title of officer: Ajit Patel, Treasurer

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)	**1b**	4,003,175
2a Form 990-EZ check here ▶ ☐	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ ☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a 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

☒ I authorize Jason R Loeffler CPA PA (ERO firm name) to enter my PIN 11111 (**Enter five numbers, but do not enter all zeros**) 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05-10-2015

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.

508484 41974
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 ▶

Date ▶ 05-15-2015

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

EEA

990

Overflow Statement

2013
Page 1

Name(s) as shown on return
Visit Pensacola Inc

FEIN
46-3684826

Description		Amount
Professional Services	$	5,812
Total:	**$**	**5,812**

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PAGE 1 OF 2

4.	**Fourth Cent Tourist Development Tax**	**Amount Requested**	**Tab**
	Available Funding: $1,660,650		
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		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.	Sertoma 4th of July	$ 75,000	30
o.	Skills USA		No Request Submitted
p.	St. Michael's Cemetery	$ 25,000	31
q.	Visit Pensacola		(See Three Cents TDT Request)
	Total Fourth Cent Tourist Development Tax	**$1,837,128**	

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 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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).

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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** (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	0	0	0
Memberships	1,790	1,860	2,500
Investment Income	0	0	0

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Other Income	5,577	1,042	3,858
Total Income	**32,461**	**43,840**	**51,858**

Expenses

	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	**Current Budget Year**	**Proposed Budget Year**
Supplies	1,390	1,598	2,000
Capitalizable Assets	0	0	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**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning October 1, 2013, and ending September 30, 20 14

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: African American Heritage Society, Inc.
Number and street (or P.O. box, if mail is not delivered to street address): 200 East Church Street
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Pensacola, Florida 32502-6017

D Employer identification number: 59-3022641

E Telephone number: 8504691456

F Group Exemption Number ▶ 509(a)2

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.aahspensacola.org

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $ 32,461.32

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	30,671.32
	2	Program service revenue including government fees and contracts			2	0.00
	3	Membership dues and assessments			3	1,790.00
	4	Investment income			4	0.00
	5a	Gross amount from sale of assets other than inventory	5a	0.00		
	b	Less: cost or other basis and sales expenses	5b	0.00		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0.00
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0.00		
	b	Gross income from fundraising events (not including $ 0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	0.00		
	c	Less: direct expenses from gaming and fundraising events	6c	0.00		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0.00
	7a	Gross sales of inventory, less returns and allowances	7a	0.00		
	b	Less: cost of goods sold	7b	0.00		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0.00
	8	Other revenue (describe in Schedule O)			8	0.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	32,461.32
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	0.00
	11	Benefits paid to or for members			11	0.00
	12	Salaries, other compensation, and employee benefits			12	16,134.61
	13	Professional fees and other payments to independent contractors			13	0.00
	14	Occupancy, rent, utilities, and maintenance			14	9,601.39
	15	Printing, publications, postage, and shipping			15	2,448.00
	16	Other expenses (describe in Schedule O)			16	6,952.92
	17	**Total expenses.** Add lines 10 through 16 ▶			17	35,136.92
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	(2,675.60)
	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)			19	10,763.73
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	8,088.13

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	10,763.73	22	8,088.13
23	Land and buildings	0.00	23	0.00
24	Other assets (describe in Schedule O)	0.00	24	0.00
25	**Total assets**	10,763.73	25	8,088.13
26	**Total liabilities** (describe in Schedule O)	0.00	26	0.00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	10,763.73	27	8,088.13

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? To preserve, perpetuate African American history

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

			Expenses
28	Who Are Your People? - Genealogy Program 265 People in attendance at Pensacola State College (Grants $ 2,162.10) If this amount includes foreign grants, check here ▶ ☐	28a	2,162.10
29	Before Jamestown: Europeans, Africans and Indians in La Florida 80 people in attendance at Pensacola Historic Village (Grants $ 1,182.75) If this amount includes foreign grants, check here ▶ ☐	29a	1,182.75
30	Black Magic: History of African American Magicians 220 People in Attendance at Pensacola State College, Heritage Hall (Grants $ 3,608.07) If this amount includes foreign grants, check here ▶ ☐	30a	3,608.07
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	6,952.92

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Gael Frazer, J.D. President, Board of Directors	4	0	0	0
Angela McCorvey, Ph.D. Vice President, Board of Directors	2	0	0	0
Doris Munoz Secretary, Board of Directors	1	0	0	0
Lornetta T Epps, M.D. Treasurer, Board of Directors	6	0	0	0
Tony McCray Director	0	0	0	0
Juanita Scott Director	0	0	0	0
Karen LaDuff Director	0	0	0	0
Fred Gant, J.D. Director	0	0	0	0
Joyce Daniels Director		0	0	0
Latricia Gill Brown Director	0	0	0	0
Douglas Friedrich, Ph.D. Director	0	0	0	0
Toni Broughton Project Director	18	16,134.81	0	0

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

			Yes	No
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	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		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.00			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		✓
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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		✓

41 List the states with which a copy of this return is filed ▶ Florida

42a The organization's books are in care of ▶ Lornetta T Epps Telephone no. ▶ 8504691456

Located at ▶ 200 East Church Street Pensacola, Florida ZIP + 4 ▶ 32502-6017

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b		✓
	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.? If "Yes," enter the name of the foreign country: ▶	42c		✓

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 ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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

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

f Total number of other employees paid over $100,000 ▶ NONE

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

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

d Total number of other independent contractors each receiving over $100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer

Date 15 Jan 2015

▶ Lornetta T Epps, M.D., Treasurer, Board of Directors

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
African American Heritage Society Inc

Employer identification number
59-3022641

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2013**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	19,214.98	27,976.46	28,295.00	73,769.98	32,461.32	181,717.74
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0.00
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0.00
4 **Total.** Add lines 1 through 3	19,214.98	27,976.46	28,295.00	73,769.98	32,461.32	181,717.74
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)						0.00
6 **Public support.** Subtract line 5 from line 4.						181,717.74

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	19,214.98	27,976.46	28,295.00	73,769.98	32,461.32	181,717.74
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0.00
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0.00
11 **Total support.** Add lines 7 through 10						181,717.74

12 Gross receipts from related activities, etc. (see instructions) 12 0.00

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 2013 (line 6, column (f) divided by line 11, column (f)) . . . 14 100 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . 15 100 %

16a **33⅓% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☑

b **33⅓% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 organization . . . ▶ ☐

b **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 supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 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

2013

Open to Public Inspection

Name of the organization: African American Heritage Society., Inc.

Employer identification number: 59-3022641

Program Service Accomplishments from Part III 990 EZ

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 Indians in La Florida 80 people in attendance at Pensacola Historic Village Amount 1,182.75 expended in grant funds from Florida Humanities Council and Escambia County Commission

Who Are Your People? Genealogy Program 265 People in attendance at Pensacola State College Amount $2,162.10 expended from Escambia County Commission Grant

Total Funds Expended $6,952.92 from Part II, line 32

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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
African American Heritage Society, Inc.

Employer identification number
59-302241

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section **(see instructions)**)	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2013**

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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

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

f Total number of other employees paid over $100,000 ▶ NONE

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

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

d Total number of other independent contractors each receiving over $100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer Date

▶ Lornetta T Epps, M.D., Treasurer, Board of Directors
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶
Firm's EIN ▶
Firm's address ▶
Phone no.

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

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: JAN 20 1995

AFRICAN AMERICAN HERITAGE SOCIETY
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
Our Letter Dated:
July 30, 1991
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an 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 meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors 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.

/KG

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Nelson A. Brooke
District Director

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: 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

[illegible]
[illegible]
RECEIVED

[redacted]

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

[redacted]

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

[redacted]

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	$7,000	$31,500	$57,000
Programmatic Income	0	0	0
County Funding	$879,574	$987,500	$1,092,128+
City Funding	$75,000	$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+

[redacted]

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing	0	0	0
Salaries and Wages	0	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	0	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

[redacted]

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

ACE

Art, Culture, and Entertainment, Inc.

Form **990**

CLIENT'S COPY

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.*

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning Oct 1 , 2013, and ending Sep 30 , 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization ART, CULTURE, AND ENTERTAINMENT INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 6120 ENTERPRISE DRIVE Room/suite

City or town, state or province, country, and ZIP or foreign postal code PENSACOLA FL 32505

D Employer Identification Number 27-[illegible]396429

E Telephone number (850) 472-1[illegible]28

G Gross receipts $ 968,177.

F Name and address of principal officer: DAVID BEAR 6120 ENTERPRISE DR PENSACOLA FL 32505

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation 2009

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: RECEIVES FEDERAL, STATE, COUNTY, CITY, CORPORATE, PRIVATE AND PERSONAL FUNDS TO DISPERSE THROUGH AN EQUITABLE GRANTING PROCESS TO ARTS, CULTURE AND ENTERTAINMENT ORGANIZATIONS THROUGHOUT ESCAMBIA COUNTY, FL

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	355,372.	968,103.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199.	74.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,571.	968,177.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	347,872.	961,103.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,402.	5,409.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	353,274.	966,512.
19	Revenue less expenses. Subtract line 18 from line 12	2,297.	1,665.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	28,384.	430,106.
21	Total liabilities (Part X, line 26)	17,394.	417,451.
22	Net assets or fund balances. Subtract line 21 from line 20	10,990.	12,655.

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.

Sign Here

► D M Bear
Signature of officer

5/20/15
Date

► DAVID BEAR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOSHUA C. DURST	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00436839
Firm's name ► DURST JORDAN, CPA, PA				
Firm's address ► 4459-B HIGHWAY 90 PACE FL 32571			Firm's EIN ► 45-052980[illegible]	
			Phone no. (850) 995-0000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 11/08/13 Form **990** (2013)

Part 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:

RECEIVES FEDERAL, STATE, COUNTY, CITY, CORPORATE, FOUNDATION AND PERSONAL FUNDS TO DISPERSE THROUGH AN EQUITABLE GRANTING PROCESS TO ARTS, CULTURE AND ENTERTAINMENT ORGANIZATIONS THROUGHOUT ESCAMBIA COUNTY, FL

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4 a (Code:) (Expenses $ 387,628. including grants of $ 387,628.) (Revenue $ 387,628.)

RECEIVED, ACCOUNTED FOR AND DISBURSED $387,628 TO QUALIFIED ORGANIZATIONS PROVIDING ART AND CULTURE PROGRAMS AND ACTIVITIES TO QUALIFIED ORGANIZATIONS AND THE GENERAL PUBLIC THROUGHOUT ESCAMBIA COUNTY, FL

4 b (Code:) (Expenses $ 573,475. including grants of $ 573,475.) (Revenue $ 573,475.)

ORGANIZED FOO FOO FEST, A 12-DAY CELEBRATION OF EXISTING AND NEW CULTURALLY CREATIVE HAPPENINGS AND EVENTS DESIGNED TO PROMOTE TOURISM IN ESCAMBIA COUNTY, FL.

4 c (Code:) (Expenses $ including grants of $) (Revenue $)

4 d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4 e Total program service expenses ▶ 961,103.

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	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		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, 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 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		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, VII, 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		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*	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
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
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?	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		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 fundraising 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*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 organizations 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		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*	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		
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 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		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):			
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		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		X
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	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, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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 Schedule O	38		X

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1 a**	0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1 b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1 c**		
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**				
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 a**		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*			**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, securities account, or other financial account)?			**4 a**		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 Accounts.					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5 a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5 b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5 c**		
6 a 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?			**6 a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6 b**		
7 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?			**7 a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7 b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7 c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**				
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**		X
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 Form 1098-C?			**7 h**		
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?			**9 a**		
b Did the 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	**10 b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11 a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**				
12 a 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.					
a Is the organization licensed to issue qualified health plans in more than one state?			**13 a**		
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	**13 b**				
c Enter the amount of reserves on hand	**13 c**				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			**14 a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14 b**		

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

				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.	**1 a** 14			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	**1 b** 14			
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	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
7 a	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?		**7 a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		**7 b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8 a**	X	
b	Each committee with authority to act on behalf of the governing body?		**8 b**	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**		

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?	**10 a**		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?	**10 b**		
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**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12 a**		X
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*	**12 c**		
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?			
a	The organization's CEO, Executive Director, or top management official	**15 a**		X
b	Other officers or key employees of the organization	**15 b**		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	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**		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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	**16 b**		

Section C. Disclosure

17 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► DAVID BEAR 6120 ENTERPRISE DR PENSACOLA FL 32505 (850) 472-1123

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) DAVID BEAR PRESIDENT	3.00			X				0.	0.	0.
(2) LOIS BENSON VICE PRESIDENT	3.00			X				0.	0.	0.
(3) JANICE MILLER SECRETARY	3.00			X				0.	0.	0.
(4) DICK BAKER TREASURER	3.00			X				0.	0.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	0.	0.

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 ►

			Yes	No
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*	4		X
5	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*	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) Name and business address	(B) Description of services	(C) Compensation

2 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 VIII Statement of Revenue

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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns	1 a					
	b	Membership dues	1 b	7,000.				
	c	Fundraising events	1 c					
	d	Related organizations	1 d					
	e	Government grants (contributions)	1 e	961,103.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1 f					
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ►			968,103.			
PROGRAM SERVICE REVENUE				Business Code				
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ►						
	3	Investment income (including dividends, interest and other similar amounts) ►			74.	74.	0.	0.
	4	Income from investment of tax-exempt bond proceeds ►						
	5	Royalties ►						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ►						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ►						
OTHER REVENUE	8 a	Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events ►						
	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	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ►						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ►						
	12	**Total revenue.** See instructions ►			968,177.	74.	0.	0.

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, 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	961,103.	961,103.		
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 paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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 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				
c Accounting	4,400.	0.	4,400.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
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				
23 Insurance	1,009.	0.	1,009.	0.
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 BANK SERVICE CHARGES	0.	0.	0.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	966,512.	961,103.	5,409.	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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing	28,384.	1	0.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	430,106.
	4	Accounts receivable, net	0.	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10a			
	b	Less: accumulated depreciation . . . 10b		10c	
	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		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	28,384.	16	430,106.
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable	17,394.	18	417,451.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		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	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26	**Total liabilities.** Add lines 17 through 25	17,394.	26	417,451.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	10,990.	27	12,655.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	10,990.	33	12,655.
	34	Total liabilities and net assets/fund balances	28,384.	34	430,106.

Part 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	368,177.
2	Total expenses (must equal Part IX, column (A), line 25)	2	366,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,665.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,990.
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	12,655.

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 ☒ Accrual ☐ 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? 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	2 a		X
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	2 b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2 c	X	
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?	3 a		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	3 b		

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 4047(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

Name of the organization: ART, CULTURE, AND ENTERTAINMENT INC

Employer identification number: 27-1396429

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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.

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated

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 organization received a written determination from the IRS that is a Type I, Type II 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	No	(v) Did you notify the organization in column (i) of your support? Yes	No	(vi) Is the organization in column (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.')	0.	0.	0.	0.		0.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.		0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.		0.
4 Total. Add lines 1 through 3	0.	0.	0.	0.		0.
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						0.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	0.	0.	0.	0.		0.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.			0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.			0.
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						0.

12 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test — 2013.** If the organization did not check the box on line 13, and the 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 — 2012.** 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 — 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 organization ► ☐

b **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 supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on 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.)

ection A. Public Support

Calendar year (or fiscal yr 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 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 **Total.** Add lines 1 through 5						
7 a 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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10 a 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.)						
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, check this box and **stop here** ► ☐

Section 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	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19 a **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 line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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 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

2013

Name of the organization: ART, CULTURE, AND ENTERTAINMENT INC

Employer identification number: 27-1396429

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 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, 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 . . . . ► $ ________

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that 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, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

TEEA0701 12/27/13

Page 1 of 1 of Part 1

Name of organization
ART, CULTURE, AND ENTERTAINMENT INC

Employer identification number
27-1396429

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS 221 PALAFOX PLACE, SUITE 440 PENSACOLA FL 32502	$ 206,099.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	CITY OF PENSACOLA 222 W MAIN STREET PENSACOLA FL 32502	$ 75,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	STATE OF FLORIDA 2900 APALACHEE PARKWAY TALLAHASSEE FL 32399	$ 6,529.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

epartment of the Treasury
ernal Revenue Service

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. 1545-0047

2013

Open to Public Inspection

ame of the organization: ART, CULTURE, AND ENTERTAINMENT INC

Employer identification number: 27-1396429

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ►

7 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 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 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.

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 ► $

(ii) Assets included in Form 990, Part X ► $

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 items:

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301 10/02/13 Schedule D (Form 990) 2013

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %
b Permanent endowment ► %
c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				

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)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (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 type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(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 '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)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements			1	968,477.
2	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	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line 2e from line **1**			3	968,477.
4	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	4a			
b	Other (Describe in Part XIII.)	4b			
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	968,477.

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.

1	Total expenses and losses per audited financial statements			1	966,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through **2d**			2e	
3	Subtract line 2e from line 1			3	966,512.
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines 3 and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	966,512.

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 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.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB 1545-0047
2013
Open to Public Inspection

Name of the organization: ART, CULTURE, AND ENTERTAINMENT INC
Employer identification number: 27-1396429

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 the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 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) 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) BALLET OF PENSACOLA 400 S JEFFERSON ST PENSACOLA FL 32502	59-1834090		47,623.				OPERATIONS
(2) JAZZ SOCIETY OF PENSACOLA 17 SOUTH PALAFOX ST PENSACOLA FL 32502	59-2528174		14,776.				OPERATIONS
(3) PENSACOLA CHILDRENS CHORU 46 E CHASE ST PENSACOLA FL 32502	59-3226889		48,332.				OPERATIONS
(4) PENSACOLA LITTLE THEATER 400 S JEFFERSON ST PENSACOLA FL 32502	59-0906711		50,055.				OPERATIONS
(5) PENSACOLA MUSEUM OF ART 407 SOUTH JEFFERSON ST PENSACOLA FL 32502	59-0785780		48,738.				OPERATIONS
(6) PENSACOLA OPERA 75 S TARRAGONA ST PENSACOLA FL 32502	59-2387417		49,042.				OPERATIONS
(7) PENSACOLA SYMPHONY ORCHES 205 E ZARRAGOZA ST PENSACOLA FL 32502	51-0[illegible]96351		49,650.				OPERATIONS
(8) CHORAL SOCIETY OF PENSACO 1000 COLLEGE BLVD, RM 803 PENSACOLA FL 32504	23-7067468		9,535.				OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Continuation Page [illegible] of [illegible]

Name of the organization	Employer identification number
ART, CULTURE, AND ENTERTAINMENT INC	27-1395429

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(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
FIRST CITY ARTS CENTER 1060 NORTH GULLIEMARD STR PENSACOLA FL 32501	59-2782730		21,266.				OPERATIONS
FIESTA OF FIVE FLAGS 2121 W. INTENDENCIA ST PENSACOLA FL 32502	59-0607987		46,103.				OPERATIONS

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

2013

Open to Public Inspection

Name of the organization	Employer identification number
ART, CULTURE, AND ENTERTAINMENT INC	27-1396429

Pt VI, Line 11b   COPY 990 IS MADE AVAILABLE FOR REVIEW AT BOARD MEETINGS

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

DEPARTMENT OF THE TREASURY

Date: AUG 10 2010

Employer Identification Number:
27-1396429
DLN:
200205004
Contact Person:
CHRIS BROWN ID# 31503
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
yes
Effective Date of Exemption:
December 2, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

ART CULTURE AND ENTERTAINMENT INC
C/O DAVID M BEAR
6120 ENTERPRISE DR
PENSACOLA, FL 32505-1858

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.

ART CULTURE AND ENTERTAINMENT INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	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			
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

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.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Downtown Improvement Board

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ► Government

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
41 N Jefferson Street, Suite 401

6 City, state, and ZIP code
Pensacola, FL 32502

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
5 9 – 1 6 3 2 2 3 1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ►
Date ► 5/1/15

General Instructions

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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- 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 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:

1. Certify that the TIN you 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 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.

0000010 09/01/12

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, 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.

3. 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.

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. N/A
- 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.
3. 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.
3. Hosted 302 special events.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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	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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
Salaries and Wages	586,334.00	618,099.00	663,002.00
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

0000008 08/23/13

DEPARTMENT OF REVENUE

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.

DEPARTMENT OF REVENUE

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.

3. 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.

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4.	**Fourth Cent Tourist Development Tax** **Available Funding: $1,660,650**	**Amount Requested**	**Tab**
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		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.	Sertoma 4th of July	$ 75,000	30
o.	Skills USA		No Request Submitted
p.	St. Michael's Cemetery	$ 25,000	31
q.	Visit Pensacola		(See Three Cents TDT Request)
	Total Fourth Cent Tourist Development Tax	**$1,837,128**	

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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"

1) 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 12th 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 Fiscal Year Results	Current Projected Fiscal Year Result	Proposed Budget Year
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			
Other Income			
Total Income			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Fiscal Year	**Current Fiscal Year**	**Proposed 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			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

National Flight Academy, LLC	Most Recently Completed Fiscal Year	Current Projected Fiscal Year	Proposed Fiscal Year
Contributions from Private Sources -			
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	$ -	$ -
Interest expense	$ 4,095	$ -	$ -
Total Expenses	$ 3,819,281	$ 3,480,000	$ 3,507,000
Net Loss	$ (1,622,347)	$ (1,600,000)	$ (1,677,000)

Total Staffing (approximately)	8 full-time 10 part-time	8 full-time 80 part-time *	8 full-time 80 part-time*

* 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**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning ____________, 2014, and ending ____________, 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo*.**

OMB No. 1545-1878

2014

Name of exempt organization: NAVAL AVIATION MUSEUM FOUNDATION, INC.

Employer identification number: 59-6178237

Name and title of officer:
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 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)	**1b**	8,713,627.
2a	Form 990-EZ check here ▶ ☐	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ ☐	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	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 2014 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 WARREN AVERETT, LLC (**ERO firm name**) to enter my PIN 78237 (**Enter five numbers, but do not enter all zeros**)

as my signature on the organization's tax year 2014 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 2014 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 will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Duane D. Thiessen Date ▶ 9 June 2015
Duane D. Thiessen

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 2014 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 ▶ Margaret A. Frear Date ▶ 6/8/15

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see instructions.**
423051
09-29-14

Form **8879-EO** (2014)

EXTENDED TO AUGUST 17, 2015

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)

▶ 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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
NAVAL AVIATION MUSEUM FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
POST OFFICE BOX 33104

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32508

F Name and address of principal officer: LT GEN DUANE D. THIESSEN
1750 RADFORD BOULEVARD, SUITE B, PENSACOLA,

D Employer identification number
59-6178237

E Telephone number
850-453-2389

G Gross receipts $ 12,690,176.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NAVALAVIATIONMUSEUM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1966 M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	197
6	Total number of volunteers (estimate if necessary)	6	15
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,522,356.	4,497,537.
	9	Program service revenue (Part VIII, line 2g)	3,036,040.	2,907,584.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	626,729.	305,410.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,222,885.	1,003,096.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,408,010.	8,713,627.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	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)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 263,038.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,681,079.	7,788,491.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,105,032.	8,179,491.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,697,022.	534,136.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	23,557,294.	23,243,003.
	21	Total liabilities (Part X, line 26)	1,502,795.	622,447.
	22	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.

Sign Here

▶ Signature of officer Date

▶ LT GEN DUANE D. THIESSEN, USMC , PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARGARET N. 'MCGEE' LORRE				P00012084

Firm's name ▶ WARREN AVERETT, LLC
Firm's EIN ▶ 45-4084437

Firm's address ▶ 316 SOUTH BAYLEN ST. SUITE 300
PENSACOLA, FL 32502
Phone no. 850-435-7400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part 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? ☐ Yes ☒ No

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 ☒ No

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 $ 1,179,855. including grants of $) (Revenue $)

MUSEUM SUPPORT-CONTRIBUTES TO THE DEVELOPMENT OF EXHIBITS, INCLUDING ARTIFACT REWORK AND MAINTENANCE, AND TO MUSEUM OPERATIONAL REQUIREMENTS.

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.

4c (Code:) (Expenses $ 829,405. including grants of $) (Revenue $ 813,322.)

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.)

4e Total program service expenses ▶ 6,706,327.

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	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, 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 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		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, VII, 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	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*	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
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
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?	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		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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		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		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*	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		
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*	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'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 "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 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
b	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		X
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	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		X
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*	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 Schedule O	38	X	

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	1a	23			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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		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		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?			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).**					
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	
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	7d				
e	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?			7f		X
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?			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		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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	1b	11			
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	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		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		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	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 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

Section 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	
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section C. Disclosure

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,KS,KY,LA

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.

☒ Own website ☐ Another's website ☒ 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: ▶

MICHAEL HAMPTON - 850-453-2389
1750 RADFORD BLVD, SUITE B, PENSACOLA, FL 32508

SEE SCHEDULE O FOR FULL LIST OF STATES

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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIONEL M. AVILES DIRECTOR	1.00	X						0.	0.	0.
(2) LT GEN DUANE D. THIESSEN, USMC PRESIDENT/CEO	45.00	X		X				187,000.	0.	0.
(3) PATRICK J. FINNERAN, JR. CHAIRMAN	1.00	X		X				0.	0.	0.
(4) DURWOOD W. RINGO, JR. DIRECTOR	1.00	X						0.	0.	0.
(5) THE HONORABLE LACEY A. COLLIER DIRECTOR	1.00	X						0.	0.	0.
(6) DAVID ORECK DIRECTOR	1.00	X						0.	0.	0.
(7) LT GEN FREDERICK MCCORKLE, USMC DIRECTOR	1.00	X						0.	0.	0.
(8) BARBARA WOODBURY DIRECTOR	1.00	X						0.	0.	0.
(9) ADM MARK P. FITZGERALD, USN (RE VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(10) VICE ADM JAMES ZORTMAN, USN (RE DIRECTOR	1.00	X						0.	0.	0.
(11) MR. THOMAS F. DARCY VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(12) VADM JOHN CURRIER, USCG(RET) DIRECTOR	1.00	X						0.	0.	0.
(13) MS. DEBBIE RUB DIRECTOR	1.00	X						0.	0.	0.
(14) WILLIAM ALVIS BOWERS CFO/TREASURER NON-VOTING	45.00			X				147,000.	0.	0.
(15) CAPT CHARLES E ELLIS,JR JAGC US SECRETARY NON-VOTING	45.00			X				57,000.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations

1b Sub-total ▶	391,000.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	391,000.	0.	0.

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

		Yes	No
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*	4	X	
5 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*	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) Name and business address NONE	(B) Description of services	(C) Compensation

2 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 ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	149,358.				
	c	Fundraising events	1c	512,524.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,835,655.				
	g	Noncash contributions included in lines 1a-1f: $		601,036.				
	h	Total. Add lines 1a-1f ▶			4,497,537.			
Program Service Revenue			Business Code					
	2 a	FLIGHT ACADEMY	900099		1,054,321.	1,054,321.		
	b	SIMULATOR/4D THEATRE	900099		1,020,212.	1,020,212.		
	c	IMAX THEATER	512000		813,322.	813,322.		
	d	EDUCATION	900099		19,729.	19,729.		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶			2,907,584.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			239,364.			239,364.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	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) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	2,000,055.					
	b	Less: cost or other basis and sales expenses	1,934,009.					
	c	Gain or (loss)	66,046.					
	d	Net gain or (loss) ▶			66,046.			66,046.
	8 a	Gross income from fundraising events (not including $ 512,524. of contributions reported on line 1c). See Part IV, line 18	a	139,430.				
	b	Less: direct expenses	b	366,000.				
	c	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	a	2,771,977.				
	b	Less: cost of goods sold	b	1,676,540.				
	c	Net income or (loss) from sales of inventory ▶			1,095,437.			1,095,437.
		Miscellaneous Revenue	Business Code					
	11 a	OTHER INCOME	900099		129,102.			129,102.
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			129,102.			
	12	Total revenue. See instructions. ▶			8,713,627.	2,907,584.	0.	1,308,506.

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, 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 domestic organizations 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, trustees, and key employees	391,000.	269,790.	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				
8 Pension plan accruals 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				
c Accounting	33,500.		33,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	139,305.	29,733.	109,572.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	157,984.	87,728.	70,040.	216.
12 Advertising and promotion	340,344.	186,681.	1,244.	152,419.
13 Office expenses	56,401.	40,612.	12,671.	3,118.
14 Information technology				
15 Royalties				
16 Occupancy	210,705.	181,666.	29,039.	
17 Travel	26,012.	4,481.	21,327.	204.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
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 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 LEASED EMPLOYEES	2,445,204.	1,912,517.	444,759.	87,928.
b FLIGHT ACADEMY EXPENSES	1,028,038.	1,028,038.		
c DIRECT MUSEUM SUPPORT	699,481.	699,481.		
d THEATER/SIMULATOR EXPEN	327,484.	282,516.	44,968.	
e All other expenses	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1,135,642.	1	1,908,164.
	2	Savings and temporary cash investments			460,990.	2	1,261,812.
	3	Pledges and grants receivable, net			3,067,073.	3	1,852,173.
	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 instr). Complete Part II of Sch L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			356,397.	8	510,991.
	9	Prepaid expenses and deferred charges			146,898.	9	180,018.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,292,427.			
	b	Less: accumulated depreciation	10b	3,913,404.	6,775,320.	10c	5,379,023.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			11,565,954.	12	12,051,971.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			49,020.	15	98,851.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			23,557,294.	16	23,243,003.
Liabilities	17	Accounts payable and accrued expenses			590,317.	17	476,968.
	18	Grants payable				18	
	19	Deferred revenue			518,515.	19	145,479.
	20	Tax-exempt bond liabilities				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	
	23	Secured mortgages and notes payable to unrelated third parties			393,963.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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	
	26	**Total liabilities.** Add lines 17 through 25			1,502,795.	26	622,447.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			10,829,985.	27	10,967,668.
	28	Temporarily restricted net assets			4,348,557.	28	3,946,944.
	29	Permanently restricted net assets			6,875,957.	29	7,705,944.
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			22,054,499.	33	22,620,556.
	34	Total liabilities and net assets/fund balances			23,557,294.	34	23,243,003.

Part 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	8,713,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,179,491.
3	Revenue less expenses. Subtract line 2 from line 1	3	534,136.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,054,499.
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	31,921.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,620,556.

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 ☒ 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 separate basis, consolidated basis, or both: ☐ 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?	2c	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		

Form 990 (2014)

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning ______________, 2013, and ending ______________, 20 __

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2013

Name of exempt organization	Employer identification number
NAVAL AVIATION MUSEUM FOUNDATION, INC.	59-6178237

Name and title of officer
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 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)	1b	6408010
2a Form 990-EZ check here ▶ ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b	
4a 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

☒ I authorize WARREN AVERETT, LLC (ERO firm name) to enter my PIN 78237 (Enter five numbers, but do not enter all zeros)

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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Duane D. Thiessen 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 (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 ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.
323051
10-01-13

Form **8879-EO** (2013)

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)

▶ 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

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
NAVAL AVIATION MUSEUM FOUNDATION, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 33104

City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32508

D Employer identification number
59-6178237

E Telephone number
850-453-2389

G Gross receipts $ 10,469,868.

F Name and address of principal officer: LT GEN DUANE D.THIESSEN, 1750 RADFORD BOULEVARD, SUITE B, PENSACOLA,

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NAVALAVIATIONMUSEUM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	58
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	58
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	70
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,512,191.	1,522,356.
	9	Program service revenue (Part VIII, line 2g)	2,031,316.	3,036,040.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	429,845.	626,729.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,065,039.	1,222,885.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,038,391.	6,408,010.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	448,221.	423,953.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	131,148.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 178,406.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,732,414.	7,681,079.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,311,783.	8,105,032.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,273,392.	-1,697,022.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,297,048.	23,557,294.
	21	Total liabilities (Part X, line 26)	1,614,191.	1,502,795.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,682,857.	22,054,499.

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.

Sign Here

▶ Duane D. Thiessen
Signature of officer

18 June 2014
Date

▶ LT GEN DUANE D.THIESSEN, USMC (RET), PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARGARET N. 'MCGEE' LORRE				P00012084

Firm's name ▶ WARREN AVERETT, LLC
Firm's EIN ▶ 45-4084437

Firm's address ▶ 316 SOUTH BAYLEN ST. SUITE 300
PENSACOLA, FL 32502

Phone no. 850-435-7400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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)

▶ 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

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
NAVAL AVIATION MUSEUM FOUNDATION, INC.
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
POST OFFICE BOX 33104
City or town, state or province, country, and ZIP or foreign postal code
PENSACOLA, FL 32508

D Employer identification number
59-6178237

E Telephone number
850-453-2389

G Gross receipts $ 10,469,868.

F Name and address of principal officer: LT GEN DUANE D.THIESSEN, 1750 RADFORD BOULEVARD, SUITE B, PENSACOLA,

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NAVALAVIATIONMUSEUM.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO BE THE BEST IN THE WORLD, A SELF-SUSTAINING FOUNDATION THAT ENGAGES AND EDUCATES THE PUBLIC BY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	58
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	58
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	70
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,512,191.	1,522,356.
	9	Program service revenue (Part VIII, line 2g)	2,031,316.	3,036,040.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	429,845.	626,729.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,065,039.	1,222,885.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,038,391.	6,408,010.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	448,221.	423,953.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	131,148.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 178,406.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,732,414.	7,681,079.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,311,783.	8,105,032.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,273,392.	-1,697,022.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	24,297,048.	23,557,294.
	21	Total liabilities (Part X, line 26)	1,614,191.	1,502,795.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,682,857.	22,054,499.

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.

Sign Here
▶ Signature of officer — Date
▶ LT GEN DUANE D.THIESSEN, USMC (RET), PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MARGARET N. 'MCGEE' LORRE
Preparer's signature
Date
Check ☐ if self-employed
PTIN: P00012084
Firm's name ▶ WARREN AVERETT, LLC
Firm's EIN ▶ 45-4084437
Firm's address ▶ 316 SOUTH BAYLEN ST. SUITE 300
PENSACOLA, FL 32502
Phone no. 850-435-7400

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part 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? ☐ Yes ☒ No
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 ☒ No
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 $ 1,268,019. including grants of $) (Revenue $)
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 grants 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.

4c (Code:) (Expenses $ 909,878. including grants of $) (Revenue $ 922,602.)
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 $ 1,339,690. including grants of $) (Revenue $ 1,690,364.)

4e Total program service expenses ▶ 6,714,096.

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	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, 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 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		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, VII, 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	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*	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	
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
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?	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		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 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," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 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*	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		
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 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		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):			
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		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		X
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	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		X
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*	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 Schedule O	38	X	

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	1a	31			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	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)					
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," 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 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		X
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		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).**					
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	
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	7d				
e	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, 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		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	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 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	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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule 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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 58		
	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	1b 58		
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	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		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		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	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 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

Section 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	
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*	12a	X	
b	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	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?	16b		

Section C. Disclosure

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, KS, KY, LA

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.

☒ Own website ☐ Another's website ☒ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MICHAEL HAMPTON - 850-453-2389
1750 RADFORD BLVD, SUITE B, PENSACOLA, FL 32508

SEE SCHEDULE O FOR FULL LIST OF STATES

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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(1) VADM GERALD L. HOEWING, USN (RE PRESIDENT EMERITUS	45.00	X		X				0.	0.	0.
(2) WILLIAM ALVIS BOWERS CFO/TREASURER NON-VOTING	45.00	X		X				160,776.	0.	0.
(3) CAPT CHARLES E ELLIS,JR JAGC US SECRETARY NON-VOTING	45.00	X		X				64,457.	0.	0.
(4) ADMIRAL STANLEY R. ARTHUR USN (BOARD MEMBER	1.00	X						0.	0.	0.
(5) DIONEL M. AVILES DIRECTOR	1.00	X						0.	0.	0.
(6) VICE ADM MICHAEL L BOWMAN USN (CHAIRMAN (EMERITUS)	1.00	X		X				0.	0.	0.
(7) REAR ADM JOHN E BOYINGTON,JR US BOARD MEMBER	1.00	X						0.	0.	0.
(8) WILLIAM PAT BREWSTER BOARD MEMBER	1.00	X						0.	0.	0.
(9) NINA HESS CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(10) CAPT EUGENE A CERNAN USN (RET) VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(11) LT GEN DUANE D. THIESSEN, USMC PRESIDENT/CEO	1.00	X		X				131,154.	0.	0.
(12) JOHN OSTERWEIL BOARD MEMBER	1.00	X						0.	0.	0.
(13) PATRICK J. FINNERAN, JR. CHAIRMAN	1.00	X		X				0.	0.	0.
(14) REAR ADM GEORGE M FURLONG JR US VICE PRESIDENT	1.00	X		X				0.	0.	0.
(15) DURWOOD W. RINGO, JR. DIRECTOR	1.00	X		X				0.	0.	0.
(16) DEBBIE RUB BOARD MEMBER	1.00	X						0.	0.	0.
(17) KENT SCHIEN BOARD MEMBER	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(18) REAR ADM HAROLD E GRANT JAGC,US BOARD MEMBER	1.00	X						0.	0.	0.
(19) MICHELE R. WESTLANDER QUAID BOARD MEMBER	1.00	X						0.	0.	0.
(20) CAPT THOMAS C KING, JR USCG (RE BOARD MEMBER	1.00	X						0.	0.	0.
(21) REAR ADM GARY R JONES USN (RET) BOARD MEMBER	1.00	X						0.	0.	0.
(22) ADM TIMOTHY J KEATING USN (RET) BOARD MEMBER	1.00	X						0.	0.	0.
(23) ADM ROBERT J KELLY USN (RET) BOARD MEMBER	1.00	X						0.	0.	0.
(24) VICE ADM MICHAEL D MALONE USN (BOARD MEMBER	1.00	X						0.	0.	0.
(25) REAR ADM JAMES MASLOWSKI USN (R BOARD MEMBER	1.00	X						0.	0.	0.
(26) VICE ADM WALTER B MASSENBURG US BOARD MEMBER	1.00	X						0.	0.	0.

	(D)	(E)	(F)
1b Sub-total ▶	356,387.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d Total (add lines 1b and 1c) ▶	356,387.	0.	0.

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

		Yes	No
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*	4	X	
5 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*	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) Name and business address NONE	(B) Description of services	(C) Compensation

2 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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
(27) VICE ADM JOHN J. MAZACH USN (RE BOARD MEMBER	1.00	X						0.	0.	0.
(28) THE HONORABLE LACEY A. COLLIER DIRECTOR	1.00	X						0.	0.	0.
(29) RICHARD M. KLEBERG III BOARD MEMBER	1.00	X						0.	0.	0.
(30) J. COLLIER MERRILL BOARD MEMBER	1.00	X						0.	0.	0.
(31) THE HONORABLE JEFF MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(32) ARTHUR D. MILTENBERGER BOARD MEMBER	1.00	X						0.	0.	0.
(33) COM W. LINCOLN MOSSOP, JR USNR BOARD MEMBER	1.00	X						0.	0.	0.
(34) ERIC NICKELSEN BOARD MEMBER	1.00	X						0.	0.	0.
(35) GENERAL WILLIAM L NYLAND USMC (BOARD MEMBER	1.00	X						0.	0.	0.
(36) DAVID ORECK DIRECTOR	1.00	X						0.	0.	0.
(37) REAR ADM FREDERICK L LEWIS USN BOARD MEMBER	1.00	X						0.	0.	0.
(38) THE HONORABLE BJ PENN BOARD MEMBER	1.00	X						0.	0.	0.
(39) MICHAEL PETTERS DIRECTOR	1.00	X						0.	0.	0.
(40) BOBBY SWITZER BOARD MEMBER	1.00	X						0.	0.	0.
(41) LARRY M. POST BOARD MEMBER	1.00	X						0.	0.	0.
(42) VICE ADM WILLIAM E RAMSEY USN (BOARD MEMBER	1.00	X						0.	0.	0.
(43) LT GEN FREDERICK MCCORKLE, USMC BOARD MEMBER	1.00	X						0.	0.	0.
(44) CAPT E. EARLE ROGERS II USN (RE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(45) ANDREW C. TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(46) RAY D. RUSSENBERGER BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ADM LEIGHTON W SMITH USN (RET) CHAIRMAN (EMERITUS)	1.00	X		X				0.	0.	0.
(48) DR. RICH SUGDEN BOARD MEMBER	1.00	X						0.	0.	0.
(49) BARBARA WOODBURY BOARD MEMBER	1.00	X						0.	0.	0.
(50) ADM MARK P. FITZGERALD, USN (RE VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(51) ADM JAMES ZORTMAN, USN (RET) DIRECTOR	1.00	X						0.	0.	0.
(52) MR. O. LEWIS HUMPHREY BOARD MEMBER	5.00	X						0.	0.	0.
(53) E. DUKE VINCENT BOARD MEMBER	1.00	X						0.	0.	0.
(54) VICE ADM DAVID ARCHITZEL, USN (BOARD MEMBER	1.00	X						0.	0.	0.
(55) VICE ADM JOHN LOCKARD BOARD MEMBER	1.00	X						0.	0.	0.
(56) TIMOTHY RUSSELL BOARD MEMBER	1.00	X						0.	0.	0.
(57) CHARLES THOMAS BURBAGE BOARD MEMBER	1.00	X						0.	0.	0.
(58) GENERAL ROBERT MAGNUS BOARD MEMBER	1.00	X						0.	0.	0.
(59) JAMES PELLERIN BOARD MEMBER	1.00	X						0.	0.	0.
(60) WILLIAM WILTSHIRE BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	132,775.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,389,581.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			1,522,356.			
Program Service Revenue			Business Code					
	2 a	IMAX THEATER	512000		922,602.	922,602.		
	b	EDUCATION	900099		913,069.	913,069.		
	c	SIMULATOR	900099		777,295.	777,295.		
	d	FLIGHT ACADEMY	900099		423,074.	423,074.		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			3,036,040.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			731,143.			731,143.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶			6,422.			6,422.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	2,503,295.					
	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.			-104,414.
	8 a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a	19,315.				
	b	Less: direct expenses	b	11,899.				
	c	Net income or (loss) from fundraising events ▶			7,416.			7,416.
	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	a	2,280,390.				
	b	Less: cost of goods sold	b	1,442,250.				
	c	Net income or (loss) from sales of inventory ▶			838,140.			838,140.
		Miscellaneous Revenue	Business Code					
	11 a	OTHER INCOME	900099		370,907.			370,907.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			370,907.			
	12	**Total revenue.** See instructions. ▶			6,408,010.	3,036,040.	0.	1,849,614.

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, 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				
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 paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	423,953.	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 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				
c	Accounting	35,540.		35,540.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
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.	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 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	LEASED EMPLOYEES	2,451,140.	1,588,045.	777,242.	85,853.
b	DIRECT MUSEUM SUPPORT	909,776.	909,776.		
c	FLIGHT ACADEMY EXPENSES	857,117.	857,117.		
d	THEATER/SIMULATOR EXPEN	316,474.	316,474.		
e	All other expenses	156,627.	331,296.	-194,536.	19,867.
25	**Total functional expenses.** Add lines 1 through 24e	8,105,032.	6,714,096.	1,212,530.	178,406.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	399,703.	1	1,135,642.
	2	Savings and temporary cash investments	1,131,060.	2	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 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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	543,400.	8	356,397.
	9	Prepaid expenses and deferred charges	281,196.	9	146,898.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,503,861.			
	b	Less: accumulated depreciation 10b 2,728,541.	7,232,736.	10c	6,775,320.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	10,237,577.	12	11,565,954.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	23,332.	15	49,020.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	24,297,048.	16	23,557,294.
Liabilities	17	Accounts payable and accrued expenses	581,626.	17	590,317.
	18	Grants payable		18	
	19	Deferred revenue	87,565.	19	518,515.
	20	Tax-exempt bond liabilities		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	
	23	Secured mortgages and notes payable to unrelated third parties	945,000.	23	393,963.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26	**Total liabilities.** Add lines 17 through 25	1,614,191.	26	1,502,795.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	11,420,477.	27	10,829,985.
	28	Temporarily restricted net assets	4,688,572.	28	4,348,557.
	29	Permanently restricted net assets	6,573,808.	29	6,875,957.
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	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.	34	23,557,294.

Part 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	6,408,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,105,032.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,697,022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,682,857.
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	1,068,664.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,054,499.

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 ☒ 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 separate basis, consolidated basis, or both: ☐ 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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		

Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements

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

Date: DEC 12 2007

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)

Naval Aviation Museum Foundation Inc
P O Box 33104
Pensacola, FL 32508

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 www.irs.gov.

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

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
Jacksonville, Florida
P. O. Box 4760
December 19, 1966

IN REPLY REFER TO
Form L-178
434:MDE:md
JAX:EO:66-42

PURPOSE
Educational

ADDRESS INQUIRIES & FILE RETURNS
DISTRICT DIRECTOR OF INTERNAL R
Jacksonville, Florida

FORM 990-A REQUIRED
☒ YES ☐ NO

ACCOUNTING P
ENDING
December

Naval Aviation Museum Association, Inc.
Naval Aviation Museum, Naval Air Station
Pensacola, Florida 32508

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 filing 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,

F. S. Schmidt

F. S. Schmidt
District Director

Your tax exempt status is predicated upon the understanding that you will am your certificate of incorporation to provide that in the event of dissolutio 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.

FORM L-178 (6-64)

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: Sertoma's 4th of July Celebration, a joint ventu

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	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			
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses (cont.)

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Supplies			
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 ■

Monica

SERTOMA

1912 E. Meyer Blvd.
Kansas City, MO 64132
816-333-8300
800-593-5646
Fax: 816-333-4320
infosertoma@sertomaHQ.org
www.sertoma.org

June 30, 2008

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**

Department of the Treasury
Internal Revenue Service

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.**

► **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning Jul 1 **, 2013, and ending** Jun 30 , 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: Northeast Pensacola Sertoma Club
Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 10697
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Pensacola FL 32504

D **Employer identification number**: 59-2417459
E Telephone number: (850) 748-7007
F Group Exemption Number . . . . . . ► 5409

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► www.nepensacolasertoma.com

J **Tax-exempt status** (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄(insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . ► $ 81,556.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	0.
	2	Program service revenue including government fees and contracts			2	0.
	3	Membership dues and assessments			3	13,033.
	4	Investment income			4	0.
	5 a	Gross amount from sale of assets other than inventory	5 a			
	b	Less: cost or other basis and sales expenses	5 b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5 c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6 a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6 b	68,523.		
	c	Less: direct expenses from gaming and fundraising events	6 c	21,476.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6 d	47,047.
	7 a	Gross sales of inventory, less returns and allowances	7 a			
	b	Less: cost of goods sold	7 b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►			9	60,080.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) See L-10 Stmt			10	50,298.
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	14,856.
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses			16	19,267.
	17	**Total expenses.** Add lines 10 through 16 ►			17	84,421.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-24,341.
	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)			19	47,737.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►			21	23,396.

Part II **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	47,737.	22	23,396.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	0.	24	0.
25	**Total assets**	47,737.	25	23,396.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	47,737.	27	23,396.

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

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

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28	AN ANNUAL FUNDRAISER HELD IN APRIL EACH YEAR. THE EVENT IS A REVERSE RAFFLE FOR A NEW CURRENT YEAR HARLEY DAVIDSON MOTORCYCLE. FUNDRAISER INCLUDES A LARGE OUTSIDE PARTY AT OUR HARLEY DAVIDSON DEALERSHIP, LIVE MUSIC, SILENT & LIVE AUCTIONS, GAMES, FOOD & BEVERAGES. ALL PROCEEDS ARE DONATED TO PRE-SELECT LOCAL CHARITIES. WE JUST COMPLETED OUR 9TH ANNUAL EVENT AND WILL DISTRIBUTE $50k TO LOCAL CHARITIES. (Grants $ 36,158.) If this amount includes foreign grants, check here ► ☐	28a	21,476.
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ► ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ►	32	21,476.

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

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

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jeffrey J. Heddy Treasurer	7.00	0.	0.	0.
George Knefley Secretary	7.00	0.	0.	0.
Christopher McIntosh President	8.00	0.	0.	0.
Gregory Litton Chairman	8.00	0.	0.	0.

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

			Yes	No
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	33		X
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		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)?	35 a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
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	35 c		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39 a			
b	Gross receipts, included on line 9, for public use of club facilities 39 b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
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	40 b		X
c	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 ►			
d	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	40 e		X

41 List the states with which a copy of this return is filed ►

42 a The organization's books are in care of ► Dr. George Knefley Telephone no. ► (850) 434-5989

Located at ► 2862 Blackshear Avenue Pensacola FL ZIP + 4 ► 32503

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country: ►			

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 ► 43

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
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	44 b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

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

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

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a		X
b If 'Yes,' was the related organization a section 527 organization?	49 b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None None	0.00	0.	0.	0.

f Total number of other employees paid over $100,000 ►

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

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

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer — Date 05/15/15

► Jeffrey J. Heddy Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jeffrey Heddy	Jeffrey Heddy	05/27/15		P01620256

Firm's name ► FLORES FLORES & GARG, PA

Firm's address ► 25 W Cedar St. Suite 400

Pensacola FL 32502

Firm's EIN ► 26-0873252

Phone no. (850) 791-6666

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

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*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An 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).**

11 ☐ 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.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Non-functionally integrated

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 organization received a written determination from the IRS that is a Type I, Type II 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?

			Yes	No
(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?	**11 g (i)**		
(ii)	A family member of a person described in (i) above?	**11 g (ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test – 2013.** If the organization did not check the box on line 13, and the 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 – 2012.** 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 – 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 organization ► ☐

b **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 supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on 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.)

Section A. Public Support

Calendar year (or fiscal yr 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.')	10,550.	24,246.	20,993.	26,510.	26,732.	109,031.
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	74,453.	57,153.	64,291.	92,941.	68,523.	357,361.
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 **Total.** Add lines 1 through 5	85,003.	81,399.	85,284.	119,451.	95,255.	466,392.
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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						466,392.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	85,003.	81,399.	85,284.	119,451.	95,255.	466,392.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				3.		3.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				3.		3.
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 lns 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 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

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	0.00 %

19a **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 line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ► See separate 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

Name of the organization: Northeast Pensacola Sertoma Club

Employer identification number: 59-3417459

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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.

(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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ►						

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.

Part 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.

		(a) Event #1 HOGFEST (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	68,523.			68,523.
	2 Less: Charitable contributions	48,698.			48,698.
	3 Gross income (line 1 minus line 2)	19,825.			19,825.
DIRECT EXPENSES	4 Cash prizes	10,000.			10,000.
	5 Noncash prizes				
	6 Rent/facility costs	2,000.			2,000.
	7 Food and beverages				
	8 Entertainment	950.			950.
	9 Other direct expenses	8,526.			8,526.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				21,476.
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				-1,651.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	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) ►				

9 Enter the state(s) in which the organization operates gaming activities: ____________

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: ____________

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: ____________

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:

a The organization's facility	13a	%
b 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 contact 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 ► $

c If '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 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 ☐ 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 IV 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 provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: Northeast Pensacola Sertoma Club

Employer identification number: 59-2417459

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901 09/09/2013 Schedule O (Form 990 or 990-EZ) 2013

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, complete only Part I** and check this box ► ☒
- 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 extention 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*.

Part I 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 Part I only ► ☐

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, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Northeast Pensacola Sertoma Club	Employer identification number (EIN) or 59-2417459
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. Box 10697	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pensacola FL 32504	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Dr. George Knefley

  Telephone No. ► (850) 434-5989 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) 5409 . 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 17 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year 20 ____ or
► ☒ tax year beginning Jul 1 , 20 13 , and ending Jun 30 , 20 14 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3 a 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.	3a	$ 0.
b 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	3b	$ 0.
c 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.	3c	$ 0.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning Jul 1, 2013, and ending Jun 30, 2014.

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.*

OMB No. 1545-1878

2013

Name of exempt organization: Northeast Pensacola Sertoma Club

Employer identification number: 59-2417459

Name and title of officer: Jeffrey J. Heddy Treasurer

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.

1 a Form 990 check here ► ☐	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1 b	
2 a Form 990-EZ check here ► ☒	b **Total revenue,** if any (Form 990-EZ, line 9)	2 b	60,080.
3 a Form 1120-POL check here ► ☐	b **Total tax** (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here ► ☐	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here ► ☐	b **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

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

☐ I authorize ______ (ERO firm name) to enter my PIN ______ (Enter five numbers, but do not enter all zeros) 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► ______ Date ► 05/15/2015

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 ► 59771810228 (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 ► ______ Date ► 05/27/2015

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(s) Shown on Return	Employer ID 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 PIN . . . . . . ► ☐

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . . EFIN 597718 Self-Select PIN 10228

C – Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2013 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (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 Exempt 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 institution 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 am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 17459

Date 09/11/2014

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
SPONSERSHIP OPERATING 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, PRIMARILY WITH
HEARING ISSUES.

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 Paid

Purpose of Payment . . . . CASH DONATION / HOGFEST BENEFICUARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	Business . . . . ☒ Person . . . . . . ☐ JUNIOR ACHEIVEMENT 1010 NORTH 12TH AVENUE PENSACOCLA FL 32501	NONE	9,653.

If property other than cash was given, the following additional information needs to be provided:
Description of Property .
Date of Gift . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . CASH DONATION / HOGFEST BENEFICUARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
501C3	Business . . . . ☒ Person . . . . . . ☐ PATHWAYS FOR CHANGE 1211 WEST FAIRFIELD PENSACOLA FL 32501	NONE	10,447.

If property other than cash was given, the following additional information needs to be provided:
Description of Property .
Date of Gift . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment . . . . CASH DONATION / HOGFEST BENEFICUARY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . ☒ Person . . . . . . ☐		
501C3	ECARE (EVERY CHILD A READER)	NONE	
	P.O. BOX 71		
	PENSACOLA FL 32591		16,058.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . CASH DONATION TO PROVIDE HEARING AIDS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . ☒ Person . . . . . . ☐		
501C3	HEARING AID BANK / BOARD	NONE	
	P.O. BOX 17500		
	PENSACOLA FL 32522		1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . . . . CASH DONATION / SPONSERSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . ☒ Person . . . . . . ☐		
501C3	CAPSTONE ADAPTIVE LEARNING	NONE	
	2912 NORTH E STREET		
	PENSACOLA FL 32501		600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property .

Date of Gift . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment . . . . CASH DONATION / TRANSFER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . . ☒ Person . . . . . . ☐		
501C	SERTOMA	EVENT BENEFICUARY	
	P.O. BOX 10697		
	PENSACOLA FL 32504		12,540.

If property other than cash was given, the following additional information needs to be provided:
Description of Property .
Date of Gift . . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Explanation Statement

Form/Line: Form 990-EZ, Return of Org Exempt from Inc Tax
Explanation of: Reasonable Cause for Late Filing of Form 990-EZ

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.

SERTOMA

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 tax-exempt status under 501(c)(3).

Sincerely,

Amy Ellington

Amy Ellington
Director of Finance/Administration
Aellington@sertomahq.org

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

DEPARTMENT OF THE TREASURY

Date: SEP 10 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 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

c. 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;
   c. 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);
   e. The street 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.

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

Sincerely yours,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Form **W-9**
(Rev. August 2013)
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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
NORTHEAST PENSACOLA SERTOMA CLUB

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ______

☑ Other (see instructions) ▶ 501C3

Exemptions (see instructions):
Exempt payee code (if any) ______
Exemption from FATCA reporting code (if any) ______

Address (number, street, and apt. or suite no.)
P.O. BOX 10697

City, state, and ZIP code
PENSACOLA, FL 32504

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ – __ – ____

Employer identification number
59 – 2417458

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Treasurer Date ▶ 9/8/2014

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you 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 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign 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 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. 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 partnership income.

0000080 04/15/13

DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/11

85-8014981317C-5	12/31/2013	12/31/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NORTHEAST PENSACOLA SERTOMA CLUB INC
14 W JORDAN ST
PENSACOLA FL 32501-1736

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.

FLORIDA
DEPARTMENT OF REVENUE

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.
3. 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.

Sertoma's Fourth of July - 2013 Budget						
Revenue	**15 BUDGET**	**15 ACTUAL**	**16 BUDGET**	**16 ACTUAL**	**17 BUDGET**	**17 ACTUAL**
Balance from prior year						
Sponsorship - City						
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			
Arts & Crafts Vendor Income	$ 3,500.00	$ 1,400.00	$ 3,500.00			
Other Vendor Income (politicians, displays, etc)						
Event Receipts	$ 4,000.00	$ 2,898.00	$ 4,000.00			
Event Tips	$ 200.00	$ 53.13	$ 200.00			
Total Revenue	**$87,200.00**	**$87,601.13**	**$89,700.00**	**$0.00**	**$0.00**	**$0.00**
Operating Expenses						
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.)	$ 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	$ 7,000.00			
Headquarters/Cleaning	$ 150.00	$ 150.00	$ 150.00			
Entertainment						
Sound at Seville & Bayfront	$ 3,800.00	$ 3,500.00	$ 3,800.00			
Entertainment at Seville (Gazebo)						
Band (Opening Act Main Stage)	$ 500.00	$ 500.00	$ 500.00			
Band (Headline Act)	$ 1,000.00	$ 750.00	$ 2,500.00			
Stage (covered)	$ 5,000.00	$ 5,000.00	$ 5,000.00			
Sound and Lighting for Stage - included with stage						
Band "Green Room" Artels						
Band catering						
Back Line Gear rental - included with stage						
Arts and Crafts - Postage	$ 50.00		$ 50.00			
Permit for Parks - City	$ 1,050.00	$ 1,550.00	$ 1,050.00			
Permit for Fountain Park - WFHPI	$ 500.00	$ 500.00	$ 500.00			
Permit for Stage	$ 35.00	$ -	$ 35.00			
Barricades		$ -				
Trolley - Beachboy Trolley		$ -				
Table and Chair Rental	$ 500.00	$ 634.00	$ 500.00			
Insurance	$ 4,500.00	$ 4,574.06	$ 5,000.00			
Gulf Coast Traffic Engineers - Traffic Cones						
Promotions						
T-Shirts (Rockett Marketing)	$ 600.00	$ 677.61	$ 700.00			
Rack Cards (Franklin's)						
Posters (Franklin's)						
Signs/Banners (Fast Signs)						
Lamar - Billboards	$ 2,250.00	$ 2,250.00	$ 2,250.00			
Administration						
Postage/PO Box	$ 100.00		$ 100.00			
Web Site	$ 115.00		$ 115.00			
Bank Charges	$ 50.00	$ 14.50	$ 50.00			
Admin Supplies						
Volunteer Goodwill Expense						
Children's Area Expense	$ 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**	**$0.00**
Net Income (Loss)	**$0.00**	**$7,144.15**	**$400.00**	**$0.00**	**$0.00**	**$0.00**

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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. Michel'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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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."

1. 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	Most Recently Completed Budget Year	Current Budget Year	Proposed Budget Year
Total Staffing			
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			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012636360C-8	07/26/2013	07/31/2018	501(C)(3) ORGANIZATION

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.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. 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.

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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning ...., 2013, and ending ...., 20 ......

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2013

Name of exempt organization: St. Michael's Cemetery Foundation of Pensacola, Inc.

Employer identification number: 59-3641870

Name and title of officer: Ross Pristera
2014 President

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)	1b	
2a	Form 990-EZ check here ▶ ☒	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	91,996
3a	Form 1120-POL check here ▶ ☐	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	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

☒ I authorize Lambert Lanza, CPAs, P.A. (ERO firm name) to enter my PIN 41870 (Enter five numbers, but do not enter all zeros) 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 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 charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 08/07/14

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.

59392003548
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 ▶ Patrick G. Lanza Date ▶ 08/07/14

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

CLIENT'S COPY
FROM
Lambert Lanza, CPAs, P.A.
Certified Public Accountants
Pensacola, Florida

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

DAA

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.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: St. Michael's Cemetery Foundation of Pensacola, Inc.

Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 13602 Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Pensacola FL 32591

D Employer identification number: 59-3641870

E Telephone number: 850-266-9179

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.STMICHAELSCEMETERY.ORG

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 107,309

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	77,230
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	5,915
	5a	Gross amount from sale of assets other than inventory	5a	24,164		
	b	Less: cost or other basis and sales expenses	5b	15,313		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	8,851
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	91,996
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	4,136
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	6,066
	16	Other expenses (describe in Schedule O)			16	86,079
	17	**Total expenses.** Add lines 10 through 16 ▶			17	96,281
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-4,285
	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)			19	271,621
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	11,604
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	278,940

For Paperwork Reduction Act Notice, see the separate instructions.

Part II **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	31,744	22	14,172
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	239,877	24	264,768
25	**Total assets**	271,621	25	278,940
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	271,621	27	278,940

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

See Schedule O

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

28	The maintenance and restoration of St. Michael's Cemetery in Pensacola, FL. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	93,930
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	93,930

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ross Pistera President	1.00	0	0	0
Bob Moulton Vice-President	1.00	0	0	0
Susan Wood Soule Secretary	1.00	0	0	0
Matt Newcomer Treasurer	1.00	0	0	0
Margo Stringfield Ch. Review Committee	1.00	0	0	0

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

			Yes	No
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	33		X
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		X
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		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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		X
c	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 ▶			
d	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		X

41 List the states with which a copy of this return is filed ▶ None

42a The organization's books are in care of ▶ Matt Newcomer Telephone no. ▶ 850-266-9179

Located at ▶ 4980 North 12th Avenue Pensacola FL ZIP + 4 ▶ 32504

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

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 ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		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)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

f Total number of other employees paid over $100,000 ▶

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

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

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date

▶ Ross Pristera 2014 President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Patrick G. Lanza	Patrick G. Lanza	08/07/14		P00162507

Firm's name ▶ Lambert Lanza, CPAs, P.A.

Firm's EIN ▶ 59-3109230

Firm's address ▶ 3700 Creighton Road, Suite 1
Pensacola, FL 32504

Phone no. 850-484-2900

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

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: St. Michael's Cemetery Foundation of Pensacola, Inc.

Employer identification number: 59-3641870

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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

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 organization received a written determination from the IRS that it is a Type I, Type II, 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?

		Yes	No
(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?	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)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013 St. Michael's Cemetery Foundation 59-3641870 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 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
1 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						
4 **Total.** Add lines 1 through 3	28,037	89,911	44,951	39,517	77,230	279,646
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.						279,646

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(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	8,227	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						335,207

12 Gross receipts from related activities, etc. (see instructions)	12	6,753

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 2013 (line 6, column (f) divided by line 11, column (f))	14	83.42 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	79.17 %

16a **33 1/3% support test—2013.** 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—2012.** 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—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 organization ▶ ☐

b **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 supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on 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.)

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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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 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'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

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	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **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 line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

Part II, Line 10 - Other Income Detail

Other income	$ 18,239

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

2013

Open to Public Inspection

Name of the organization St. Michael's Cemetery Foundation of Pensacola, Inc.	Employer identification number 59-3641870

Form 990-EZ, Part I, Line 16 - 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 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
Unrealized Gain	$	11,604

Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beg. of Year		End of Year
Market securities	$	239,877	$	264,768
Total	$	239,877	$	264,768

Form 990-EZ, Part III - Primary Exempt Purpose

To Maintain, restore, repair, beautify, and improve St. Michael's Cemetery

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59-3
FYE

Done
Grar

Sec

Ban

543762 St. Michael's Cemetery Foundation
59-3641870
FYE: 12/31/2013

Federal Statements

8/7/2014 10:41 AM

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Thornburg Internatio Fund Class I							
Purchase		6/07/12	2/16/13	$ 796	$ 690	$	$ 106
Fundamental Investor 1							
Purchase		7/26/07	2/26/13	3,383	3,085		298
The Growth Fund of A SS F-1							
Purchase		7/26/07	2/26/13	3,332	2,993		339
Royce Pennsylvania M Investment Clas							
Purchase		7/26/07	2/26/13	1,414	1,261		153
Fundamental Investor 1							
Purchase		7/26/07	12/20/13	3,301	2,501		800
The Growth Fund of A SS F-1							
Purchase		7/26/07	12/20/13	2,844	2,153		691
Royce Pennsylvania M Investment Clas							
Purchase		7/26/07	12/20/13	2,658	1,995		663
Thornburg Internatio Fund Class I							
Purchase		6/07/12	12/20/13	806	635		171
Total				$ 18,534	$ 15,313	$ 0	$ 3,221

Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Capital gain distributions							
				$ 5,630	$	$	$ 5,630
Total				$ 5,630	$ 0	$ 0	$ 5,630

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PAGE 1 OF 1

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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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			
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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Expenses

	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			
Fuel			

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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.

REPORT NO. 2015-124
MARCH 2015

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 jimstultz@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, Tallahassee, Florida 32399-1450.

PENSACOLA STATE COLLEGE
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PAGE NO.

BASIC FINANCIAL STATEMENTS

OTHER REQUIRED SUPPLEMENTARY INFORMATION

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.

AUDITOR GENERAL
STATE OF FLORIDA
G74 Claude Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450

DAVID W. MARTIN, CPA
AUDITOR GENERAL

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

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.

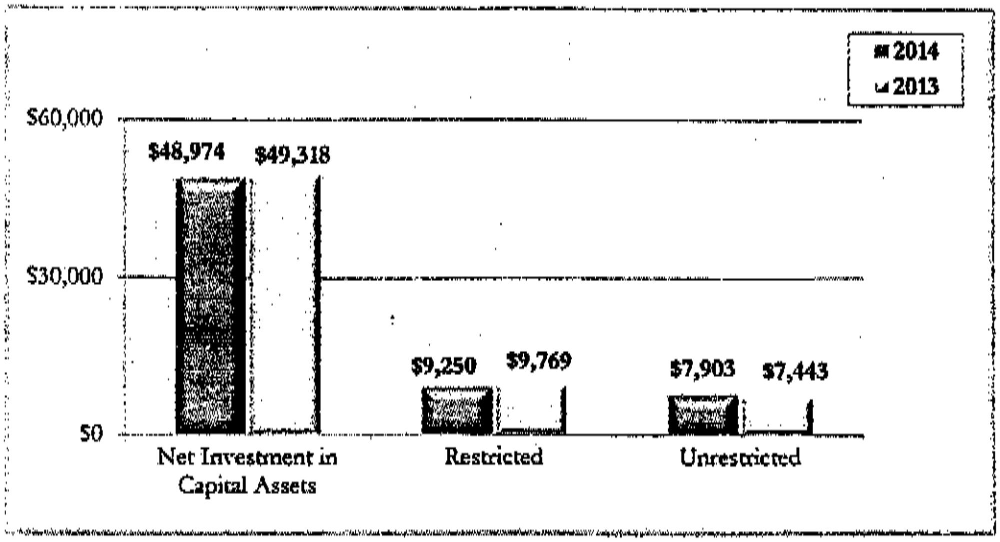
FINANCIAL HIGHLIGHTS

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.

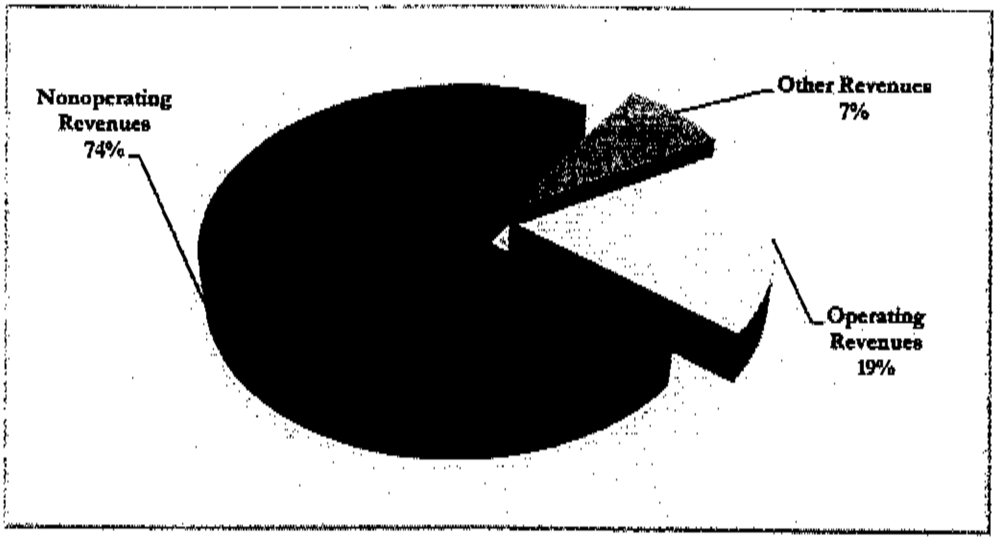
Net position represents the residual interest in the College's assets after deducting liabilities. The College's comparative total net position by category for the fiscal years ended June 30, 2014, and June 30, 2013, is shown in the following graph:

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		Component 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
Liabilities				
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)

	College		Component Units (1)	
	6-30-14	6-30-13	2014	2013
Operating Revenues	$ 15,406	$ 16,101	$ 2,574	$ 2,439
Less, Operating Expenses	82,468	79,701	2,711	3,370
Operating Loss	(67,062)	(63,600)	(137)	(931)
Net Nonoperating Revenues	60,458	58,846	2,820	1,931
Income (Loss) Before Other Revenues, Expenses, Gains, or Losses	(6,604)	(4,754)	2,683	1,000
Other Revenues, Expenses, Gains, or Losses	6,201	3,609	92	40
Net Increase (Decrease) in Net Position	(403)	(1,145)	2,775	1,040
Net Position, Beginning of Year	66,530	67,675	20,302	19,262
Adjustments to Beginning Net Position (2)			(1,071)	
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:

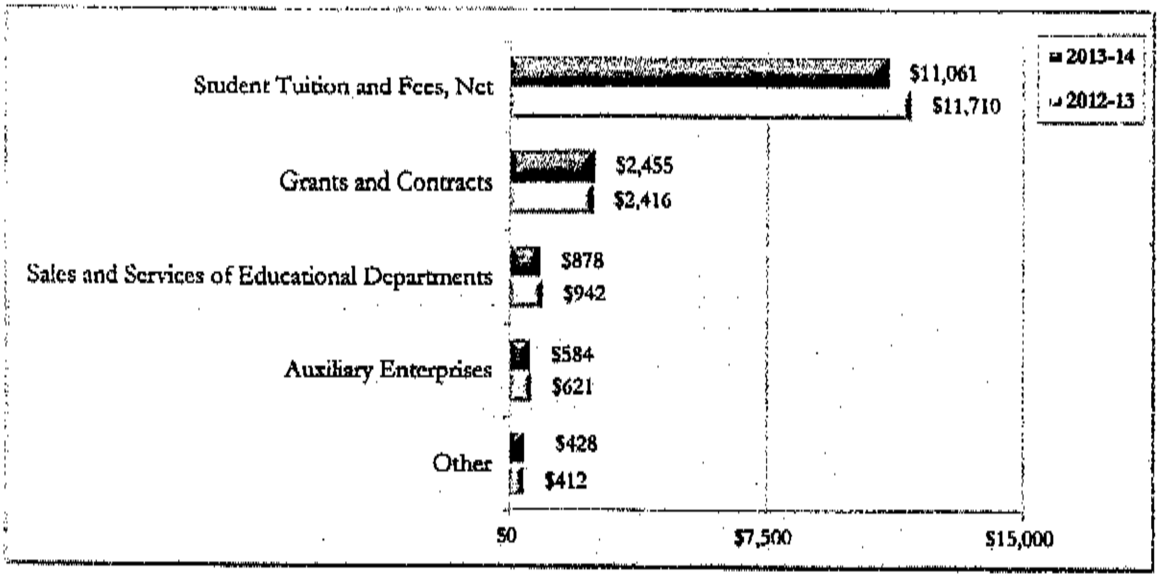
Operating Revenues
For the Fiscal Years Ended
(In Thousands)

	College		Component 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:

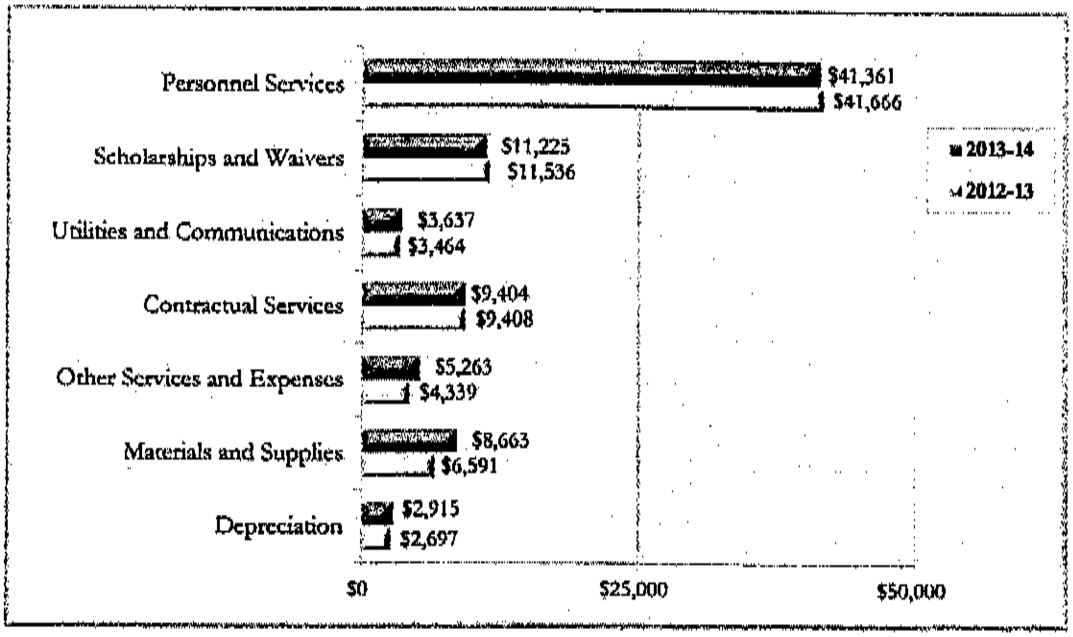
Operating Expenses
For the Fiscal Years Ended
(In Thousands)

	College		Component Units (1)	
	6-30-14	6-30-13	2014	2013
Personnel Services	$ 41,361	$ 41,666	$	$
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)	(95)
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	$ 1,990	$ 440
Capital Grants, Contracts, Gifts, and Fees	4,211	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 earning 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		692,981
Restricted Investments		8,441,959
Accounts Receivable, Net	998,991	61,405
Notes Receivable, Net	128,506	
Due from Other Governmental Agencies	3,251,597	
Due from Component Unit	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	81,177
Salary and Payroll Taxes Payable	1,355,926	
Retainage Payable	16,452	
Unearned Revenue	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		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	$ 48,974,421	$ 8,679
Restricted:		
Nonexpendable:		
Endowment		8,756,474
Expendable:		
Endowment		5,683,423
Grants and Loans	628,067	
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	$ 22,005,756

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

	College	Component Units
REVENUES		
Operating Revenues:		
Student Tuition and Fees, Net of Scholarship Allowances of $11,099,010	$ 11,060,568	$
Federal Grants and Contracts	2,413,060	
Nongovernmental Grants and Contracts	42,593	
Sales and Services of Educational Departments	878,299	
Auxiliary Enterprises	583,708	
Other Operating Revenues	427,509	2,574,488
Total Operating Revenues	15,405,737	2,574,488
EXPENSES		
Operating Expenses:		
Personnel Services	41,361,075	
Scholarships and Waivers	11,225,368	611,187
Utilities and Communications	3,636,922	15,178
Contractual Services	9,403,643	307,889
Other Services and Expenses	5,262,560	1,563,469
Materials and Supplies	8,663,333	206,830
Depreciation	2,914,883	6,771
Total Operating Expenses	82,467,784	2,711,324
Operating Loss	(67,062,047)	(136,836)
NONOPERATING REVENUES (EXPENSES)		
State Noncapital Appropriations	34,333,300	
Federal and State Student Financial Aid	19,906,142	
Gifts and Grants	5,094,626	
Investment Income	94,350	2,825,860
Other Nonoperating Revenues	1,060,184	
Gain on Disposal of Capital Assets	50,008	
Interest on Capital Asset-Related Debt	(80,717)	
Other Nonoperating Expenses		(5,464)
Net Nonoperating Revenues	60,457,893	2,820,396
Income (Loss) Before Other Revenues, Expenses, Gains, or Losses	(6,604,154)	2,683,560
State Capital Appropriations	1,990,265	
Capital Grants, Contracts, Gifts, and Fees	4,211,225	
Additions to Permanent Endowments		91,582
Total Other Revenues	6,201,490	91,582
Increase (Decrease) in Net Position	(402,664)	2,775,142
Net Position, Beginning of Year	66,529,838	20,302,625
Adjustment to Beginning Net Position		(1,072,011)
Net Position, Beginning of Year, as Restated	66,529,838	19,230,614
Net Position, End of Year	$ 66,127,174	$ 22,005,756

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 Fiscal 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 Loans to Students	1,416,914
Auxiliary 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	815,691
Cash and Cash Equivalents, Beginning of Year	22,455,629
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	$ (67,062,047)
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	$ (64,008,688)

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.	$ 9,411
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 for the statement of cash flows.	$ 50,008

The accompanying notes to financial statements are an integral part of this statement.

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

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.

Discretely Presented Component Units. 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

Noncurrent 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	$ 20,500
SBA Debt Service	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:

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

Investment Type	Average Maturity	Credit Quality	Fair Value		
			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	(2)	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	3.5 Years	(2)		101,229	101,229
PIMCO All Asset Fund	5.76 Years	(2)	784,341		784,341
Equities					
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)	(1)	306,468	29,234	335,702
Sentinel Common Stock Fund Class I	(1)	(1)		217,696	217,696
Other					
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	$ 19,265,771

Notes: (1) Investment risk disclosures are not required for these investments.
(2) These funds are not rated by a nationally recognized statistical rating organization.
(3) SBA Fund B disclosures are detailed on page 20 and 21.

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.

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

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 international equities, and no more than 5 percent of Foundation assets may be invested in a diversified 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.

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

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	Reductions	Ending Balance
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	$	$	$ 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	62,159,506
Total Depreciable Capital Assets, Net	$ 38,142,482	$ (619,919)	$ 10,596	$ 37,511,967

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

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	$ 1,569,180
Student Tuition and Fees	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 Balance	Additions	Reductions	Ending Balance	Current Portion
Bonds Payable	$ 1,625,000	$	$ 285,000	$ 1,340,000	$ 305,000
Compensated Absences Payable	5,976,990	477,195	527,174	5,927,011	427,033
Total Long-Term Liabilities	**$ 7,601,990**	**$ 477,195**	**$ 812,174**	**$ 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
SBE Capital Outlay Bonds:			
Series 2005B	$ 1,270,000	5	2018
Series 2009A	70,000	6	2019
Total	**$ 1,340,000**		

Annual requirements to amortize all bonded debt outstanding as of June 30, 2014, are as follows:

PENSACOLA STATE COLLEGE
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NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

Fiscal Year Ending June 30	SBE Capital Outlay Bonds 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	$ 1,340,000	$ 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:

Description	Amount
Normal Cost (Service Cost for One Year)	$ 31,680
Amortization of Unfunded Actuarial Accrued Liability	41,308
Annual Required Contribution	72,988
Interest on Net OPEB Obligation	(3,196)
Adjustment to Annual Required Contribution	2,664
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	Net OPEB Obligation
2011-12	$ 78,862	121.8%	$ (54,496)
2012-13	78,747	132.3%	(79,903)
2013-14	72,456	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

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

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 (A)
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 Retiree	(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**

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

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	$ 11,647,322
Capital Assets, Net		8,679	8,679
Other Noncurrent Assets	9,291,162	1,529,451	10,820,613
Total Assets	19,838,483	2,638,131	22,476,614
Liabilities:			
Current Liabilities	96,263	138,823	235,086
Noncurrent Liabilities	235,772		235,772
Total Liabilities	332,035	138,823	470,858
Net Position:			
Net Investment in Capital Assets		8,679	8,679
Restricted Nonexpendable	8,756,474		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	$ 19,506,448	$ 2,499,308	$ 22,006,756

PENSACOLA STATE COLLEGE
A COMPONENT UNIT OF THE STATE OF FLORIDA
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2014

Condensed Statement of Revenues, Expenses, and Changes in Net Position

	Direct-Support Organizations		Total
	Pensacola State College Foundation, Inc.	WSRE-TV Foundation, Inc.	
Operating Revenues	$ 1,543,860	$ 1,030,628	$ 2,574,488
Depreciation Expense		(6,771)	(6,771)
Operating Expenses	(1,718,285)	(986,268)	(2,704,553)
Operating Income (Loss)	(174,425)	37,589	(136,836)
Net Nonoperating Revenues	2,665,164	155,232	2,820,396
Other Revenues	91,582		91,582
Increase in Net Position	2,582,321	192,821	2,775,142
Net Position, Beginning of Year	17,996,138	2,306,487	20,302,625
Adjustment to Beginning Net Position (1)	(1,072,011)		(1,072,011)
Net Position, Beginning of Year, as Restated	16,924,127	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	Actuarial Value of Assets (a)	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%	25,998,779	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

DAVID W. MARTIN, CPA
AUDITOR GENERAL

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111 West Madison Street
Tallahassee, Florida 32399-1450

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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

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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: 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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.
Last year's funds were used to cover Salaries and benefits, plus expenses associated with operations and administrative functions. Other recurring cost included building's rental cost and any small maintenance expenses. The cost also covered vehicle fuel cost and insurance.

Briefly discuss how the funding you are currently requesting will be used.
Currently requested funds will be ustilized for salaries and benefits, utilities (electrical, gas, and water bills), waste disposal, insurance, vehicle fuel and maintenance, rent, phone, website and internet services (e-newsletters and program-volunteer flyers), consultant fees, and payroll cost.

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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 commmunity 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.

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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 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	$92,170.00	$92,000.00	$95,000.00
Fishing Bridge	$10,832.40	$11,000.00	$11,000.00
CRA Response	$5,559.00	$5,500.00	$6,000.00
Total	$108,561.40	$108,500.00	$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	$1,357.50		
Oyster Grant 3		$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

Fiscal Year 2015-2016
ESCAMBIA COUNTY
AGENCY REQUEST FORM

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		
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

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

A For the 2013 calendar year, or tax year beginning 10/01 **, 2013, and ending** 9/30 , 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
Keep Pensacola Beautiful, Inc.
3303 N. Davis Hwy
Pensacola, FL 32503

D Employer Identification Number 59-1863230

E Telephone number 850-433-1178

G Gross receipts $ 219,563.

F Name and address of principal officer: Same As C Above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.cleanandgreen.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1979 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To empower citizens to improve their community by focusing on individual and neighborhood responsibility.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	2,552
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	**Current Year**
Revenue	8	Contributions and grants (Part VIII, line 1h)	89,874.	67,185.
	9	Program service revenue (Part VIII, line 2g)	129,504.	151,928.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	700.	450.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,000.	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,078.	219,563.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,468.	116,050.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,554.	97,726.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	229,022.	213,776.
	19	Revenue less expenses. Subtract line 18 from line 12	-7,944.	5,787.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	42,472.	64,549.
	21	Total liabilities (Part X, line 26)	13,788.	30,078.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,684.	34,471.

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.

Sign Here
Signature of officer — Date
President
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Regina W Baniakas CPA	Regina W Baniakas CPA			P00580897

Firm's name ► BANIAKAS & ASSOCIATES, CPAS & BUSINESS ADVISORS, LLC
Firm's address ► 120 S ALCANIZ STREET
PENSACOLA, FL 32502-6010
Firm's EIN ► 59-3689469
Phone no. (850-433-5645

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part 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 empower citizens to improve their community by focusing on individual and neighborhood responsibility.

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 O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses $ 116,880. including grants of $) (Revenue $)

Monthly and weekly clean up and prevention programs, maintain litter barrels in parks and city. Provide education and participation on the prevention of litter.

4 b (Code:) (Expenses $ including grants of $) (Revenue $)

4 c (Code:) (Expenses $ including grants of $) (Revenue $)

4 d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4 e Total program service expenses ► 116,880.

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	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		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, 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 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		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, VII, 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	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*	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
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
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?	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		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 fundraising 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*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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 organizations 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**		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
24 a	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**		
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
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**		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**		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):			
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**		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**		X
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	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, Parts II, III, IV, and V, line 1*	**34**		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
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*	**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 Schedule O.	**38**		X

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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1 a**	2			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1 b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1 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			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2 b**	X	
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 a**		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*			**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, securities account, or other financial account)?			**4 a**		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 Accounts.					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5 a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5 b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5 c**		
6 a 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?			**6 a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6 b**		
7 **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?			**7 a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7 b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7 c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**				
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**		X
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 Form 1098-C?			**7 h**		
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?			**9 a**		
b Did the 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	**10 b**				
11 **Section 501(c)(12) organizations.** Enter:					
a Gross income from members or shareholders	**11 a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**				
12 a **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.**					
a Is the organization licensed to issue qualified health plans in more than one state?			**13 a**		
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	**13 b**				
c Enter the amount of reserves on hand	**13 c**				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			**14 a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14 b**		

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

			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.	**1 a** 26		
b	Enter the number of voting members included in line 1a, above, who are independent	**1 b** 26		
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	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
7 a	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?	**7 a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	**7 b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8 a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8 b**	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

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?	**10 a**		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?	**10 b**		
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**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12 a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12 a**		X
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*	**12 c**		
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?			
a	The organization's CEO, Executive Director, or top management official. See Schedule O	**15 a**	X	
b	Other officers of key employees of the organization. See Schedule O	**15 b**	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	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**		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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	**16 b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► FL

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. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Gwinn Corley 3303 N Davis Hwy Pensacola FL 32503 (850) 433-1178

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 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ron Butlin Board Member	1 0							0.	0.	0.
(2) Beth Fugate Treasurer	2 0							0.	0.	0.
(3) Jessica Bell Board Member	2 0							0.	0.	0.
(4) Amy DiRusso Board Member	1 0							0.	0.	0.
(5) Beth Bolles Board Member	1 0							0.	0.	0.
(6) Daniel Fugate Board Member	2 0							0.	0.	0.
(7) Robert Boykin Board Member	1 0							0.	0.	0.
(8) Judge Ross M Goodman Board Member	1 0							0.	0.	0.
(9) Beth Buckles Board Member	1 0							0.	0.	0.
(10) Chasidy Hobbs Board Member	1 0							0.	0.	0.
(11) Jimmie Jarratt Board Member	1 0							0.	0.	0.
(12) Brian Spencer Board Member	1 0							0.	0.	0.
(13) Pat Johnson Board Member	1 0							0.	0.	0.
(14) Lt Jonathan Stephens Board Member	1 0							0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Ted Kirchharr Board Member	1 0							0.	0.	0.
(16) Norm Ross Board Member	1 0							0.	0.	0.
(17) Clark Merritt Board Member	1 0							0.	0.	0.
(18) Ginny Ward Board Member	1 0							0.	0.	0.
(19) Ned McWilliams Board Member	1 0							0.	0.	0.
(20) Marcie Whitaker Board Member	1 0							0.	0.	0.
(21) Karen Pritchard, PHD Board Member	1 0							0.	0.	0.
(22) Gay Work Board Member	1 0							0.	0.	0.
(23) Marie Young Board Member	1 0							0.	0.	0.
(24) Taylor Kirschenfeld Past Chair	2 0			X				0.	0.	0.
(25) Curt Morse President	2 0			X				0.	0.	0.
1 b Sub-total ►								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								0.	0.	0.

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 ► 0

		Yes	No
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*	4		X
5 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*	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) Name and business address	(B) Description of services	(C) Compensation

2 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

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Name of the Organization: Keep Pensacola Beautiful, Inc.

Employer Identification number: 59-1863230

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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 related organizations
Mike Wiggins Secretary	2 0			X				0.	0.	0.

Form **990** Cont 2013

Part VIII **Statement of Revenue**

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

Section	Line	Description	(i)	(ii)	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	57,017.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,168.				
	g	Noncash contributions included in lines 1a-1f:	$					
	h	**Total.** Add lines 1a-1f			67,185.			
PROGRAM SERVICE REVENUE				Business Code				
	2 a	Cnty & City Litter Barrel			114,633.	114,633.		
	b	Festivals & Special Event			36,563.	36,563.		
	c	Recycling Income			732.	732.		
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f			151,928.			
OTHER REVENUE	3	Investment income (including dividends, interest and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory		450.				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)		450.				
	d	Net gain or (loss)			450.	450.		
	8 a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	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	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d						
	12	**Total revenue.** See instructions			219,563.	152,378.	0.	0.

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, 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				
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 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):				
a Management				
b Legal				
c Accounting	3,600.		3,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,684.	5,912.	4,772.	
12 Advertising and promotion	-325.	-325.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	16,348.		16,348.	
17 Travel	-15.	-15.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,510.	609.	901.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,376.	10,985.	391.	
23 Insurance	9,106.	9,106.		
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 Auto Expense	23,782.	23,782.		
b Crew Equipment & Supplies	6,186.	6,186.		
c Signs	3,814.	3,814.		
d Waste Disposal	3,214.	3,214.		
e 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 (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
ASSETS	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 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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			125.	8	125.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	126,040.			
	b	Less: accumulated depreciation	10b	94,374.	13,833.	10c	31,666.
	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				14	
	15	Other assets. See Part IV, line 11			201.	15	200.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			42,472.	16	64,549.
LIABILITIES	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				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	
	23	Secured mortgages and notes payable to unrelated third parties			13,788.	23	30,078.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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	
	26	**Total liabilities.** Add lines 17 through 25			13,788.	26	30,078.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			21,767.	27	21,342.
	28	Temporarily restricted net assets			6,917.	28	13,129.
	29	Permanently restricted net assets				29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			28,684.	33	34,471.
	34	Total liabilities and net assets/fund balances			42,472.	34	64,549.

Part 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	219,563.
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,776.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,684.
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	34,471.

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 ☐ 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 separate basis, consolidated basis, or both: ☐ 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?	2c		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)

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.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
Keep Pensacola Beautiful, Inc.

Employer identification number
59-1863230

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 medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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).**

11 ☐ 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.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Non-functionally integrated

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 organization received a written determination from the IRS that is a Type I, Type II 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?

			Yes	No
(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?	11 g (i)		
(ii)	A family member of a person described in (i) above?	11 g (ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(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

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.')	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						399,184.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** 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 activities, etc (see instructions)	12	0.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.90 %

16a **33-1/3% support test — 2013.** If the organization did not check the box on line 13, and the 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 — 2012.** 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 — 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 organization ► ☐

b **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 supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on 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.)

Section A. Public Support

Calendar year (or fiscal yr 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 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 **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 Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr 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 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 lns 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, check this box and **stop here** ► ☐

Section 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	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **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 line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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 Treasury
Internal Revenue Service

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. 1545-0047

2013

Open to Public Inspection

Name of the organization
Keep Pensacola Beautiful, Inc.

Employer identification number
59-1863230

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
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 control? ☐ Yes ☐ No

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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part 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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, 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 ►

7 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 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 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.

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 ►$

(ii) Assets included in Form 990, Part X ►$

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 items:

a Revenues included in Form 990, Part VIII, line 1 ►$

b Assets included in Form 990, Part X ►$

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV 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.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %
b Permanent endowment ► %
c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,498.	18,868.	7,630.
e Other		99,542.	75,506.	24,036.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				31,666.

Part VII Investments — Other Securities.

N/A

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)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments — Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets.

N/A

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)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

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	
2	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	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
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	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' to Form 990, Part 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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*		5	

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 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.

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
2013
Open to Public Inspection

Name of the organization	Employer identification number
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 meeting by the executive committee for approval before filing.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

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 final 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
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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.

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May 10, 2012 LTR 4168C 0
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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

Cindy Thomas
Manager, EO Determinations